

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>43</i>
SUBJECT	<i>with Gram # 2 X 85</i>

QMC FORM 1121
1 Aug 45

Interred 8 March 1950 13 FEB 52 This PREPARED BY PHILCOM
N-8-107 McKinley 1042 DTG 18 FEB 52
L-79-44
Check Mark
DISINTERMENT DIRECTIVE

1

Cemetry Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
6321 81124
DATE
21 02 50
DAY MONTH YEAR

NAME UNKNOWN X-85
SERIAL NUMBER
GRADE
ARM
RACE
RELIGION
CEMETERY
USAF CEMETERY AGAT NO. 2, GUAM
PLOT C
ROW 4
GRAVE 20
DISPOSITION OF REMAINS
7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-85
SERIAL NUMBER
GRADE
DATE OF DEATH
DATE DISTINTERRED 23 Feb 50
IDENTIFICATION TAG ON
 REMAINS
 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 23 Feb 50 BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS
EMBALMER (Signature)
PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY
DATE 23 Feb 50 BY 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

Jannis

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER		SIGNATURE OF RECEIVER	<i>W. R. ...</i>	DATE	MAR 8 1950
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	

REPORT OF INTERMENT

C
O
P
Y

Unknown X-85 (formerl Unidentified 7)

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

7/27/44

Army, Navy, Marine Cemetery #2

Guam

~~(Place of Burial)~~

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

Date of Burial

20

4

C

(Grave Number)

(Row Number)

(Plot Number)

(Religion, if known)

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

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

Information extracted from Cemetery Records

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

BODY BURIED ON RIGHT Taylor, J. P. 373987 Cpl 19
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT No Burial
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

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

IF DECEASED UNIDENTIFIED

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

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a

tooth chart)

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

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

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

(Signature of officer reporting person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

3

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81124

DATE

21 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-85					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	6	4	20	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY PT. HW. MOBILE, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> 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 OMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

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

Jannis

mil # 483

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISENFRANCHISE

AIRMAIL

WRIGHT 293
GRS Far East

8 February 1950

SUBJECT: Identification of World War II Deceased

293 AGRS Far East
Unidentifiable

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

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

Unknown X-15	Asan Guam Cemetery #1
" X-18	" " " "
" X-04	Agat Guam Cemetery #2
" X-05	" " " "
" X-87	" " " "
" X-92	" " " "
" X-93	" " " "
" X-94	" " " "
" X-95	" " " "
" X-96	" " " "
" X-98	" " " "
" X-99	" " " "
" X-100	" " " "
" X-102	" " " "
" X-104	" " " "
" X-107	" " " "
" X-108	" " " "
" X-109	" " " "
" X-110	" " " "
" X-112	" " " "
" X-115	" " " "
" X-117	" " " "
" X-118	" " " "
" X-119	" " " "
" X-120	" " " "
" X-122	" " " "
" X-123	" " " "
" X-31	Agana Guam Cemetery #3

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

FOR THE QUARTERMASTER GENERAL:

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

Eustace:rvs
Salser
JW

JLN
TEC

X 293 Unknowns X-85 (Agat #2)

AIRMAIL

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

20 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 85, Plot C,
Row 4, Grave 20, USMC Cem #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

Received 2 Feb 50 OQMG
Not identifiable from
information presently
available

1/21/50
Post

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-85				2. DATE OF REPORT 20 January 1950			
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
Cemetery #2, Agat, Guam		C	4	20	DISINTERMENT	REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR Lt Brown		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
NONE							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES							
NONE							
14. WAS BODY BURNED?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED?		TO WHAT EXTENT?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS							
NONE							
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)							
One (1) pr. shoes (service) 8½ F.							

UNIDENTIFIABLE

DUE TO LACK OF EVIDENCE FOR IDENTIFICATION

DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment

Date

Signature

#1 - Missing
#17 - "
#31 - "
#32 - "

#16 - D.D. - Am.
#2 - M.S.P. - Am.

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

Wunderlich # 7
Surname: Wunderlich # 7
Number # 20 : Row # 4

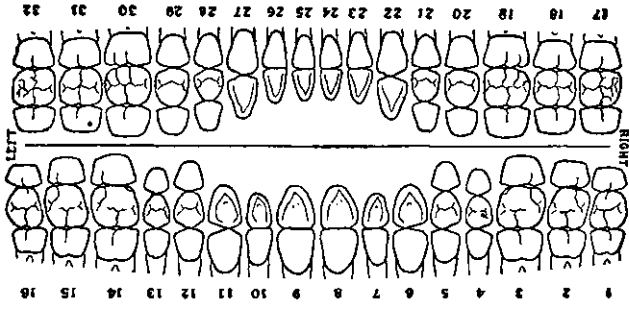
Born: Place

Date

INSTRUCTIONS

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

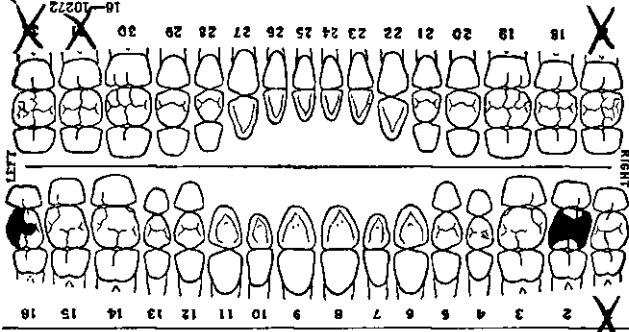
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

7/24/44 from T. J. ...
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6321 00000

DATE 15 DAY 10 MONTH 48 YEAR

NAME 295 UNKNOWN

SERIAL NUMBER X-000085

GRADE

ARM Q

RACE 0

RELIGION 6

CEMETERY GUAM NO 2 MARIANAS ISLANDS

PLOT C

ROW 4

GRAVE 20

DISPOSITION OF REMAINS 7701 CODE 80 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

CANCELLED

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1046 for major discrepancies)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET SEALED BY

SHIPPING ADDRESS VERIFIED BY

CASKET BOXED AND MARKED 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

FILED SEP 1 1948

2472

RECORD OF CUSTODIAL TRANSFER

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

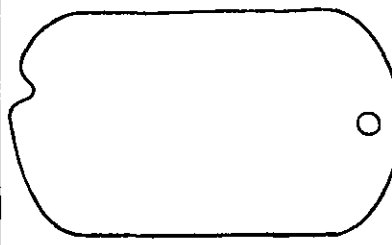
RESTRICTED

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
18 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-85 Agat #2, Guam		
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guam	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address) *293 Unk Guam #2 X-85*
Unknown

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)
1 (Substitute)	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Feb 52	--	Casket	Cross	L	9	44

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT WALKER, P.I.

PLOT No.	ROW No.	GRAVE No.
N	8	107

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		<i>FILE</i> <i>Name in file</i> <i>Action NAT</i> <i>18 MAR 52</i>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	


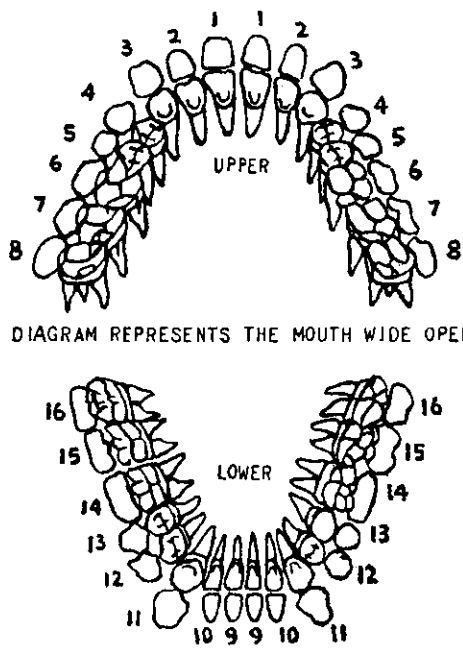





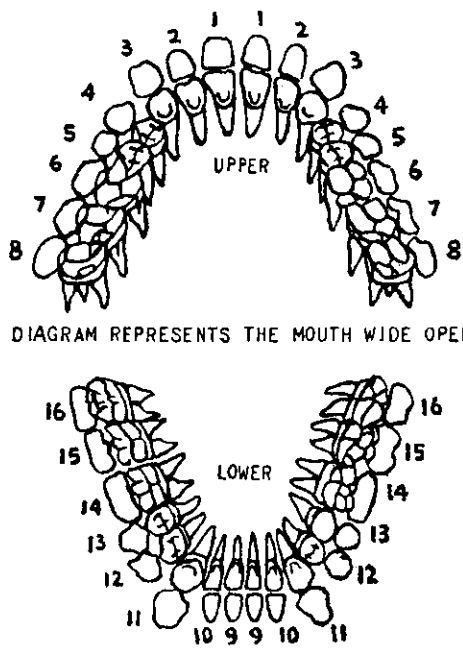





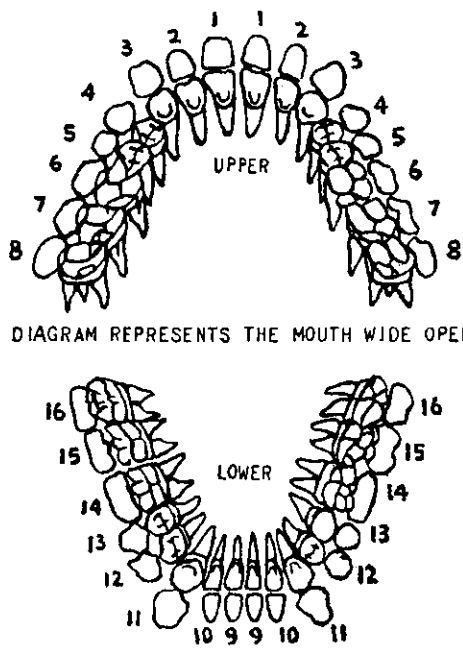




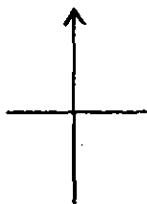
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

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

SIGNATURE OF PERSON PREPARING REPORT <i>Roger L. Dion</i> ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Maylen</i> CHARLES R. MAYLEN, 1st Lt., QMC
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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

LEFT LITTLE FINGER	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 RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR													
	BIRTHMARKS, SCARS, OR TATTOOS																
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND													
	OTHER IDENTIFICATION CLUES																
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align: middle;">  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td></td> <td></td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE		
FILLINGS					 SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN											
CAVITIES					 CAVITY DECAYED												
MISSING TEETH					 TOOTH MISSING												
CROWNED TEETH					 PORCELAIN CROWN GOLD CROWN												
BRIDGE WORK					 GOLD BRIDGE												
LEFT THUMB																	
RIGHT THUMB																	
RIGHT INDEX FINGER																	
RIGHT MIDDLE FINGER																	
RIGHT RING FINGER																	
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>																
	REMARKS:																
	Grave 44, Row 9, Plot L, was formerly occupied by Cpl. Walter GADOMSKI, 353015, USMC, disinterred and shipped to ZI.																

REPORT OF BURIAL ✓

NAVMED-901 (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)
	UNIDENTIFIED #7			
	FILE OR SERVICE NO.	RANK OR RATE		BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION			RACE	

CAUSE OF DEATH	PLACE OF DEATH
GSW-KIA	Guam.

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

DATE OF DEATH	DATE OF BURIAL
	7/27/44

NAME OF CEMETERY	LOCATION OF CEMETERY
Army Navy Marine Cemetery #2.	Agat Guam.

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	C	4	20

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

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Military Honors.	

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 type="checkbox"/> NONE	
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	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Card File. Information extracted from Cemetery Records

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

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
<i>No one buried here</i>			20
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
<i>Taylor C.P.</i>	<i>Cpl</i>	<i>373987</i>	<i>19</i>
PERSON REPORTING BURIAL (Name)	PERSON CONDUCTING BURIAL RITES		
<i>R.L. RIDOLFI 2dLt., USMCR</i>	<i>R.L. Ridolfi</i>		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	<i>L.N. UTZ-Col., USMC-Ass't Chief of Staff</i>		
	(Name)	(Rank)	(Title)

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. _____

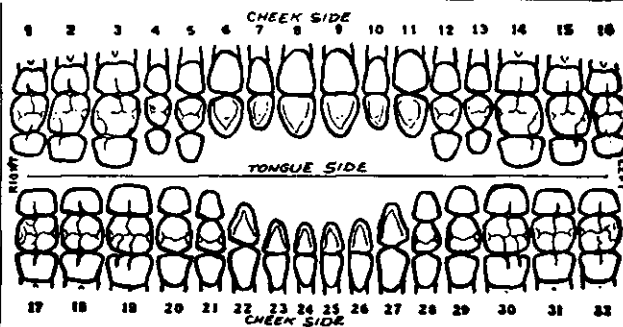
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

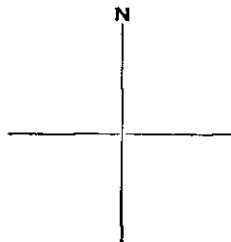


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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 overink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

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

11/29/47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-85
~~UNIDENTIFIED # 7~~ Box # 564

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)

none

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

Skeleton was not complete.
Body not casketed, wrapped
in poncho, ~~with~~ no clothing,
skull & mandible fragmentary,
all limb bones except left tibia
are fragmentary & portions missing.
remains were not in skeletal
conformation in the grave.
(burial inverted)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

no

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 2 Agat, Guam

DATE OF BURIAL

HOUR

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

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

27 July 44

C

4

20

WAS THIS A REBURIAL?
(Yes or no)

No

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

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

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

Unknown

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

21

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

Taylor's Wherry

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

19

SIGNATURE OF PERSON PREPARING REPORT

TEODORICO G. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

EMILIO S. TAPICO 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.

J.P. Joseph F. Black

RESTRICTED

MAR 11 1948

Section 2. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


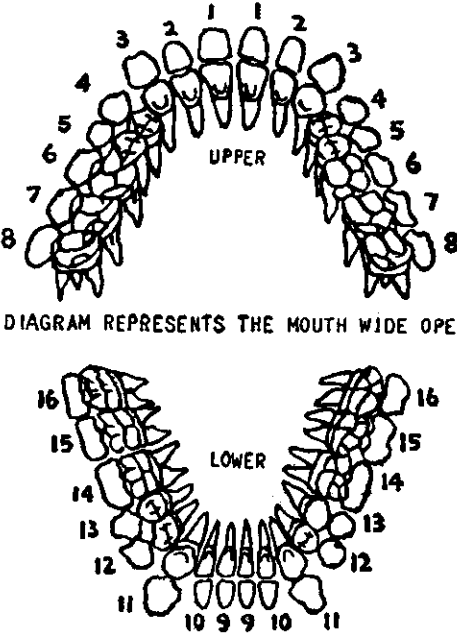




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

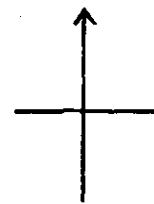
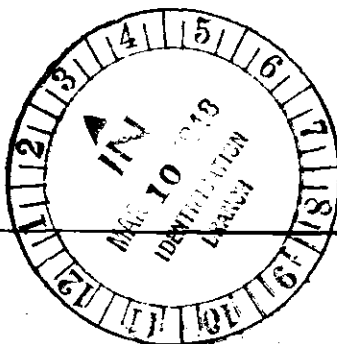
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

ARMY & NAVY MARINE # 2
CERTIFICATE OF DEATH

From: 4th 22nd Marines

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter 11-8, Appendix D, Manual of the Medical Department, for Instructions)

SEP 4 9 08 AM '44

1. Name UNIDENTIFIED-7 Rank BUREAU OF

MEDICINE AND SURGERY

2. Born: Place _____ Date _____

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

4. Eyes _____ Hair _____ Complexion _____ Height 5'10 Weight 165

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

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:

ROW 4
GRAVE 20
PLOTT C

BODY BLOWN AWAY HEAD, LEFT LEG
ARM BLOWN AWAY

(Commanding officer)

(Rank)

Mr. J. J. [unclear] U. S. Navy.

Approved: Court of inquiry or board of investigation

(Will or will not)

be held. BOARD OF

(Medical officer)

(Rank)

M. G. U. S. Navy.

18.

TOOTH CHART

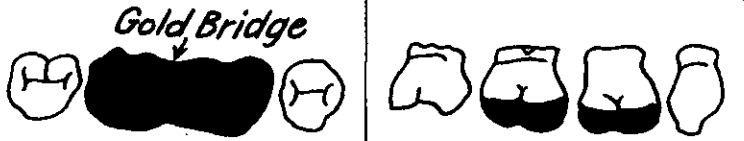
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELLED THUS:



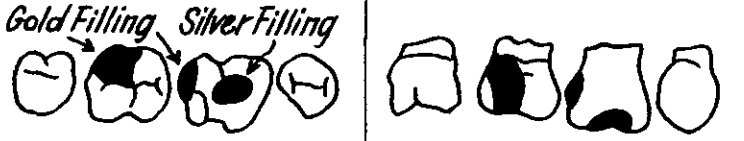
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



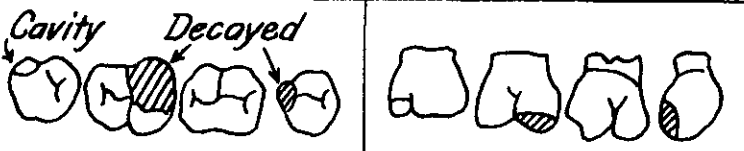
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



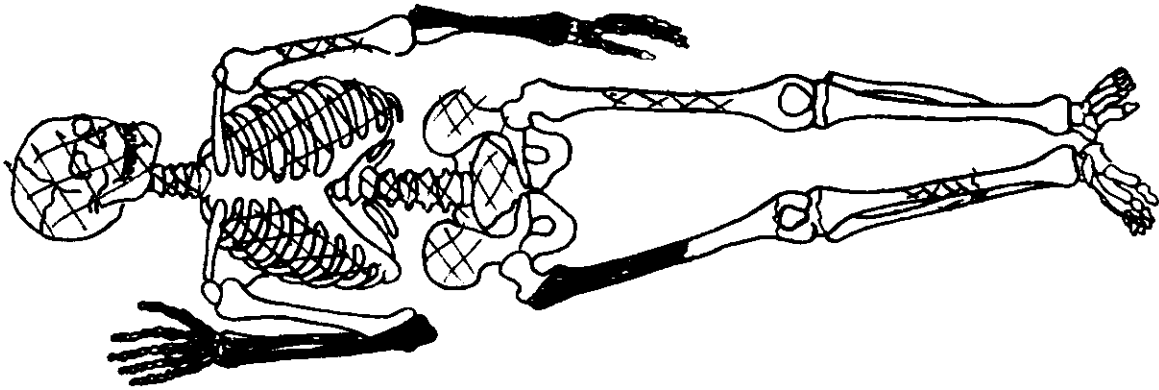
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		X	clipped A	A											A	A	X		
Side Views																		Side Views	
Top Views	UPPER																		
	LOWER																		
Side Views																		Side Views	
		X	A	A											A	X	cavity		
		16	15	14	13	12	11	10	9	9	10	11	12	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."

Mandible fractured at R-15.

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.

RECORDED
INDEXED
MAY 19 1947
U.S. ARMY
MEDICAL DEPARTMENT

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

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

28 Nov 47

Date

UNIDENTIFIED ~~1-7~~ X-85
 LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

~~PLACE OF DEATH~~ Cemetery #2, Agst, Guam ~~PLACE OF BURIAL~~ C 4 20
 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)
	CAVITY, INDICATE LOCATION		GOLD
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OF PORCELAIN
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE I (CEMENT)
	PROSTHOLOGOUSLY MISSING		MESIAL (BETWEEN TOWARD FRONT)
			OCCLUSAL (BETWEEN SURFACE BACK TEETH)
			DISTAL (BETWEEN TOWARD BACK)
			LINGUAL (TOWARD TONGUE)
			FACIAL (TOWARD CHEEK)

DATE

PLACE OR NO. FROM WHICH THIS WAS OBTAINED

NAME AND MARK TYPED OR PRINTED

SIGNATURE OF PERSON WHO TYPED OR PRINTED

NAME AND MARK TYPED OR PRINTED

RECEIVED BY GRS OFFICER

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

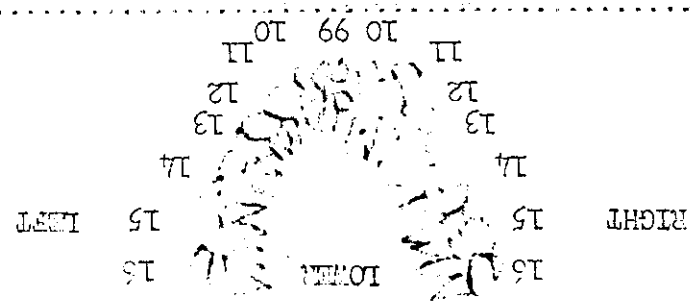
L. HO, Capt., D.C.

Emilio S. Zapico

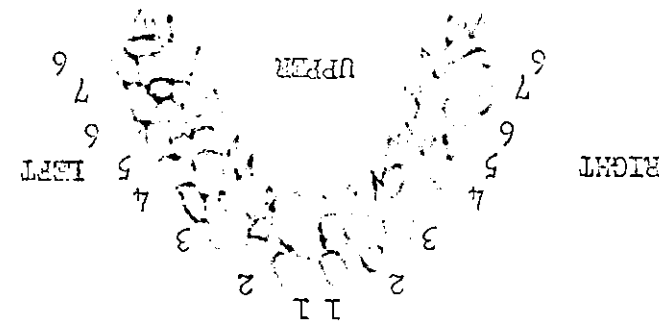
L. Ho

Portion with R-8 missing.

REMARKS:



DENTAL REPRESENTS THE MOUTH IN THE OPEN



1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS REPORT ARE OF PARAMOUNT IMPORTANCE, IT SHALL BE OF ESSENTIAL VALUE.
 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK 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., "POOR-TAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE LINING, ETC."
 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DENTAL ARCHES.
- INSTRUCTIONS:

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

UNIDENTIFIED ~~47~~ P-C R-4 G-20
X-85

*Skeleton was not complete.
not casketed, wrapped in poncho, no clothing
except shoes, skull & mandible fragmentary, all the
limb bones except the left tibia are fragmentary
and portions are missing, remains were not in skeletal
conformation when in the grave.*

(burial inverted)

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

Joseph F. Black

IDENTIFICATION SECTION
RELATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME