

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 NMC Grant # 2 X73
SUBJECT	

GNC FORM 1121  
1 Aug 45

# RECLASSIFICATION SHEET

(agat)  
PAPERS ORIGINALLY FILED 293. Tent (Misc) Guam #2 X11, X22, X30  
X36, X37, X70, X72, X73, X76, X81, X82

## SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293. Tent Guam #2 X11

10/5/58  
EC

# RECLASSIFICATION SHEET

/bpm <b>1</b>	Interred 30 March 1950 L 12 8 Ft. McKinley		<b>DISINTERMENT DIRECTIVE</b>		<b>PREPARED BY PHILCOM</b>	
	/add <i>Checkmark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent		DIRECTIVE NUMBER <b>6321 81315</b>		DATE <b>29 03 50</b> DAY MONTH YEAR	
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		SERIAL NUMBER		GRADE	ARM	RACE RELIGION
<b>UNKNOWN X - 73</b>						
CEMETERY		PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
<b>USAF CEMETERY AGAT NO. 2, GUAM</b>		<b>4</b>	<b>44</b>	<b>8</b>	<b>7701</b>	<b>80</b>
				CODE	DIST. CTR.	
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>						
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>				NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>		
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>						
NAME		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED	
<b>UNKNOWN X - 73</b>					<b>30 Mar '50</b>	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS</b> <b>Embalmer</b> NAME AND TITLE			
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>						
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>			
OTHER MEANS OF IDENTIFICATION						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE <b>30 Mar '50</b>		BY <b>PAUL R NICHOLS</b>				
CASKET SEALED BY <b>PAUL R NICHOLS</b>			EMBALMER Signature <i>Paul R. Nichols</i> <b>PAUL R NICHOLS</b>			
CASKET BOXED AND MARKED DATE <b>30 Mar '50</b> BY <b>RAYMOND H TANGUAY, Sgt 1c, RA</b>			SHIPPING ADDRESS VERIFIED BY <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> SIGNATURE OF AGRS INSPECTOR		
REMARKS AND SPECIAL INSTRUCTIONS						
✓						

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
1. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
2. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
3. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
4. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
5. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
6. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
7. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	

DATE *Overstamped* MAR 30 1950

3

DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6302 01315

DATE

29 03 70  
DAY MONTH YEAR

NAME

UNKNOWN I - 73

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

WOLF CEMETERY AGAT NO. 2, GULF

PLOT

4

ROW

44

GRAVE

8

DISPOSITION OF REMAINS

7701

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY  
FT. W. 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

file 6-25-70  
Kirkland  
Report

incl # 179

**RECORD OF CUSTODIAL TRANSFER**

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

**AIR MAIL**

FEB 21 1950

**QUICOR 293**  
**US Far East**

**SUBJECT: Unidentifiable Remains**

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.
2. This Office concurs in the classification of Unknowns I-36, X-37, X-70, I-72, I-73 and I-76, Army Navy Marine Cemetery, Guam #2, as unidentifiable.
3. Unknown I-22 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, 30 November 1948 and approved by 1st Indorsement, dated 17 December 1948, this Office.

**FOR THE QUARTERMASTER GENERAL:**

**T. H. METZ**  
**Lt Colonel, GAC**  
**Memorial Division**

**CC: CINCPAC**

*use as given*

*AGRS HQ 293 Unknowns - 73, Army Navy Cemetery, Guam #2*

**AIR MAIL**

HEADQUARTERS  
PRISON ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

23 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 73, Plot 4,  
Row 44, Grave 8, 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, QMC  
Chief, Records Branch

Atch: Form 1044

**APPROVED UNIDENTIFIABLE**

FEB 13 1950



CENTRAL IDENTIFICATION POINT  
AMERICAN GRAVES REGISTRATION SERVICE  
MAREO ZONE, APO 244

293.

Date 13 July 48

CASE SUMMARY OF

NAME: UNKNOWN X - 73 RANK: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

CEMETERY Agat #2 GUAM Plot: 4 Row: 44 Grave: 8

38 Cal. shells found with remains.

No other personal effects.

cc: 293 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

Remarks:

IDENTIFICATION DENTAL CHART  
 To be used with QMC Forms Nos. 1043 and 1044 in place  
 of chart thereon, and to be attached to and forwarded  
 with those forms when accomplished.

3 Dec 47

Date

UN NO. N X-73  
 LAST NAME FIRST INITIAL RANK SERIAL NO.







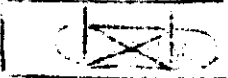








UNIT ORGANIZATION  
Guam Agat, Cntry #2, Guam  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

INSIDE - LOOKING OUT

		RIGHT LOWER TEETH								LEFT									
		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	 AMALGAN (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTENETS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PROSTHOMOUSLY MISSING		 FACIAL (TOWARD CHEEK)

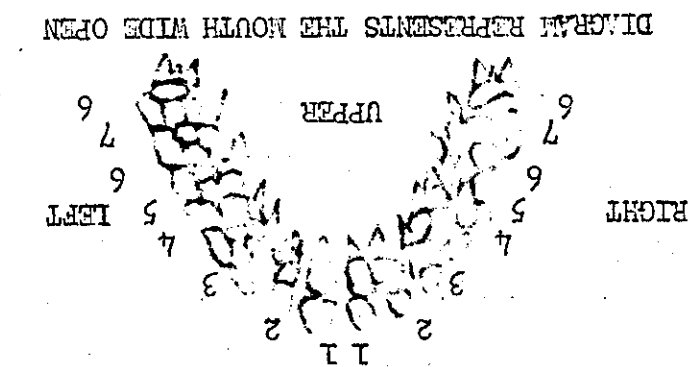
INSTRUCTIONS:

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.", FORCE-TAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART *[Signature]*  
 VERIFIED BY GRS OFFICER *[Signature]*

L. HO, Capt., D.S. NAME AND RANK TYPED OR PRINTED  
 EMILIO B. ZAPICO, 2nd Lt., Inf. NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

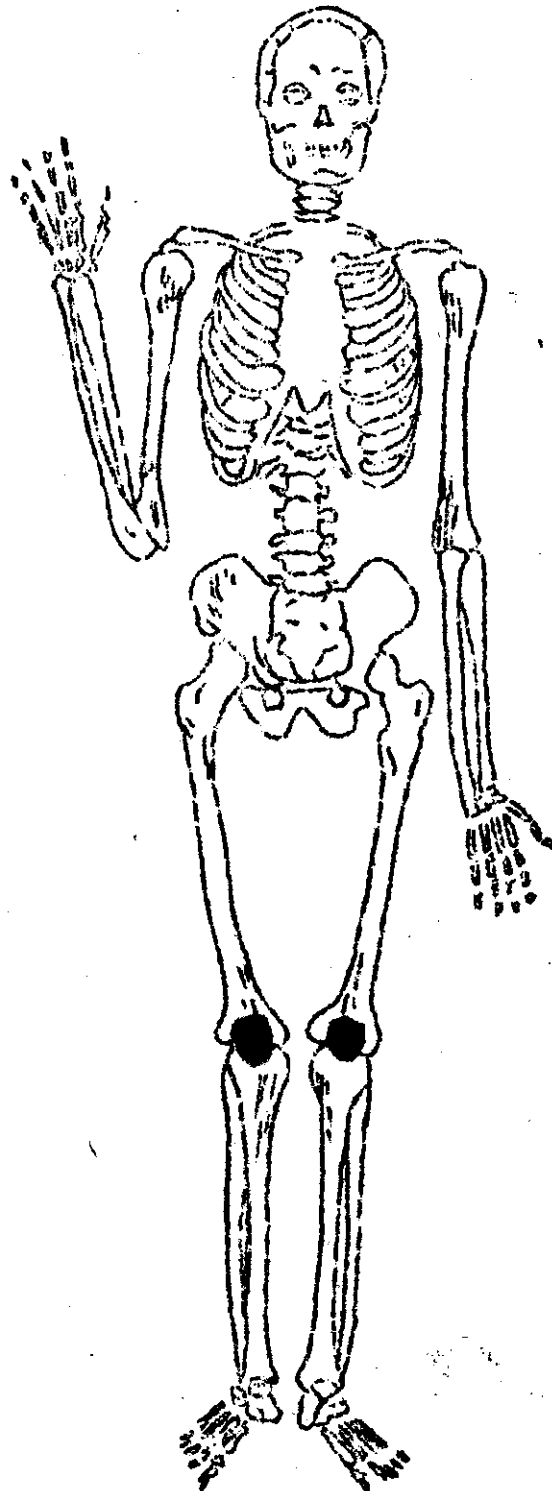
Unknown X-73,  
(Name)

PROCESSING CENTER

Guam Com. #2 Act.  
(Rank)

(Ser No.)

(Br of Sv)



*Skeletal Remains Incomplete*

SKELETAL CHART

MEDICAL REPORT OF DISINTERMENT

1. X-5.

A. Date and place of disinterment 26 February, 1946  
Tarik Island, Truk Atoll.

B. List of effects found in graves:

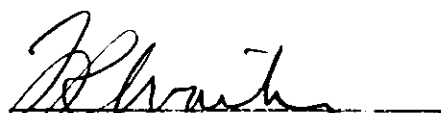
1. 20 carbine shells.
2. Remains of steel zipper.
3. One corroded metal belt buckle.
4. Scraps of cloth.
5. 2 light bone buttons.

C. Medical survey of remains:

1. Skull: there is a  $2\frac{1}{2}$  inch linear fracture sagittal to the mid-line in the superior part of the left parietal bone that penetrates only the outer table. Mandible normal.
2. Humerus: 2 - normal.
3. Radius and ulna: 2 pair normal.
4. Femurs: 2 pair normal.
5. Tibia and fibulae: 2 pair normal.
6. Pelvis: normal.
7. Scapulae: 2- normal.
8. Clavicles: 2 - normal.
9. Vertebrae: 24 - no evidence of fracture.
10. Sacrum: normal.
11. Ribs: left : 10 : no fractures.  
right: 10 : no fractures.

D. Cause of death noted in Japanese report drowning.

E. Translation of Japanese grave markers.  
American Airplane Pilot Killed in Action.  
Place Where Buried.

  
L. R. MARTIN,  
Lt (jg), MC., USNA.

MEDICAL REPORT OF DISINTERMENT

1. X-5.

A. Date and place of disinterment 26 February, 1946  
Tarik Island, Truk Atoll.

B. List of effects found in graves:


1. 20 carbine shells.
2. Remains of small zipper.
3. One corroded metal belt buckle.
4. Scraps of cloth.
5. 2 light bone buttons.

C. Medical survey of remains:

1. Skull: there is a  $2\frac{1}{2}$  inch linear fracture sagittal to the mid-line in the superior part of the left parietal bone that penetrates only the outer table. Mandible normal.
2. Humerus: 2 - normal.
3. Radius and ulna: 2 pair normal.
4. Femurs: 2 pair normal.
5. Tibia and fibulae: 2 pair normal.
6. Pelvis: normal.
7. Scapulae: 2- normal.
8. Clavicles: 2 - normal.
9. Vertebrae: 24 - no evidence of fracture.
10. Sacrum: normal.
11. Ribs: left : 10 : no fractures.  
right: 10 : no fractures.


D. Cause of death noted in Japanese report drowning.

E. Translation of Japanese grave markers.  
American Airplane Pilot Killed in Action.  
Place Where Buried.

  
\_\_\_\_\_  
L. R. MARTIN,  
Lt (jg), MC., USNR.

MEDICAL REPORT OF DISINTERMENT

1. X-5.
  - A. Date and place of disinterment 26 February, 1946  
Tarik Island, Bougainville.
  - B. List of effects found in grave:
    1. 20 carbine shells.
    2. Remains of brass zipper.
    3. One corroded metal belt buckle.
    4. Scraps of cloth.
    5. 2 light bone buttons.
  - C. Medical survey of remains:
    1. Skull: there is a  $2\frac{1}{2}$  inch linear fracture sagittal to the mid-line in the superior part of the left parietal bone that penetrates only the outer table. Mandible normal.
    2. Humerus: 2 - normal.
    3. Radius and ulna: 2 pair normal.
    4. Femurs: 2 pair normal.
    5. Tibia and fibulae: 2 pair normal.
    6. Pelvis: normal.
    7. Scapulae: 2 - normal.
    8. Clavicles: 2 - normal.
    9. Vertebrae: 24 - no evidence of fracture.
    10. Sacrum: normal.
    11. Ribs: left : 10 : no fractures.  
right: 10 : no fractures.
  - D. Cause of death noted in Japanese report drowning.
  - E. Translation of Japanese grave markers.  
American Airplane Pilot Killed in Action.  
Place Where Buried.

  
L. R. MARTIN,  
Lt (jg), MC., USNR.

RESTRICTED

WD OMC Form 1  
(Rev. 1 Apr. 1947)  
(Supersedes GRS Form 1)

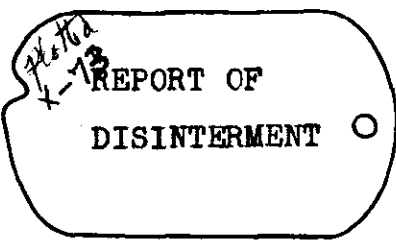
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

12/3/47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.



NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X_73 Box no. 907		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
GUAM	UNK	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	Unidentified - 73 Clean skeleton dismembered in small wooden box.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Skeleton complete.

APPROVED UNIDENTIFIABLE

FEB 18 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
AGAT, CMTRY #2, GUAM						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	44	8

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

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Muchiarrella, Ernest	2nd Lt.	0938782	USA	9

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unknown: X-73				7


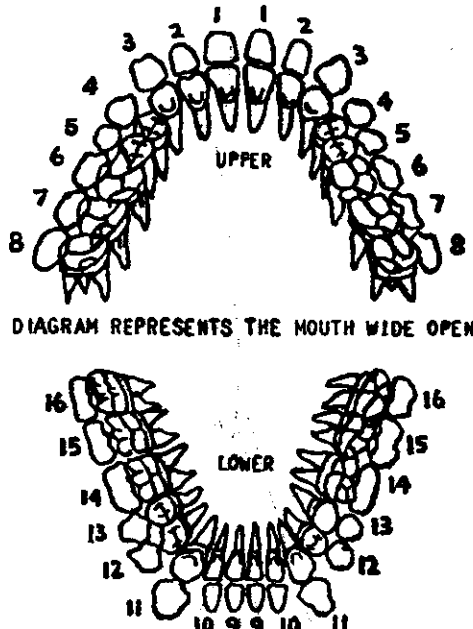




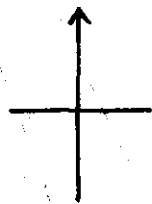
SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Antero B. Songcuan	Emilio S. Zapico
	EMILIO S. ZAPICO, 2nd Lt., Inf.

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

Manitla



	<b>Section UNIDENTIFIED REMAINS.</b>			
LEFT LITTLE FINGER	<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
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
				
REMARKS: <p align="center"><b>Condition of remains: Skeleton complete.</b></p>				

**REPORT OF BURIAL**

NAVMED-601 (3-45)

TO:

**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 Disinterred from TRUK ISLAND. DATE REPORT FILLED OUT 3 August 1946

COPY OF IDENTIFICATION TAG	NAME (Last) <u>UNKNOWN X-73</u> (First) <u>(Received from Truk marked X-5)</u> (Middle)	
	FILE OR SERVICE NO. <u>Unknown</u>	RANK OR RATE <u>Unknown</u>
	BRANCH OF SERVICE <u>Unknown</u>	
CORPS OR RESERVE CLASSIFICATION <u>Unknown</u>		RACE <u>Unknown</u>

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Unknown</u>
-------------------------------	-------------------------------

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

DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>Reinterred Guam. 10 April 1946</u>
------------------------------	--

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

GRAVE MARKER TYPE <u>Cross</u>	PLOT NO. <u>4</u>	ROW NO. <u>45</u>	GRAVE NO. <u>8</u>
--------------------------------	-------------------	-------------------	--------------------

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

TYPE OF RELIGIOUS CEREMONY <u>Full Military Honors</u>	RELIGION OF DECEASED <u>Unknown</u>
--	-------------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)  <b>APPROVED UNIDENTIFIABLE</b>  FEB 13 1950
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

**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) <u>ANNIEA Ernest (n)</u>	RANK OR RATE <u>2dLt</u>	FILE OR SERVICE NO. <u>0 838782</u>	GRAVE NO. <u>9</u>
BODY ON RIGHT. NAME (Last, first, middle) <u>UNKNOWN X-72</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>7</u>

PERSON RECEIVING BURIAL (Name) <u>R. A. MATTHEWS 1stLt., USMC</u> (Rank or rate)	PERSON CONDUCTING BURIAL (Name) <u>THORNTON C. MILLER</u> (Rank) <u>CHAPLAIN</u>
--	--

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>W. F. VEATCH</u> CAPT USNR (Name) (Rank) (Title)
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**INSTRUCTIONS FOR BUREAU**

**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.	

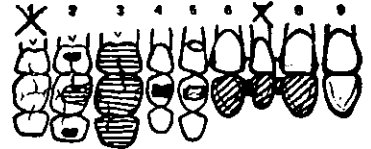
(If actual weight and height are used, delete estimated)

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 \_\_\_\_\_

	1	2	3	4	5	6	CHEEK SIDE	7	8	9	10	11	12	13	14	15	16
RIGHT	TONGUE SIDE																LEFT
	17	18	19	20	21	22	CHEEK SIDE	23	24	25	26	27	28	29	30	31	32

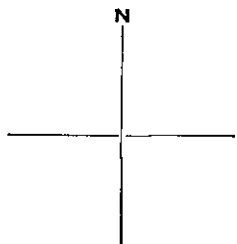
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

(Signature of dental examiner) \_\_\_\_\_ (Rank or rate) \_\_\_\_\_

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

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



RAV 55

Commanding General, Middle Pacific, APO 958

REPORT OF BURIAL

NAVMED-601 (3-45)

TO:

Bureau of Medicine and Surgery

Commander Marianas

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 Disinterred from TRUK ISLAND. DATE REPORT FILLED OUT 3 August 1946

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	<u>UNKNOWN I-73</u> (Received from Truk marked X-5)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
	CORPS OR RESERVE CLASSIFICATION		RACE
	<u>Unknown</u>		<u>Unknown</u>

CAUSE OF DEATH	PLACE OF DEATH
<u>Unknown</u>	<u>Unknown</u>

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

DATE OF DEATH	DATE OF BURIAL
<u>Unknown</u>	<u>Disinterred Guam, 10 April 1946</u>

NAME OF CEMETERY	LOCATION OF CEMETERY
<u>Army, Navy, Marine Cemetery #2</u>	<u>Agat Guam</u>

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
<u>Cross</u>	<u>4</u>	<u>45</u>	<u>8</u>
BURIED AT SEA (Date)	AREA		

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
<u>Full Military Honors</u>	<u>Unknown</u>

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	
COMPLETE DENTAL CHART ON REVERSE	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	<b>APPROVED UNIDENTIFIABLE</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**FEB 13 1950**

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
<u>MAQUETABELLA, Ernest (m)</u>	<u>4114</u>	<u>0 426712</u>	<u>9</u>
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
<u>UNKNOWN I-72</u>			<u>7</u>

PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
<u>R. A. MATTHEWS 1st Lt., USMC</u>		<u>THORNTON C. MILLER CHAPLAIN</u>

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED
	<u>W. F. NEATCH CAPT (Rank) USMC (Title)</u>

**INSTRUCTIONS FOR BURIAL**

**1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS.** Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

**2. LOCATION OF GRAVE:** Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

**CHARTING EXAMPLE:** (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. \_\_\_\_\_

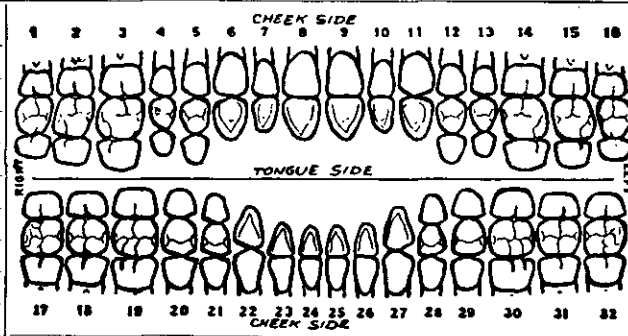
Occlusion (Type of) \_\_\_\_\_

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

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

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

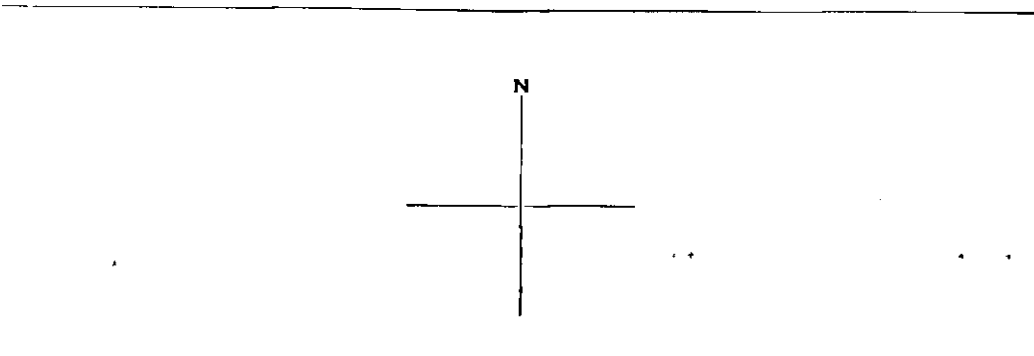
Remarks \_\_\_\_\_



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

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

(Signature of dental examiner) \_\_\_\_\_ (Rank or rate) \_\_\_\_\_



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not over-ink.

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

**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 unknown DATE REPORT FILLED OUT 24 March, 1946

COPY OF IDENTIFICATION TAG  <u>unknown</u>	NAME (Last)	(First)	(Middle)
	<u>unknown</u>	<u>I - 5</u>	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
	CORPS OR RESERVE CLASSIFICATION	RACE	
	<u>unknown</u>	<u>unknown</u>	

CAUSE OF DEATH <u>unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Caroline Islands</u>
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NAME OF NEXT OF KIN (If known) <u>unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>unknown</u>
--	---

DATE OF DEATH <u>17 - 20 April, 1944 (Estimated)</u>	DATE OF BURIAL <u>17 - 20 April, 1944 (Estimated)</u>
---	--

NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>unknown</u>
------------------------------------	--

GRAVE MARKER TYPE <u>Japanese</u>	PLOT No. <u>- - - -</u>	ROW No. <u>- 0 - -</u>	GRAVE No. <u>- - - -</u>
--------------------------------------	----------------------------	---------------------------	-----------------------------

BURIED AT SEA (Date) <u>No</u>	AREA <u>- - - -</u>
-----------------------------------	------------------------

TYPE OF RELIGIOUS CEREMONY <u>unknown</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)  <b>None</b> <b>APPROVED UNIDENTIFIABLE</b> <b>FEB 13 1950</b>
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <u>None.</u>
--

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER <u>None.</u>
---

**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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>L. R. MARTIN, Lt. (jg) MC USNR</u> (Name) (Rank) (Title)
---	--

Enclosure 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 <b>68 inches</b>	ESTIMATED WEIGHT <b>145</b>	COLOR OF EYES <b>unknown</b>	COLOR OF HAIR <b>unknown</b>
BIRTHMARKS, SCARS, OR TATTOOS <b>None.</b>			
LAUNDRY MARKS <b>None.</b>		WEAPON AND SERIAL No. <b>None.</b>	

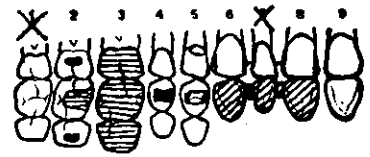
(If actual weight and height are used, delete estimated)

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. **1, 6, 8, 9, 10, 21, 22, 23, 24, 25, 26, 27.**

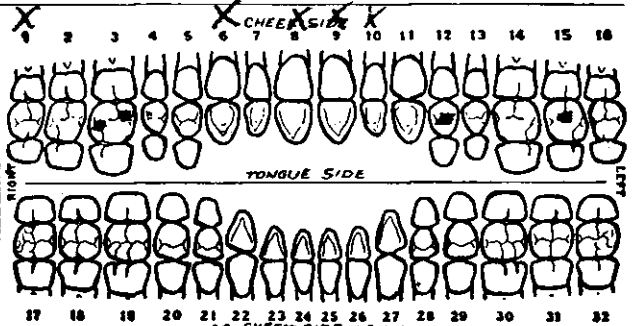
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects

Remarks **#17, 32-Embedded, #1, 6, 8, 9, 10, 23, 24, 25, 26, were knocked out.**



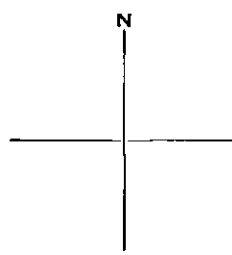
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

*R. Marcus*  
R. MARCUS, (Signature) dental examiner    Lt. (CDC) USNR (Rank) (Rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

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



# Report of Interment

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 unknown DATE REPORT FILLED OUT 24 March, 1946

COPY OF IDENTIFICATION TAG  <u>unknown</u>	NAME (Last) <u>unknown</u> (First) <u>I - G</u> (Middle)
	FILE OR SERVICE NO. <u>unknown</u> RANK OR RATE <u>unknown</u> BRANCH OF SERVICE <u>unknown</u>
	CORPS OR RESERVE CLASSIFICATION <u>unknown</u> RACE <u>unknown</u>

CAUSE OF DEATH <u>unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Caroline Islands</u>
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NAME OF NEXT OF KIN (If known) <u>unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>unknown</u>
--	---

DATE OF DEATH <u>17 - 20 April, 1944 (Estimated)</u>	DATE OF BURIAL <u>17 - 20 April, 1944 (Estimated)</u>
---	--

NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>unknown</u>
------------------------------------	--

GRAVE MARKER TYPE <u>Japanese</u>	PLOT No. <u>-----</u>	ROW No. <u>- 0 - -</u>	GRAVE No. <u>-----</u>
--------------------------------------	-----------------------	------------------------	------------------------

BURIED AT SEA (Date) <u>No</u>	AREA <u>-----</u>
-----------------------------------	----------------------

TYPE OF RELIGIOUS CEREMONY <u>unknown</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)  <b>APPROVED UNIDENTIFIABLE</b>
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <u>None.</u>	<b>FEB 13 1950</b>
--	--------------------

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER <u>None.</u>
---

**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)	RANK OR RATE	FILE OR SERVICE No.	GRAVE No.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE No.	GRAVE No.

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>L. E. HANSEN, Lt. (jg)</u> (Name) (Rate)
---	--

Enclosure 2



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 <b>68 inches</b>	ESTIMATED WEIGHT <b>145</b>	COLOR OF EYES <b>unknown</b>	COLOR OF HAIR <b>unknown</b>
BIRTHMARKS, SCARS, OR TATTOOS <b>None.</b>			
LAUNDRY MARKS <b>None.</b>		WEAPON AND SERIAL No. <b>None.</b>	

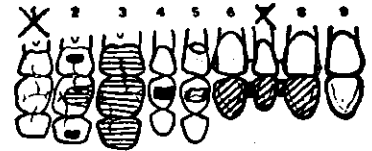
(If actual weight and height are used, delete estimated)

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. **1, 4, 8, 9, 10, 21, 22, 23, 24, 25, 26, 27.**

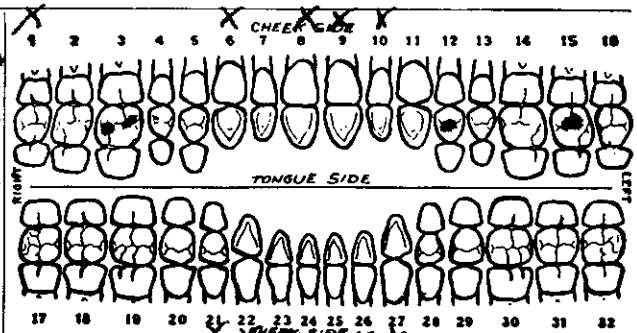
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects

Remarks **21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.**



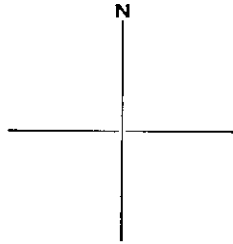
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

*R. Marano*  
(Signature of dental examiner)    Lt. (DC) USN  
(Rank or rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

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



**Report of 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 unknown DATE REPORT FILLED OUT 21 March, 1946

COPY OF IDENTIFICATION TAG  <u>unknown</u>	NAME (Last) <u>unknown</u> (First) <u>I. H.</u> (Middle) <u></u>
	FILE OR SERVICE NO. <u>unknown</u> RANK OR RATE <u>unknown</u> BRANCH OF SERVICE <u>unknown</u>
	CORPS OR RESERVE CLASSIFICATION <u>unknown</u> RACE <u>unknown</u>
	<u>unknown</u>

CAUSE OF DEATH <u>unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Caroline Islands</u>
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NAME OF NEXT OF KIN (If known) <u>unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>unknown</u>
--	---

DATE OF DEATH <u>17 - 20 April, 1944 (Estimated)</u>	DATE OF BURIAL <u>17 - 20 April, 1944 (Estimated)</u>
---	--

NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>unknown</u>
------------------------------------	--

GRAVE MARKER TYPE <u>Japanese</u>	PLOT No. <u>.....</u>	ROW No. <u>.....</u>	GRAVE No. <u>.....</u>
--------------------------------------	-----------------------	----------------------	------------------------

BURIED AT SEA (Date) <u>No</u>	AREA <u>.....</u>
-----------------------------------	----------------------

TYPE OF RELIGIOUS CEREMONY <u>unknown</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)  <b>APPROVED UNIDENTIFIABLE</b>  <b>FEB 13 1950</b>
--	--

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None.

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
None.

**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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <i>Christie</i> <b>L. B. MARTIN, Lt. (jg)</b> (Name) (Rank)
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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 <b>68 inches</b>	ESTIMATED WEIGHT <b>145</b>	COLOR OF EYES <b>unknown</b>	COLOR OF HAIR <b>unknown</b>
--------------------------------------	--------------------------------	---------------------------------	---------------------------------

BIRTHMARKS, SCARS, OR TATTOOS  
**None.**

LAUNDRY MARKS  
**None.**

WEAPON AND SERIAL NO.  
**None.**

(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. **1, 6, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.**

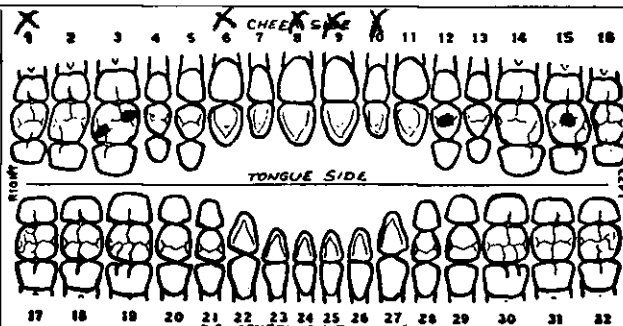
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects

Remarks **#17, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, were marked out.**



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

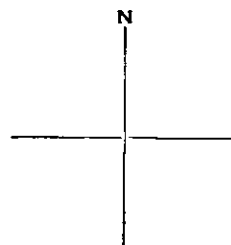
POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

*R. Marcus*  
Signature of dental examiner

**LT. (JG) USN**  
(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
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**REPORT OF BURIAL**  
NAVMEB-601 (3-45)

TO:

Commanding General, Middle Pacific, APO 958

Bureau of Medicine and Surgery

Commander, Marines

**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 Disinterred from TRUK ISLAND. DATE REPORT FILLED OUT 3 August 1946  
ATTACHED AT TIME OF DEATH

COPY OF IDENTIFICATION TAG	NAME (Last) <u>UNKNOWN I-73</u>	(First) <u>(Received from Truk marked X-5)</u>	(Middle)
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE	
<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	
CORPS OR RESERVE CLASSIFICATION		RACE	
<u>Unknown</u>		<u>Unknown</u>	

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Unknown</u>
----------------------------------	----------------------------------

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

DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>Reinterred Guam, 10 April 1946</u>
---------------------------------	---

NAME OF CEMETERY <u>Army, Navy, Marine Cemetery #2</u>	LOCATION OF CEMETERY <u>Appt Guam</u>
---	--

GRAVE MARKER TYPE <u>Cross</u>	PLOT NO.	ROW NO.	GRAVE NO.
BURIED AT SEA (Date)		AREA <u>45</u>	

TYPE OF RELIGIOUS CEREMONY <u>Full Military Honors</u>	RELIGION OF DECEASED <u>Unknown</u>
---	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) <b>APPROVED UNIDENTIFIABLE</b> FEB 13 1950
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME	

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

**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) <u>MACHIASIA, Sergeant (M)</u>	RANK OR RATE <u>2nd Lt</u>	FILE OR SERVICE NO. <u>0 438702</u>	GRAVE NO. <u>9</u>
BODY ON RIGHT. NAME (Last, first, middle) <u>UNKNOWN I-73</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>7</u>
PERSON REPORTING BURIAL (Name) <u>R. A. MATTHEWS 1st Lt, USMC</u>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <u>THORNTON O. MILLER CHAPLAIN</u>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED <u>W. F. FRATCH CAPT (mk) USMC (Title)</u>	

**INSTRUCTIONS FOR BU**

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

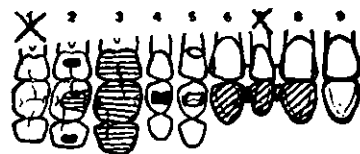
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. \_\_\_\_\_

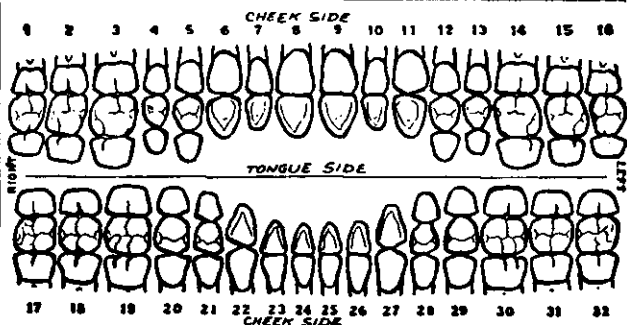
Occlusion (Type of) \_\_\_\_\_

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

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

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

Remarks \_\_\_\_\_

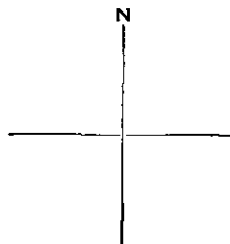


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-73</b>				2. DATE OF REPORT <b>22 January 1950</b>	
3. NAME OF CEMETERY  <b>Cemetery #2, Agat, Guam</b>	4. PLOT  <b>4</b>	5. ROW  <b>44</b>	6. GRAVE  <b>8</b>	7. DATE OF	
			DISINTERMENT		REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'9"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>N O N E</b>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>N O N E</b>					
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  <b>N O N E</b>					
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)  <b>N O N E</b>					

Johnson X-73 Quoniam Cement & Agar

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<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>TOOTH MISSING</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>	

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

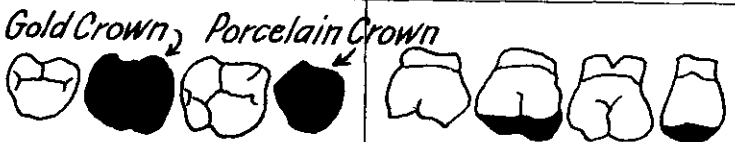
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

O P Campbell Embalmer

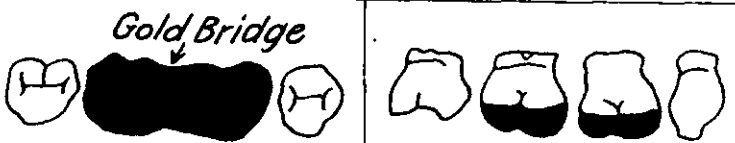
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



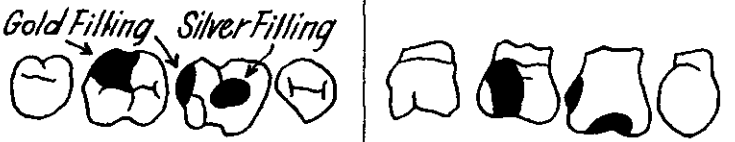
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



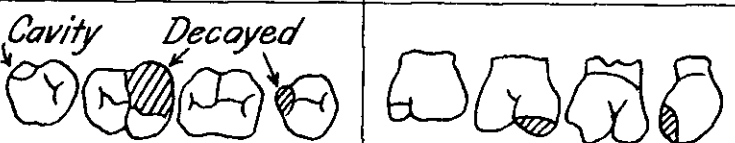
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



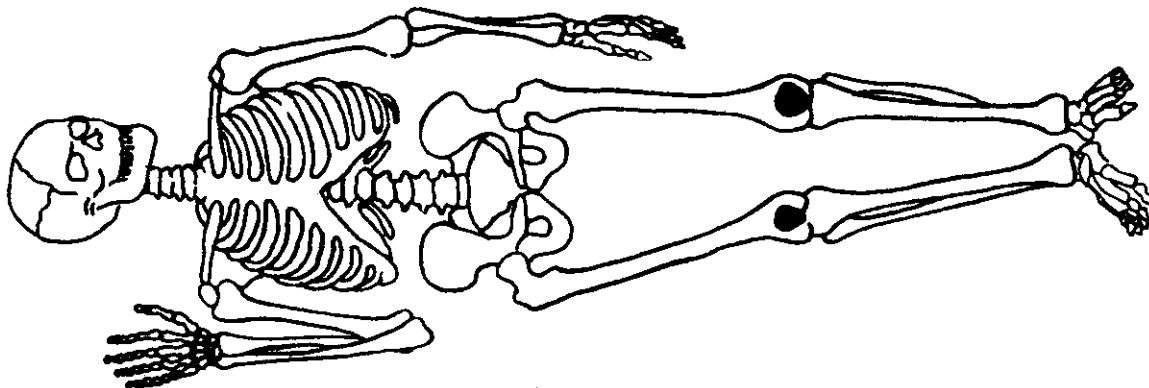
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P		A			P	P	P	P	P	P	A			A	
Side View								Side View							
Top View								Top View							
UPPER								UPPER							
LOWER								LOWER							
Side View								Side View							
Imp								Imp							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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 Section



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 ID 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

G.P.Mc JS

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### DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER <b>6321 00000</b>		DATE <b>15   11   47</b> DAY MONTH YEAR	
NAME <b>UNKNOWN</b>			SERIAL NUMBER <b>X-000073</b>		RANK	ARM <b>8</b>	DATE OF DEATH DAY MONTH YEAR
CEMETERY <b>GUAM NO 2 AGAT</b>						DISPOSITION OF REMAINS <b>0</b>	CODE <b>0391</b>
PLOT <b>4</b>	ROW <b>44</b>	GRAVE	COUNTRY <b>8 MARIANAS</b>		CAUSE OF DEATH <b>6</b>		

#### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
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#### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN</b>	SERIAL NUMBER <b>X-000073</b>	RANK <b>Unk</b>	DATE OF DEATH <b>Unk</b>	DATE DISINTERRED <b>3 Dec 47</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>		RELIGION <b>Unk</b>	IDENTIFICATION VERIFIED BY <b>S S Zapico, 2Lt INF</b> NAME AND TITLE

#### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Individual grave, unexcavated, nature of shroud undetermined</b>	CONDITION OF REMAINS <b>Metal remains, incomplete</b>
OTHER MEANS OF IDENTIFICATION <b>Fortuary Date</b>	
MINOR DISCREPANCIES <b>None</b>	

REMAINS PREPARED AND PLACED IN CASKET DATE <b>20 Jul 48</b> BY <b>J R Williams, 2nd</b>	EMBALMER (Signature) <b>J R WILLIAMS</b>
CASNET SEALED BY <b>J R Williams, 2nd</b>	SHIPPING ADDRESS VERIFIED BY <b>Max Chelofsky, Clerk</b>
DATE <b>20 Jul 48</b> BY <b>I. Lagan</b>	FILE <b>1949</b>

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

*W DeGroodt*  
W DeGroodt, Capt C-1

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

