

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>73 with Guar # 2 K83</i>
SUBJECT	

QMC FORM 1121  
1 Aug 45

RESTRICTED

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

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

DATE OF REPORT

11-26-54

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

~~UNIDENTIFIED #5~~ UNKNOWN X-83 # 150x # 498

SERIAL No.

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

Unknown

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)

no

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No effects found. Portions of aerial raincoat found w/ body.

Bath soap, skull, fractured

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 2 Agat, Guam

DATE OF BURIAL

HOUR

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

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

26 July 44

C

3

18

WAS THIS A REBURIAL?  
(Yes or no)

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

No

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

EMILIO E. COSTALES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

EMILIO S. ZAPICO 2nd Lt. Inf

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

RESTRICTED

Wesley Williams

**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.

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


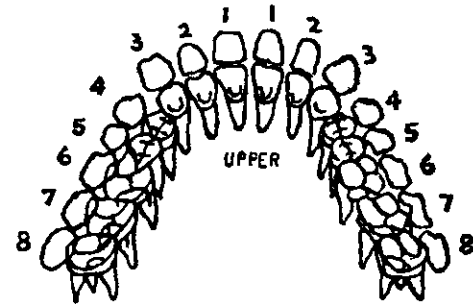
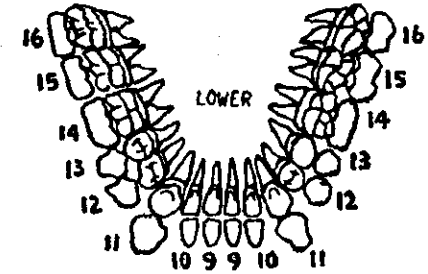




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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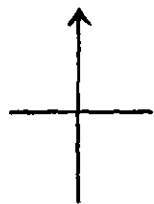
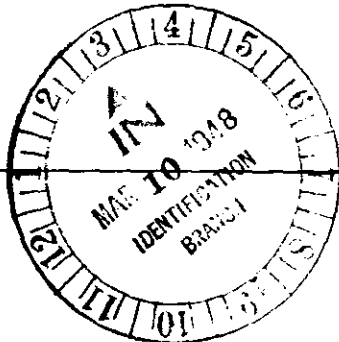
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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

REMARKS:



**REPORT OF BURIAL** ✓

NAVMED-801 (3-45)

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

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

SHIP OR STATION  
ATTACHED AT TIME OF DEATH

DATE REPORT FILLED OUT **18 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	<b>unidentified #5</b>		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH <b>GSW-KIA</b>	PLACE OF DEATH <b>Guam.</b>
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH	DATE OF BURIAL <b>7/26/44</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #2.</b>	LOCATION OF CEMETERY <b>Agat Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>c</b>	ROW NO. <b>3</b>	GRAVE NO. <b>18</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Burial</b>	RELIGION OF DECEASED
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

Information extracted from Cemetery Records Card File.

**IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE**

**Bodies Buried on Either Side**

BODY ON LEFT, NAME (Last, first, middle) <b>Kalibatas, A.C.</b>	RANK OR RATE <b>Pfc</b>	FILE OR SERVICE NO. <b>32261925</b>	GRAVE NO. <b>19</b>
BODY ON RIGHT, NAME (Last, first, middle) <b>Mullins, P.L.</b>	RANK OR RATE <b>Pfc</b>	FILE OR SERVICE NO. <b>854090</b>	GRAVE NO. <b>17</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR.</b>	(Rank or Title)	PERSON CONDUCTING BURIAL RITES	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>J.P. Lane</b> <b>JAMES P. LANE</b> <b>MAJOR, U.S. MARINE CORPS.</b>		
	(Name)	(Rank)	(Title)

**INSTRUCTIONS FOR DENTAL**

**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. \_\_\_\_\_

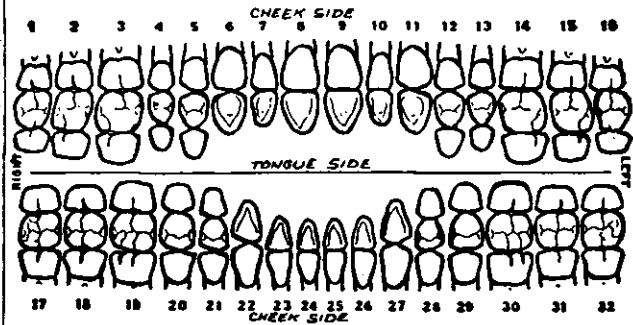
Occlusion (Type of) \_\_\_\_\_

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

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

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

Remarks \_\_\_\_\_



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

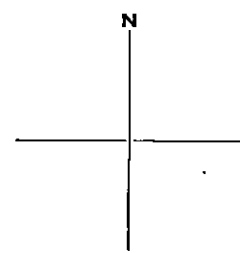
POSITIVE IDENTITY       SOME RESEMBLANCE       NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)

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

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



IDENTIFICATION SECTION  
EXPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

REPORT OF INTERMENT

C  
O  
P  
Y

Unknown X-83 (formerly Unidentified #5)

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

7/26/44

Army, Navy, Marine Cemetery #2

Guam

(Place of death)

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

Date of Burial

18

(Grave Number)

3

(Row Number)

C

(Plot Number)

(Religion, if known)

Disposition of identification tags: One Buried with body Yes  No   
One Attached to marker Yes  No

(If no identification tags, what means of identification are buried with body?)

Information extracted from Cemetery Records

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT Mullins, P. L. 854090 Pfc 17  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Kallantas, . C. 32261325 Pfc 19  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FME, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE:

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a

tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

NOTE below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB



/drs <b>1</b> /add	Interred 11 April 1950 F 9 3 Ft. McKinley <i>Backbone</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM	
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>6321 81323</b>	DATE <b>29 03 50</b> DAY MONTH YEAR

NAME <i>2/3</i> UNKNOWN X - 83		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY AGAT NO. 2, GUAM		PLOT C	ROW 3	GRAVE 18	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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-83	SERIAL NUMBER	GRADE	DATE OF DEATH 5 April '50	DATE DISINTERRED
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 April '50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED DATE 5 Apr 50 BY RAYMOND H TANGUAY, Sgt 1c, RA	SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt, RA

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

*L. W. Richardson*  
L. W. RICHARDSON, M/Sgt, RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT  
 FILE  
 RECORDS ANNOTATED  
 DATE *22 May 1950*  
 NAME *Garris*  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECORD OF CUSTODIAL TRANSFER**

FORM 1143

1. SHIPPED		FROM	AGRS MADSOLEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER		DATE	APR 11 1950	SIGNATURE OF RECEIVER	<i>W. J. ...</i>
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	

**DISINTERMENT DIRECTIVE**  
PREPARED BY PHILCOM

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>6321 01323</b>		DATE 29 03 50 DAY MONTH YEAR		
NAME <b>UNKNOWN I - 03</b>		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY <b>UNAF CEMETERY AGAT NO. 2, SUVA</b>		PLOT <b>6</b>	ROW <b>3</b>	GRAVE <b>10</b>	DISPOSITION OF REMAINS <b>7701 00</b> CODE DIST. CTR.	

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

NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. W. WINKLEY, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

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

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES ( <i>Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</i> )	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER ( <i>Signature</i> )
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		SHIPPING ADDRESS VERIFIED BY

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

\_\_\_\_\_  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*file 3-25-50  
Kirkland  
Report*

*Incl # 157*





**RECORD OF CUSTODIAL TRANSFER**

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	

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
1	Chief Ident Br Mem Div	Navy Liaison Mem Div	13 Mar 1950	<p>1. The inclosed correspondence from the field dated 9 February 1950, "Request for Casualty Information", is forwarded for necessary action by your Section.</p> <p>2. All available Army and Air Force casualty lists have been checked, but no casualty by the name of "Bledsoe" could be associated with <u>Unknown X-83, Cemetery No. 2, Agat, Guam.</u> See the inclosed IRS from QM Liaison, dated 7 March 1950.</p> <p style="text-align: center;">               METZ              74059         </p> <p style="text-align: center;">               NIFF              2462         </p> <p>2 Incls              1. Ltr dtd              9 Feb 50              2. IRS fr QM Liaison dtd 7 Mar 50</p>
2	Navy Liaison Section Repat Br Mem Div	Chief, Ident Br Mem Div	16 Mar 1950	<p>1. The attached correspondence is returned here-with for reply.</p> <p>2. A check of Navy, Marine Corps and Coast Guard casualty lists does not reveal any casualty by the name of "BLEDSOE" that could be associated with X-83, ANM Cemetery #2, Guam.</p> <p style="text-align: center;">             2 Incls              n/c         </p> <p style="text-align: center;">               MARS DEN              73880         </p> <p style="text-align: center;">               ROTH              76304         </p>

*Handwritten notes:*  
 NAT  
 File  
 20 Mar 50  
 etc.



MEMORIAL DIVISION  
MAR 13 3 33 PM '50

MEMORIAL DIVISION  
MAR 16 11 52 AM '50

HEADQUARTERS  
PHILCOL 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 K-83, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave \_\_\_\_\_, USMC Guam #2, Agat Cemetery, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
V. B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 26 April 1950 ~~0000~~  
Not identifiable from  
information presently  
available *T. G. Fields - ID*  
*2 May 1950*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNK X-83 Guam #2, AGAT</b>				2. DATE OF REPORT <b>7 Feb 50</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 <b>Age: 25 to 30 years</b>			
8. ESTIMATED WEIGHT <b>138-161 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 7 5/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**N o n e**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Malformation of maxilla from L1 to L8.**

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"**



18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

See Remarks

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
$\frac{a}{o}$	$\frac{a}{o}$	$\frac{a}{o}$					$\frac{p}{o}$	$\frac{p}{o}$				$\frac{a}{o}$	X	$\frac{a}{o}$	$\frac{a}{o}$	
Side Views															Side Views	
Top Views																
	WORN															
Side Views															Side Views	
	$\frac{a}{o}$	$\frac{a}{o}$	X	$\frac{a}{o}$			$\frac{p}{o}$	$\frac{p}{o}$	$\frac{p}{o}$			$\frac{a}{o}$	X	$\frac{a}{o}$	$\frac{a}{o}$	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See remarks

**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."

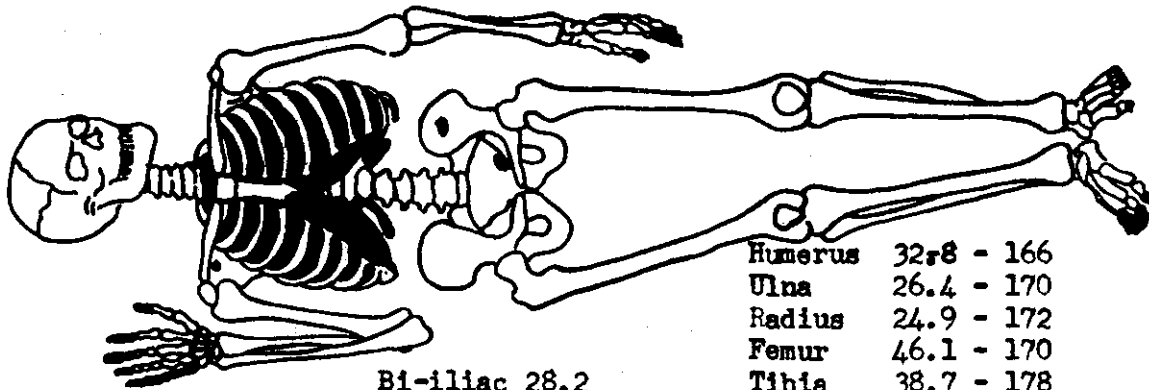
Malformation of maxilla from L1 to L8. R13 is rotated lingual - distally.

**"UNIDENTIFIABLE"**

PAUL R. NICHOLS  
Chief, Identification Section

BY REASON OF LACK OF IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Bi-iliac 28.2

Humerus	32.8	-	166
Ulna	26.4	-	170
Radius	24.9	-	172
Femur	46.1	-	170
Tibia	38.7	-	178
Fibula	38.5	-	178
			<u>1034</u> - 172

Estimated height: 5' 7 1/3"

20.

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

6

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 21 3/4 inches.

Estimated weight of remains - 11 1/2 lbs.

**"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

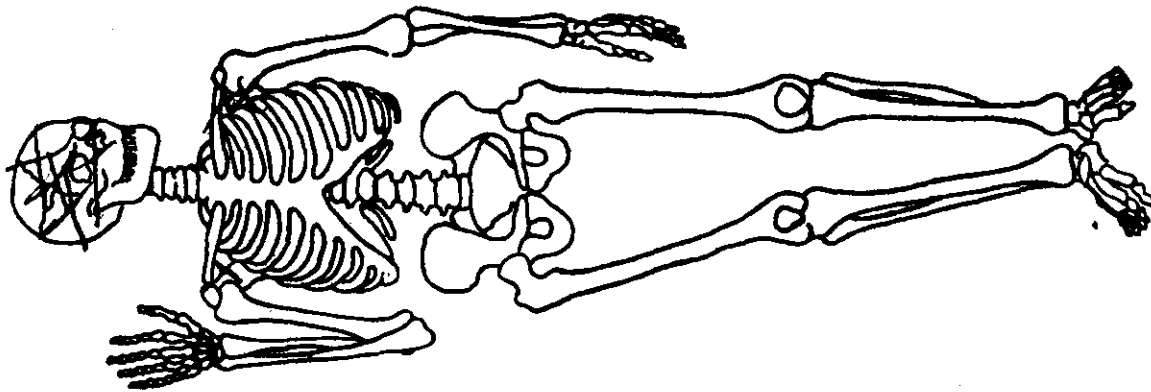
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

PAUL R NICHOLS  
 Chief, Identification Section

*Final 24*

19. BLACK OUT PARTS OF BODY NOT COVERED



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

I Certify that the Group Remains Consist of Parts of \_\_\_\_\_ Decedents Based on the Presence of One or More of the Following Anatomical Parts:  
NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

UNIDENTIFIED ~~SS~~ X-83 B-C R-3 G-12

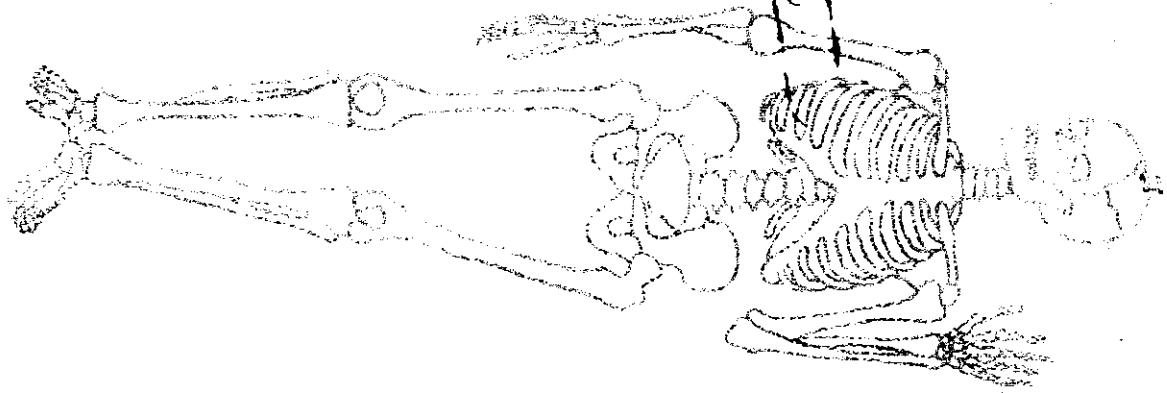
*Partial scapula & skull fracture(s)*

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*Wesley Williams*



FOIA b (7) - EXEMPT FROM DISSEMINATION

**MASS BUREAU CERTIFICATE OF DEATH**

To be filled out by the attending physician or medical examiner (or authorized person) in the presence of two or more witnesses.

**DEATH CERTIFICATE INFORMATION**

Signature of the person providing information: \_\_\_\_\_  
 Signature of the person receiving information: \_\_\_\_\_

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

26 Nov 47  
 Date

UNIDENTIFIED ~~#~~ X-83  
 LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION







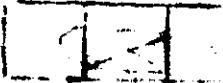


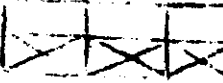





Guam Cemetery #2, Agat, Guam 0 3 18  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO

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

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAID IS TO BE OF ANY VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-MOYLS ARE TO BE INSERTED IN THE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICONE LINER, ETC.

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

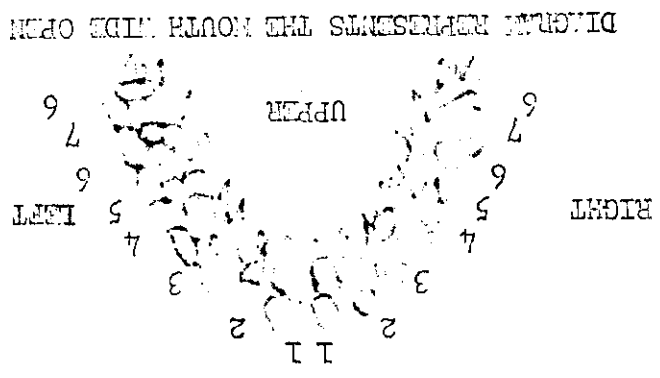
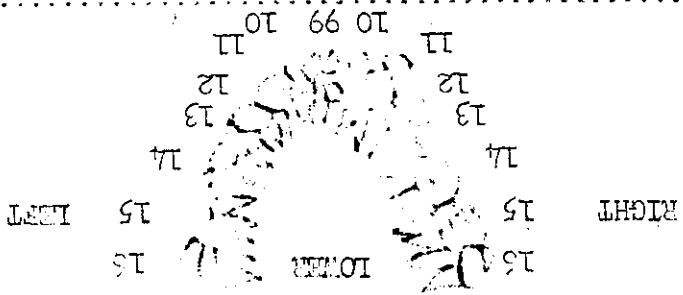


DIAGRAM REPRESENTS THE MOUTH AS SHOWN



R-12 & R-13 Inclined to Distal.

REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

*[Handwritten signature]*

WARRANTED BY GAS OFFICER

*[Handwritten signature]*

NAME AND RANK TYPED OR PRINTED

L. HO, Capt., D.C.

NUMBER AND NAME TYPED OR PRINTED

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

Quam

PLACE ON HQ. FORM THIS FORM ACCORDING TO

DATE

# DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

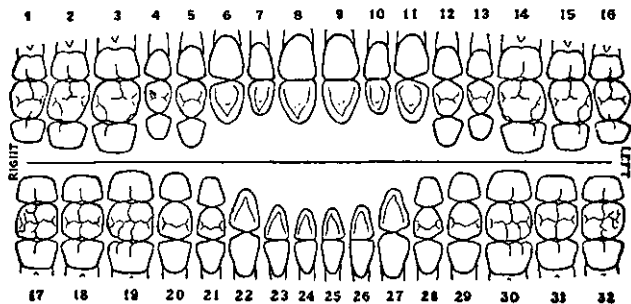
*Unidentified #5*  
\_\_\_\_\_  
*Have #18* (Surname)  
\_\_\_\_\_  
*Row 3*  
(Christian name(s))

Born: Place \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

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

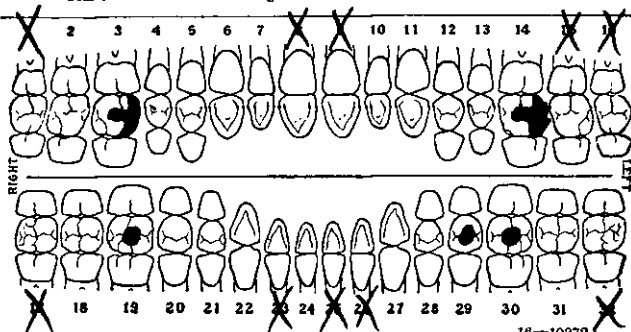
### RECORD OF FIRST DENTAL EXAMINATION



REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*7/23/44 Sam Fishberg D.D.S. - 3/c*  
\_\_\_\_\_  
(Date and signature of examining dental officer)

### RECORD OF SUBSEQUENT DENTAL OPERATIONS



# DENTAL TREATMENT

Entries to cover entire period of service

Signature	Date	Operation or treatment
		#1 - <i>Lucas</i>
		" #8
		" #9
		" #15
		" #16
		" #17
		" #22
		" #25
		" #26
		" #32
		#19 - 8 - <i>Lucas</i>
		#29 - 8 - <i>Lucas</i>
		#30 - 8 - <i>Lucas</i>



**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS.** If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN.** And fill in as many of the following as possible.

**HEIGHT:** APPARENT NATIONALITY:

**WEIGHT:** LAUNDRY MARKS:

**COLOR OF EYES:** NUMBER OF RIFLE:

**COLOR OF HAIR:** RACE

**IS TOOTH CHART ATTACHED?**

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

NOTE below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

**RIGHT HAND**

**LEFT HAND**

(Signature of officer or person reporting burial.)

THUMB

1

2

3

4

THUMB

1

2

3

4

CERTIFICATE OF DEATH

From: 4th & 22nd Marine

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C. **SEP 4 9 08 AM '44**  
(See Circular Letter B-4, Appendix D; Manual of the Medical Department, for instructions)

BUREAU OF  
MEDICINE AND SURGERY

1. Name UNIDENTIFIED NO 5 Rank of Rate \_\_\_\_\_

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

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

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

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

NONE

FINGERPRINT

State which finger IMP  
(Right index preferred)

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

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

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

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

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

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

12. Summary of facts relative to the death:

GRAVE 18 DD 7-21-44  
ROW 3 DB 7-26-44  
PLOTT C  
DENTAL REPORT

10-15554  
10-15554  
10-15554

(Commanding officer)

(Rank)

U. S. Navy.  
U. S. Navy.  
U. S. Navy.

(Will or will not)

Approved: Court of inquiry or board of investigation be held.

(Medical officer)

(Rank)

M. C. U. S. Navy.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Ident Sec	Lt Liaison The Pentagon	7 Mar 1950	<p>1. Request a list of all personnel with last name "BLEDSOE" who were killed in action on Guam.</p> <p style="text-align: right;">J. Miller Jm, 74158</p>
2	Q on Pent ho. Mem Dir.	Adm. Sec. Mem Dir.	7 Mar 1950	<p>There are 23 deceased with names of Bledsoe. No record of any killed in Guam.</p> <p style="text-align: right;">Schmidt 6679</p>

# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6321 00000	DATE 15 10 48
		DAY MONTH YEAR

NAME	SERIAL NUMBER 277, UNKNOWNX-000083	GRADE	ARM 0	RACE 0	RELIGION 6
------	---------------------------------------	-------	----------	-----------	---------------

CEMETERY GUAM NO 2 MARIANAS IS	PLOT C	ROW 3	GRAVE 18	DISPOSITION OF REMAINS 7701 80
				CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
---	---

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

# CANCELLED

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  
SEP 1 1949

240



**AIRMAIL**

QMNT 293

1st Ind.

Unknown I-83

Guam (Agat #2)

SUBJECT: Request for Casualty Information *Em*

Dept of the Army, OCMG, Washington 25, D. C., 21 March 1950

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

With reference to preceding correspondence, all available Army, Air  
Force, Navy, Marine Corps and Coast Guard casualty lists have been checked,  
but no casualty by the name of "BURDSOE" can be associated with Unknown  
I-83, Cemetery #2, Agat, Guam.

FOR THE QUARTERMASTER GENERAL:

*JM*  
O. Miller:lrc

Salsler

*JW*

cc--Administrative Section

cc--Cinofe

T. H. WATZ

Lt. Colonel, OMC

Memorial Division

*JM*  
JMH  
TEC

MAR 21 10 17 AM '50

O. C. M. G.  
MAIL & RECORDS BRANCH



**AIRMAIL**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILOM ZONE

APO 900

GRPZ 293

FEB 21 1950

SUBJECT: Request for Casualty Information

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

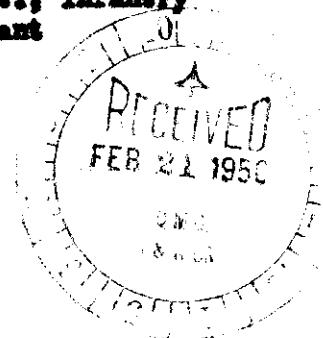
1. Reference is made to the Identification Data for Unknown X-83, Cemetery No. 2, Agat, Guam, presently stored at AGRS Mausoleum, Manila, P.I.

2. Referenced report indicates that a canteen with name "BLEDSOE" was found during the processing of subject Unknown remains. It is therefore requested that casualty records available in your Office be reviewed in an effort to determine whether a casualty may be associated with Unknown X-83.

3. If your records check would yield favorable findings, it is requested that this Headquarters be furnished OQMS Form 371 and/or any information necessary in the identification proceedings. In case of negative findings, further request that our office be so advised to allow the early resolution of Unknown X-83 as Unidentifiable.

FOR THE COMMANDING OFFICER:

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant



AIR MAIL

*993 Unknown X-83 (Agat #2)*