

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>73 Bank Account # 2 X 118</i>
SUBJECT	

GHC FORM 1121  
1 AUG 45

REPORT OF INTERMENT

C  
O  
P  
Y

Unknown X-118 (formerly Unknown 254)  
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

7/1/44 Army, Navy, Marine Cemetery 2 Guam  
(Place of Burial) (Name of Cemetery) (Name or coordinates of location)

Date of Burial

13 3 3  
(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 Roser, H. A. 032527 Pfc 14  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Ferry, R. A. 376380 Pl/Sgt 12  
(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: 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

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

**INTRAOFFICE REFERENCE SHEET**

*293 Unk Guam #2 X-118* DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief Final Det Section Ident Br Mem Div	Navy Liaison Section Ident Br Mem Div ATTN: Mr. Moyer	6 Nov 50	<p><i>MB</i></p> <p>SUBJECT: Recommended Association</p> <ol style="list-style-type: none"> <li>1. The "Re-examination of Records of Non-recoverables" indicates that Unknown X-118, Guam #2, may be the remains of Batts, James Howard, Pfc., 390216.</li> <li>2. Attached files are forwarded for necessary action.</li> <li>3. It is requested that this section be advised of result.</li> </ol> <p style="text-align: right;"><i>Lay</i> LAY 73472</p> <p style="text-align: right;"><i>Newbaker</i> NEWBAKER 75926</p> <p>2 Incl File for Unk X 118, Guam #2 293 File for Batts, James Howard 390216</p>
2	Navy Liaison Unit, Invest Sect Ident Br	Final Det Unit Invest Sect Ident Br	10 Apr 51	<ol style="list-style-type: none"> <li>1. The association recommended in Comment 1 is disapproved, and returned herewith.</li> <li>2. Disapproval is based on the attached reprocessing report from Philcom dated 20 February 1951.</li> </ol> <p style="text-align: right;"><i>Moyer</i> MOYER 73880</p> <p>3 Attach 1 293 for X-118 2 " " BATTs 3 QMC Forms 1044a, 1044a 1044b</p> <p style="text-align: right;"><i>File</i> <i>Mem NW</i> <i>2d Mr 2d Mr</i> <i>11 Apr 51</i></p>



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN X-118 Cem #2, Agat, Guam				2. DATE OF REPORT 20 Feb. 1951	
3. NAME OF CEMETERY <i>3131unk Summit 2</i> AGRS Mausoleum, Manila, P.I.		4. PLOT <i>X-118</i>	5. ROW	6. GRAVE <i>118</i>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION Age: 27 to 34 years

8. ESTIMATED WEIGHT 136 to 161 lbs	9. ESTIMATED HEIGHT 5' 9 1/2"	10. COLOR OF HAIR U.T.D.	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

U.T.D. - Skeletal remains

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Old fracture of left ulna & left radius at approximately the mid shaft of each (see attached radiologic report of Dr. Sialcita)

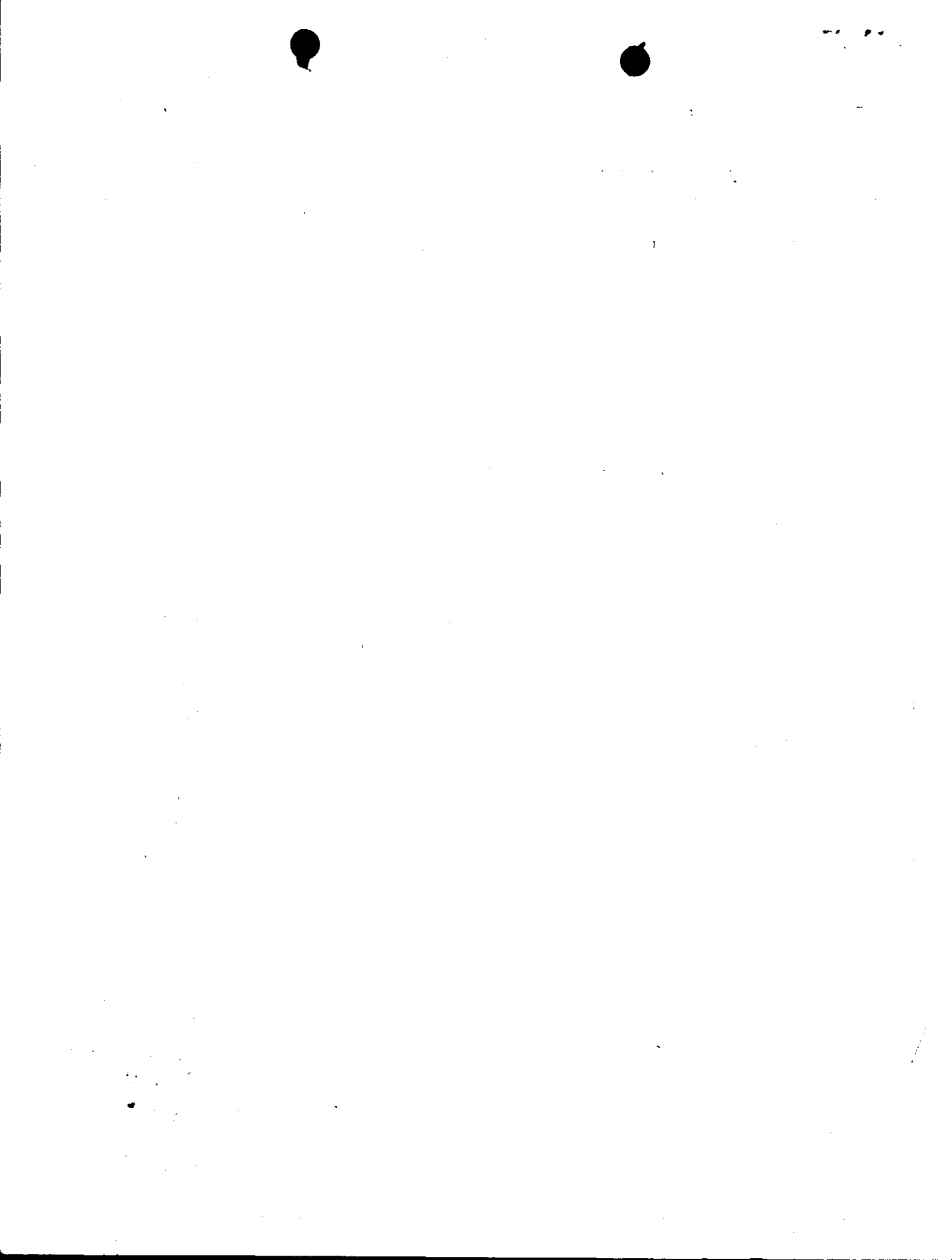
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None











**FILE  
NAVY SECTION  
G. J. MOYER**

APR 10 1951

*Just # 33*





<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>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity Decayed</p> 	

SEE REMARKS BELOW

SEE REMARKS BELOW

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

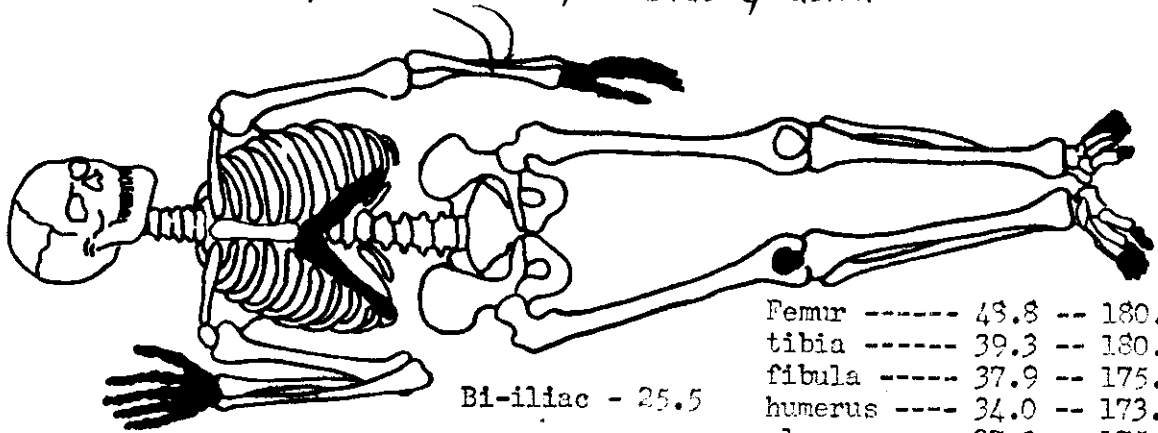
Socket of R-8 indicates that this molar was undeveloped. I-8 is only partially erupted and would probably been marked as "X" on this unknown's dental records.

APR 10 1951  
 FILE  
 NAVY SECTION  
 C. J. MOYER



19. BLACK OUT PARTS OF BODY NOT RECOVERED

OLD FRACTURES OF LEFT RADIUS & ULNA



Bi-iliac - 25.5

Femur -----	48.8	--	180.5
tibia -----	39.3	--	180.5
fibula -----	37.9	--	175.0
humerus ----	34.0	--	173.0
ulna -----	27.0	--	175.0
radius -----	25.1	--	174.0

Estimate height 5' 9 1/2"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

$\frac{1058.0}{5} = 176.5$

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

APR 10 1950  
FILE  
NAVY SECTION  
C. J. MOYER

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

ROBERT B. FOX, Anthropologist  
CIP Laboratory, AGRS Philcom Zone

SIGNATURE

HEADQUARTERS  
FILCOM 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 X- 118, Plot 3,  
Row 3, Grave 13, 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. McNEER  
Captain, QIC  
Chief, Records Branch

Atch: Form 1044

Received 2 Feb 50 OQMG  
Not identifiable from  
information presently available  
W. Eustace  
Ident.

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-118			2. DATE OF REPORT 20 January 1950		
3. NAME OF CEMETERY  Cemetery #2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	3	3	13	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 70"	10. COLOR OF HAIR U T D	11. RACE U T D
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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

NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. TO WHAT EXTENT?
--	---------------------

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)

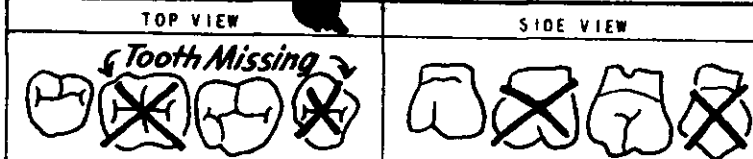
NONE

UNIDENTIFIABLE

DUE TO LACK OF SUFFICIENT IDENTIFYING DATA

TOOTH CHART

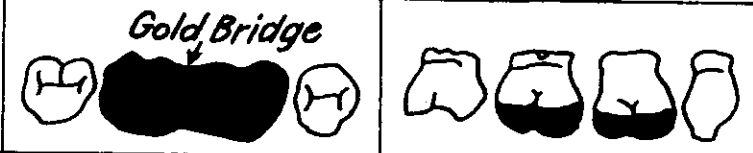
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



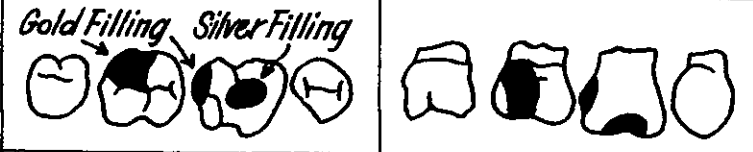
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



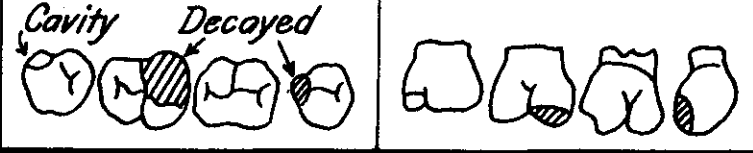
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:

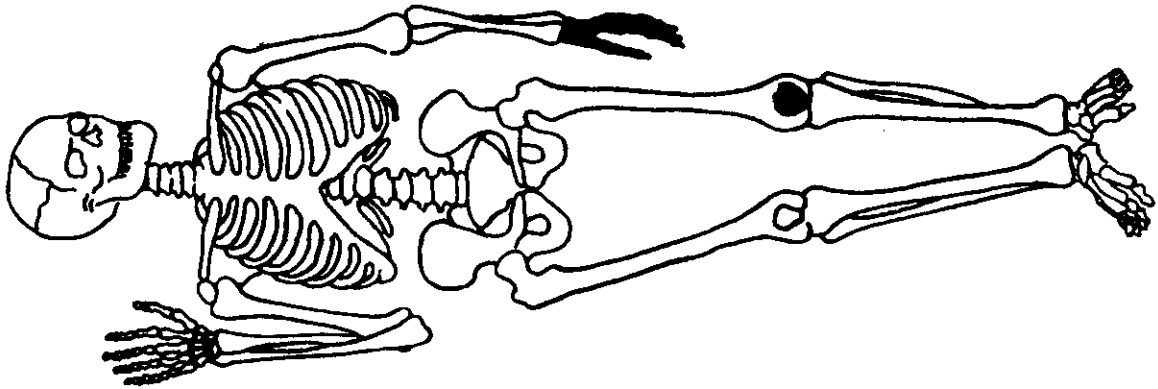


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊗	A	A			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	A	A	
Side Views															
Upper															
Lower															
Side Views															
A	A	A		⊗	⊗	⊗	⊗	⊗					A	A	FRAGMENTED
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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



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.

UNIDENTIFIABLE  
DUE TO LACK OF SUPPORTING EVIDENCE

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 Sec.

SIGNATURE

*Paul R. Nichols*

# DISINTERMENT DIRECTIVE

# 1

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 00000

DATE  
15 10 48  
DAY MONTH YEAR

NAME  
293 UNKNOWN X - 000118

SERIAL NUMBER  
000118

GRADE

ARM  
0

RACE  
0

RELIGION  
6

CEMETERY  
GUAM NO 2 MARIANAS IS

PLOT  
3

ROW  
3

GRAVE  
13

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

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

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 GMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY  
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED  
DATE BY

SHIPPING ADDRESS VERIFIED 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

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
SEP 1 1948



**RECORD OF CUSTODIAL TRANSFER**

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

RESTRICTED

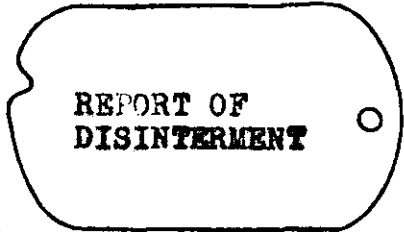
WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Dec 47

Impress Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN # ~~292~~ X-118

Box # 871

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)

Grave marker

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

HOUR

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

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

GRAVE No.

1 Aug 44

3

3

13

WAS THIS A REBURIAL?  
(Yes or no)

No

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

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

Reser, Harry A.

RANK

Pfc

SERIAL No.

832527

ORGANIZATION

USMC

GRAVE No.

14

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

Ferry, Raymond A.

RANK

P/Sgt

SERIAL No.

375380

ORGANIZATION

USMC

GRAVE No.

12

SIGNATURE OF PERSON PREPARING REPORT

*Tedorico J. Espital*

TREDORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT


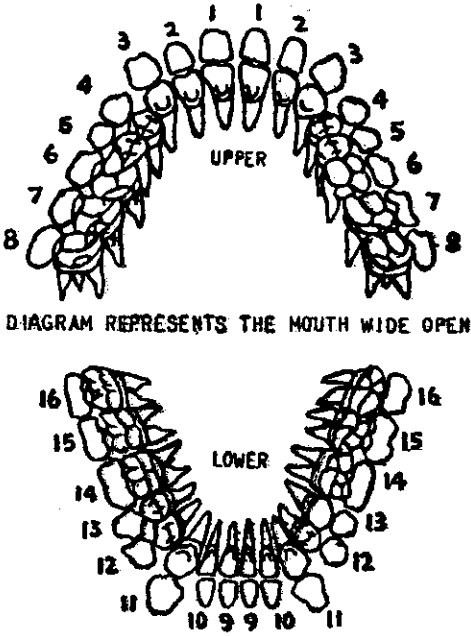




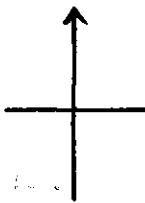
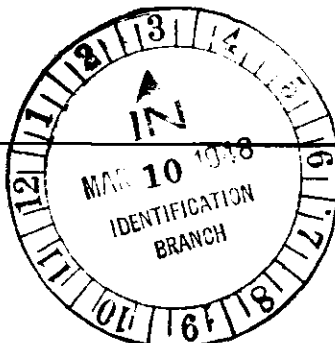
*Emilio S. Zapico*

EMILIO S. ZAPICO 2nd Lt. Inf

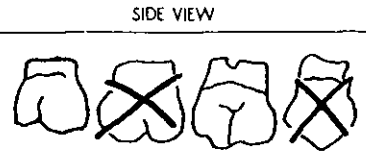
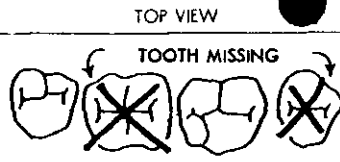
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

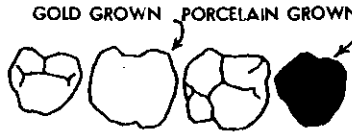
MAR 1 1948

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.			
	<b>INSTRUCTIONS:</b> (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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS: 			

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



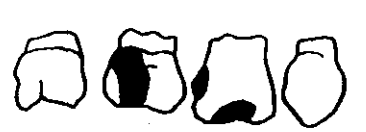
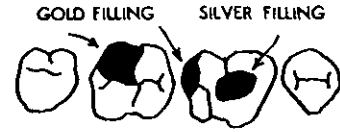
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



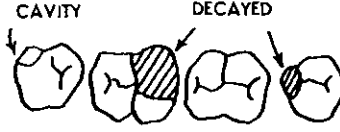
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
	A	A											A	A	
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
	A	A											A	A	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

UNKNOWN X-118  
P- 3 R- 3 G- 13

REMARKS; R-8 Pegged tooth.

L. HO, Capt., D. C.

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

**REPORT OF BURIAL** ✓

NAVMED-601 (3-43)

**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 1944

COPY OF IDENTIFICATION TAG		NAME (Last) <b>UNKNOWN #25X</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>
----------------------------------	--------------------------------

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

DATE OF DEATH	DATE OF BURIAL ✓ <b>8/1/44</b>
---------------	-----------------------------------

NAME OF CEMETERY <b>Amy 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>13</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) <b>Ferry, R.A.</b>	RANK OR RATE <b>P1/Sgt</b>	FILE OR SERVICE NO. <b>376380</b>	GRAVE NO. <b>12</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Reser, H.A.</b>	RANK OR RATE <b>Pfc</b>	FILE OR SERVICE NO. <b>832527</b>	GRAVE NO. <b>14</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR.</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>JAMES K. LANE</b>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC-Ass't</b>		
	(Name)	(Rank) <b>MAJOR U.S. MARINE CORPS</b>	

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.

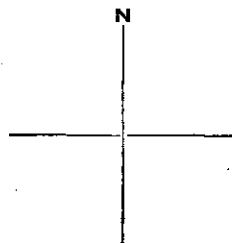
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. 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: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> 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

<b>1</b>	Interred 30 March 1950 Ft. M. McKinley <i>caremark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent	<b>DISINTERMENT DIRECTIVE</b> <b>PREPARED BY PAUL R. NICHOLS</b>			
/add	SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER <b>6321 81258</b>	DATE <b>29 03 50</b> <small>DAY MONTH YEAR</small>		
NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<b>UNKNOWN X - 118</b>					
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
<b>USAF CEMETERY AGAT NO. 2, GUAM</b>	<b>3</b>	<b>3</b>	<b>13</b>	<b>7701</b>	<b>80</b>
				<small>CODE</small>	<small>DIST. CTR.</small>
<b>SECTION B - CONSIGNEE AND NEXT OF KIN</b>					
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN		
<b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>			<b>(BY ADMINISTRATIVE DECISION)</b>		
<b>SECTION C - DISINTERMENT AND IDENTIFICATION</b>					
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED	
<b>UNKNOWN X - 118</b>				<b>29 Mar '50</b>	
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY		
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			<b>PAUL R NICHOLS</b> <b>Embalmer</b> <small>NAME AND TITLE</small>		
<b>SECTION D - PREPARATION OF REMAINS FOR SHIPMENT</b>					
NATURE OF BURIAL			CONDITION OF REMAINS		
<b>Shelter Half</b>			<b>Skeletal</b>		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES <i>(Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)</i>					
REMAINS PREPARED AND PLACED IN CASKET					
DATE	BY				
<b>29 Mar '50</b>	<b>PAUL R NICHOLS</b>				
CASKET SEALED BY		EMBALMER <i>(Signature)</i>			
<b>PAUL R NICHOLS</b>		<i>Paul R Nichols</i> <b>PAUL R NICHOLS</b>			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY			
DATE	BY				
<b>29 Mar '50</b>	<b>RAYMOND H TANGUAY, Sgt 1c, RA</b>	<b>L. W. RICHARDSON, M/Sgt, RA</b>			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<i>L. W. Richardson</i> <b>L. W. RICHARDSON, M/Sgt, RA</b> <small>SIGNATURE OF AGRS INSPECTOR</small>					
REMARKS AND SPECIAL INSTRUCTIONS					
<div style="display: flex; justify-content: space-between;"> <span>✓</span> <span style="font-size: 2em;">2</span> </div>					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLIUM

TO

US MILITARY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

2. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

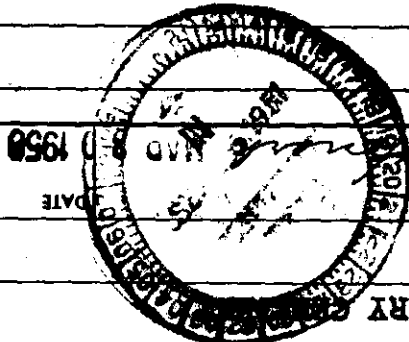
NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE





Form 55K-2 RADIOLOGIC REPORT  
Medical Department US Army  
Reproduced by USH (FS) AFO 928

X-118 Cem #2, Agat, Guam

Date \_\_\_\_\_

NAME \_\_\_\_\_ RANK \_\_\_\_\_ WARD \_\_\_\_\_ AGE \_\_\_\_\_  
Part to be examined (or treated) \_\_\_\_\_

Clinical Diagnosis (include operation) \_\_\_\_\_

DATE \_\_\_\_\_ HOSPITAL \_\_\_\_\_  
Film Number: \_\_\_\_\_

Left Radius and Ulna: 2-20-51

The dried bone specimens reveal radiologically the presence of old fractures with complete healing and little deformity. The site of fracture of the radius is at the junction of the proximal and middle one third. A slight lateral angulation of the fragments is appreciated. The site of fracture of the ulna is at the mid-shaft. This appears as a small area of sclerosis filling the medulary canal.

CONCLUSION: Old healed simple transverse fractures of the left radius and ulna.

H. ZIALCITA, MD.

APR 10 1951  
FILE  
NAVY SECTION  
C. J. MOYER

Incl 32-a

OIP LABORATORY  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILOM. ZONE  
AFO 928

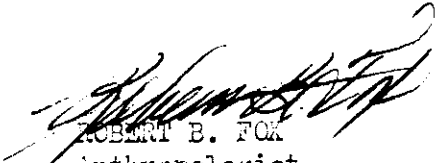
20 February 1951

S T A T E M E N T

Reference: Unknown K-118, Cemetery #2, Agat, Guam

The above unknown remains were reprocessed by re this date and new QMS Forms 1044 were accomplished. These remains are properly segregated and represent one and the same individual.

The remains of Unknown K-118 do not compare favorably with the associated decedent, BATTIS, James Howard. The remains have an old fracture of the left ulna and radius as shown by radiologic analysis, but no fractures are indicated on BATTIS' Army Record at this Headquarters. Moreover, Batts' dental chart shows an occlusal filling on L-8, but none is found on the remains. There are slight discrepancies in weight and height.

  
ROBERT B. FOX  
Anthropologist

APR 10 1951  
FILE  
NAVY SECTION  
C. J. MOYER

Incl # 32-6

3

DISINTERMENT DIRECTIVE  
PREPARED

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81258

DATE

29 03 50  
DAY MONTH YEAR

NAME

UNKNOWN I - 118

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GUAM

PLOT

3

ROW

3

GRAVE

13

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. MCKINLEY, 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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- 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 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

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

HEADQUARTERS  
 AMERICAN CREWS REGISTRATION SERVICE  
 PHILIPPINES

GNPZ 293

APD 900  
 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 GNPZU 293, GRR (Far East), dated 17 September 1949, 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-108	Appt.	Cases #2
"	X-109	"	" "
"	X-110	"	" "
"	X-112	"	" "
"	X-117	"	" "
"	X-118	"	" "
"	X-119	"	" "
"	X-120	"	" "
"	X-121	"	" "

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

FOR THE COMMANDING OFFICER:

9 Incls  
 GIC Forms 1011 w/Certificates  
 of Unidentifiability

JOHN SHYKULA  
 1st Lt., Infantry  
 Adjutant

AIRMAIL

(293 unk O.S. (Misc) Maria M. M. (a)  
see list below Eum)

QICMT 293  
QRS Far East

8 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

Unknown X-15	Asan Guam Cemetery #1
" X-48	" " " "
" X-84	Agat Guam Cemetery #2
" X-85	" " " "
" X-87	" " " "
" X-92	" " " "
" X-93	" " " "
" 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-31	Agana Guam Cemetery #3

X 293 UNK Guam X-118 (Agat #2)

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

FOR THE QUARTERMASTER GENERAL:

Eustace:rvs  
Salsar  
JW

*T. H. Lietz*  
T. H. LIETZ  
Lt. Colonel, QMC  
Memorial Division

JHM  
TEC

AIRMAIL