

**AIRMAIL**

293 *ink Guam (Agat # 2.) X-134*

3 July 1950

OF 687 383  
Unit X-134, Guam #2,  
Agat

**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 findings of Unidentifiability for remains of Unknown X-134, Guam #2, Agat, Plot 4, Row 55, Grave 8.
2. Recommendation for Unidentifiability has been accepted by this Office. Request your records be amended accordingly.

**FOR THE QUARTERMASTER GENERAL:**

**ROBERT G. LAY  
CAPT QMS  
Memorial Division**

*cc*  
*Edm.*  
B. Hillenbrand  
C. [unclear]  
3 JUL 3 12 11 PM '50  
C. M. B.  
MAIL & RECORDS BRANCH

Administrative Section

3 JUL 3 1950 furnished: CINCPAC, APO 800



*Handwritten initials and marks*

*Handwritten numbers: 100 200 300*

y

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
WHILCOM ZONE

GRPZ 293

AFO 900

29 MAY 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 QMGMU 293, GPS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the remains of UNKNOWN X-134 Guam #2, Agat, have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data.

2. Forwarded herewith, for your consideration, is the new QMC Form 1044 for the above-mentioned Unknown.

FOR THE COMMANDING OFFICER:

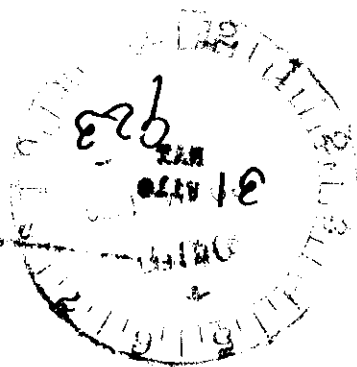
1 Incl  
QMC Forms 1044 w/Certificate  
of Unidentifiability

*W. B. McNEEL*  
W. B. McNEEL  
Capt., QMC  
Asst. Adjutant

HAS  
FILE

*E. Miller*  
30 June 1950  
Identification Branch

293, GPS, Far East



100-100000

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

23 May 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 134, Plot 4,  
Row 56, Grave 8, USMC Guam # 2, Agat, have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
A. B. McNEEMAR  
Captain, JMC  
Chief, Records Branch

Received 22 June 1950 OCMG  
Not identifiable from  
information available

E. Miller, Ident.  
30 June 1950

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNK. X-134 Guam # 2, Agat</b>				2. DATE OF REPORT <b>23 May 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum Manila P. I.</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION **Age: U. T. D.**

8. ESTIMATED WEIGHT <b>U. T. D.</b>	9. ESTIMATED HEIGHT <b>5'11 1/2"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>U. T. D.</b>
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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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO **Left femur and tibia**

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)

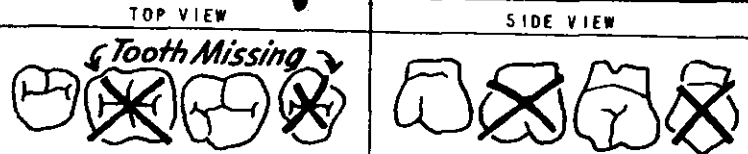
**N o n e**

**"UNIDENTIFIABLE"**

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

16. TOOTH CHART

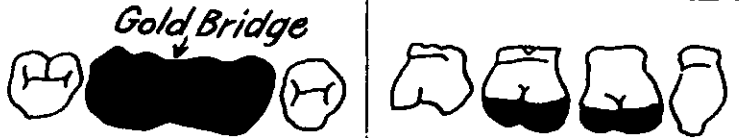
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



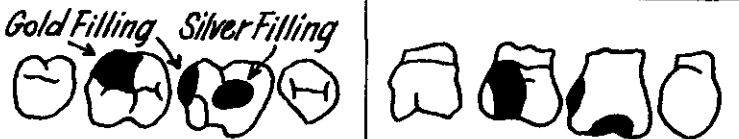
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



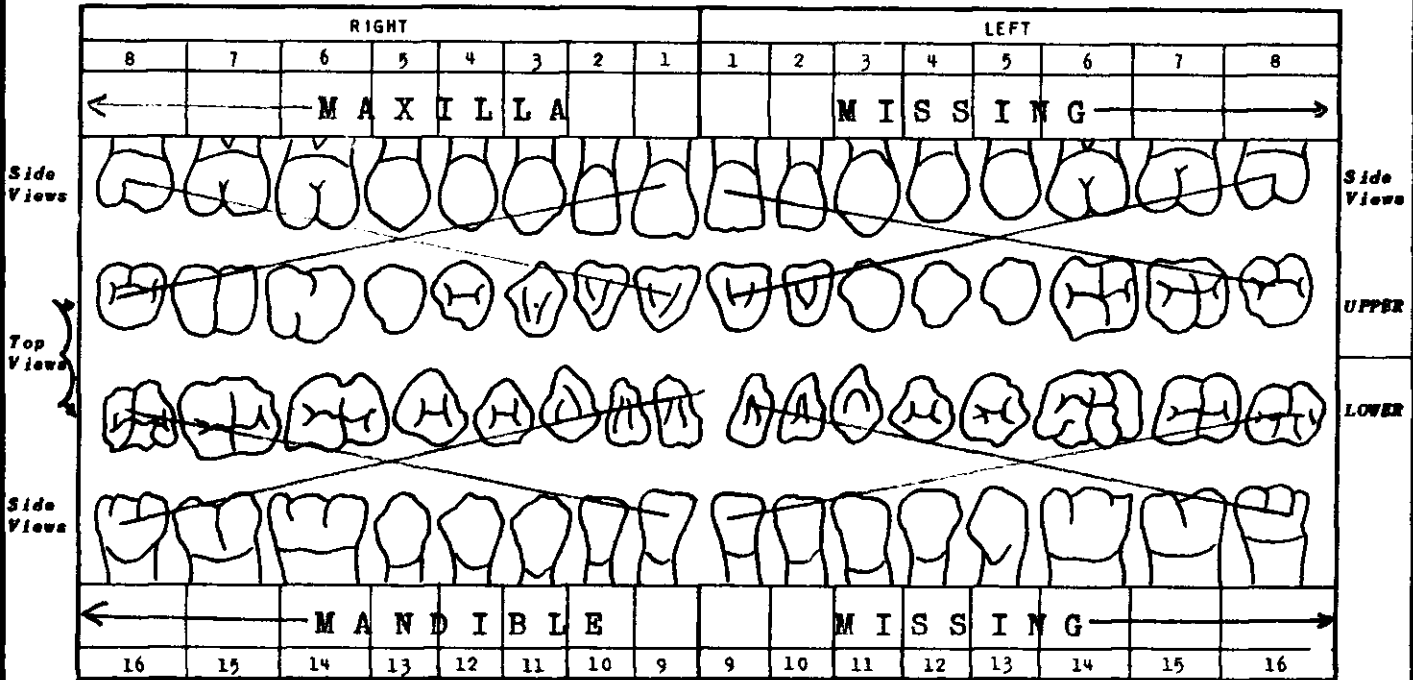
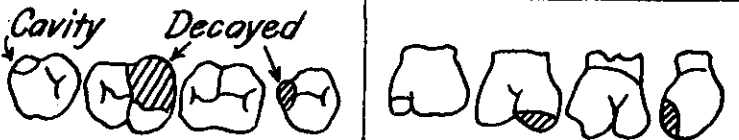
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



**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."

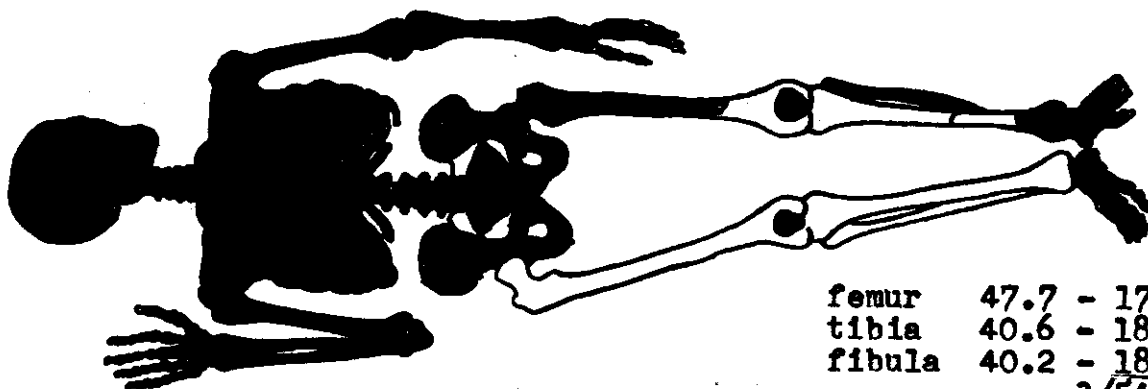
No loose maxillary or mandibular teeth present with remains.

*Paul R. Nichols*

PAUL R NICHOLS  
Chief Ident. Section

"UNIDENTIFIABLE"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



femur	47.7	-	175
tibia	40.6	-	184
fibula	40.2	-	184
			<u>3/543</u>
			181

Estimated height 5'11 1/4"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS 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 tag, personal effects or any other means of identification found with remains.

**"UNIDENTIFIABLE"**

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

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

TYPED NAME, GRADE, ARM, OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
Chief Ident. Section

SIGNATURE

*Paul R. Nichols*

RESTRICTED

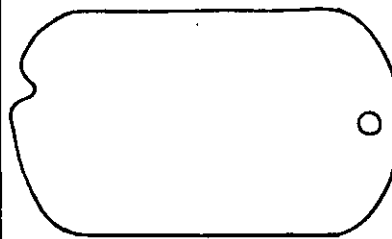
WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-134 Guam #2, Agat		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address) *293 Unit Guam #2 X-134*  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 1 (Substitute)	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) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL 7 Feb 1952	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. A	ROW No. 1	GRAVE No. 3
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT WM MCKINLEY, P.I.	PLOT No. G	ROW No. 11	GRAVE No. 11
---	---	---------------	---------------	-----------------

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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

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 BR. MEM. DIV.	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT  
*Roger L. Dion*  
ROGER L. DION, Sgt., RA

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
*Charles R. Whaylen*  
CHARLES R. WHAYLEN, 1st Lt., QMC

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.

*Copy to ABMC*

RESTRICTED



**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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






(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

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

**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE

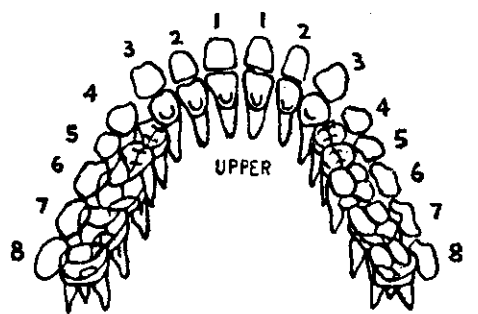
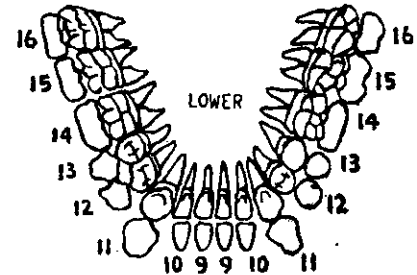
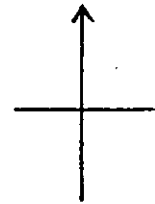


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

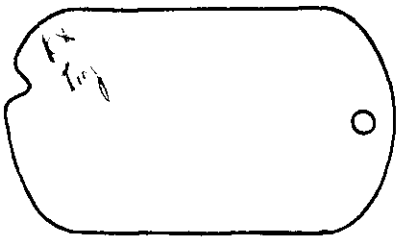
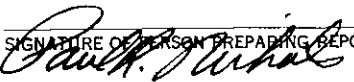



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



**REMARKS:**

Grave 3, Row 1, Plot A, was previously occupied by **Unknown X-2060 Manila #2**, disinterred and shipped to ZI as part of a Group Burial (Cabanatuan Project).

<b>QMC Form 1042</b> (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>23 May 1950</b>		
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>					
NAME (Last, first, middle initial) <p align="center"><b>UNKNOWN X-134, Guam # 2</b></p>		SERIAL NO. <p align="center"><b>Unknown</b></p>					
GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>		BRANCH OF SERVICE <p align="center"><b>Unknown</b></p>				
RACE <p align="center"><b>Unknown</b></p>	RELIGION <p align="center"><b>Unknown</b></p>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH <p align="center"><b>Unknown</b></p>		CAUSE OF DEATH <p align="center"><b>Unknown</b></p>		DATE OF DEATH <p align="center"><b>Unknown</b></p>			
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center"><b>See Remarks.</b></p>					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <p align="center"><b>Yes (2)</b></p>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <p align="center"> <input type="checkbox"/> YES                      <input type="checkbox"/> NO                 </p>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>							
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>AGAT MAUSOLEUM, MANILA, P. I.</b></p>							
DATE OF BURIAL <p><b>23 May 1950</b></p>		HOUR <p><b>1450</b></p>	BURIED IN (Shroud, blanket, or name of other) <p><b>Casket</b></p>	TYPE OF GRAVE MARKER <p align="center"><b>None</b></p>	PLOT NO. <p align="center"><b>800</b></p>	ROW No. <p align="center"><b>10A</b></p>	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>Guam # 2, Agat</b></p>			PLOT No. <p align="center"><b>4</b></p>	ROW No. <p align="center"><b>56</b></p>	GRAVE No. <p align="center"><b>8</b></p>
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) <p align="center"><b>Yes</b></p>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center"><b>Yes</b></p>					
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  <b>PAUL R NICHOLS, Chief Ident. Sec.</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>H. B. McNemar, Capt., QMC</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.							

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

Identification Section



REMARKS:

Remains Unknown X-134 Guam # 2 is the post-cranial remains segregated from Unknown X-29 Guam # 2.

QMC Forms - 1044, 1044-A & 1044-B accomplished.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

*293-unk* **INTRAOFFICE REFERENCE SHEET** *134*

DOE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1.	Id. Br. Id. Sec. Mem. Div.	R & R Br. Rec. Sec. Mem. Div.	13 June 1950	<p>SUBJECT: NEW CASIO</p> <p>Attached Reports of Burial and case papers forwarded for any action deemed necessary and return to Identification Section</p> <p style="text-align: right;"><i>Borrow</i> HENRY 2462</p> <p>11 Incls. ARANA, Rogelio - AGRS Maus. CALIXTO, Simon " " <u>X-134 - Guam #2</u> X-927 - Yokohama #1 (China Zone) 928 " " 930 " " 929 " " 931 " " 5226 AGRS Maus. 5227 " "</p>
bk	RR Br Mem Div	Id Br Mem Div	1950	<p style="text-align: right;"><i>Prograves</i> ODENWALDER 73836 Presgraves 3975</p> <p>9 Incls X-134 Guam #2 X-5226 Manila Maus X-5227 " " X-927 Yokohama #1 (China Zone) X-928 " " " X-929 " " " X-930 " " " X-931 " " " X-4222 Manila #2</p> <p>2w/d ARANA, Rogelio - Manila Maus CALIXTO, Simon - " "</p> <p style="text-align: right;"><i>new = heavy case</i></p> <p style="text-align: right;"><i>file</i> <i>1 NOV 50</i></p>

/drs

1

Interred 15 June 1950. 7 FEB 52

#8121311 Ft. McKinley

Paul R Nichols 316  
Carl R Mark

CARL R. H. MARK

Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

DIRECTIVE NUMBER

6321 81701

DATE

01 06 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 134				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	4	56	8	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-134				23 May 50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)	

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 May 50	BY PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	s/ Paul R Nichols
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 23 May 50 BY ALBERT C EVATT, Sgt, RA	RAYMOND H TANGUAY, Sgt 1c, RA

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

s/ Raymond H Tanguay, Sgt 1c, RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MARSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

*David R. ...*  
15 JUN 1958

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293  
Calixto, Simon thru  
Unknown X-134, Agat No. 2

AFPO 928

SUBJECT: Disinterment Directives - Copy 3

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

1. Forwarded herewith, in accordance with Return Program Operations, PHILCOM, are copies No. 3 of Disinterment Directives, QMG Form 1194, prepared at Headquarters, American Graves Registration Service, PHILCOM Zone.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

- 4 Incls  
Copies No. 3 of DD's:
1. #7748 81698 for Sgt Simon Calixto
  2. #5531 81699 for Unk X-23
  3. #6321 81700 for Unk X-25
  4. #6321 81701 for Unk X-134

CHARLES R. WHAYLEN  
2nd Lt., QMG  
Assistant Adjutant

QMGMR 293 Philcom Zone

Dept of the Army, OQMG Washington 25, D. C. 13 June 1950

CO, AGRS Philcom Zone, APO 900, c/o Postmaster, San Francisco, Calif.

Receipt acknowledged.

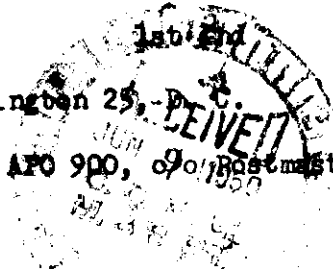
FOR THE QUARTERMASTER GENERAL:

Incls  
w/d

L. W. ALLEN  
Lt. Colonel, QMG  
Memorial Division

*93-1111-1-2-1-34*

*JUN 14 11 50 AM '50*  
*MAIL & RECORDS BRANCH*  
*D. C. M. C.*



*DC*  
*CMO*

mlg

*93-1111-1-2-1-34*

3

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A --  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 81701

DATE  
01 06 50  
DAY MONTH YEAR

NAME UNKNOWN I - 134 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 56 GRAVE 8 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 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

Ind - 4



**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