

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>43</i>
SUBJECT	<i>unk Guam # 2 X87</i>

QMC FORM 1121
1 Aug 45

1/bpm
 1
 Interred 7 March 1950
 N 1 80 Ft. McKinley
Questmark
 DISINTERMENT DIRECTIVE
 PREPARED BY PHILCOM
 CARL R. H. MARK
 Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER
 6321 81125
 DATE
 21 02 50
 DAY MONTH YEAR

NAME UNKNOWN I - 87
 SERIAL NUMBER
 GRADE
 ARM
 RACE
 RELIGION

CEMETERY
 USAF CEMETERY AGAT NO. 2, GUAM
 PLOT 3
 ROW 1
 GRAVE 15
 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-87
 SERIAL NUMBER
 GRADE
 DATE OF DEATH
 DATE DISINTERRED
 25 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 25 Feb 50
 BY PAUL R NICHOLS

CASKET SEALED BY
 PAUL R NICHOLS
 EMBALMER (Signature)
Paul R Nichols
 PAUL R NICHOLS

CASKET BOXED AND MARKED
 DATE 25 Feb 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
 BRANCH
Jamie

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM		TO		US MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Overmark</i>	
DATE				DATE		MAR 7 1950	
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			

DISINTERMENT DIRECTIVE

3

<small>SIGNATURE OF SHIPPER</small> DATE	<small>SIGNATURE OF RECEIVER</small> DATE	DIRECTIVE NUMBER 6321 8125	DATE 21 02 50
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		<small>NAME OF CONSIGNEE</small>	<small>DAY MONTH YEAR</small>

NAME UNKNOWN I - 87	SERIAL NUMBER 1 2H1560	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY ACAT NO. 2, GUAM	PLOT 3	ROW 1	GRAVE 15	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. RM. MCINTOSH, 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	
<input type="checkbox"/> REMAINS					
<input type="checkbox"/> MARKER					

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT		
NATURE OF BURIAL	CONDITION OF REMAINS	DATE
OTHER MEANS OF IDENTIFICATION		

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)		
REMAINS PREPARED AND PLACED IN CASKET	DATE	
CASKET SEALED BY		EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE		

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

REMARKS AND SPECIAL INSTRUCTIONS	SIGNATURE OF AGRS INSPECTOR	
---	------------------------------------	--

RECORD OF CUSTODIAN TRANSACTIONS

Jarris

Final # 484

AIRMAIL

~~293~~ ~~W. J. (Ensign) Harris~~ ~~Manila~~
~~see last letter~~

UNIT 293

8 February 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

293 GRS Far East
Unident

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-45	Asan Guam Cemetery #1
" X-48	" " " "
" X-84	Agat Guam Cemetery #2
" X-85	" " " "
" X-87	" " " "
" X-92	" " " "
" X-93	" " " "
" X-94	" " " "
" X-95	" " " "
" X-96	" " " "
" X-98	" " " "
" X-99	" " " "
" X-100	" " " "
" X-102	" " " "
" X-104	" " " "
" X-107	" " " "
" X-108	" " " "
" X-109	" " " "
" X-110	" " " "
" X-112	" " " "
" X-115	" " " "
" X-117	" " " "
" X-118	" " " "
" X-119	" " " "
" X-120	" " " "
" X-122	" " " "
" X-123	" " " "
" X-31	Agana Guam Cemetery #3

X-93 Unknown remains X-99 (Agat #2)

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

FOR THE QUARTERMASTER GEN RAL:

T. H. Metz
T. H. METZ
Lt. Colonel, QMC
Memorial Division

JMH

TEC

Eustace:rvs
Salser
JW

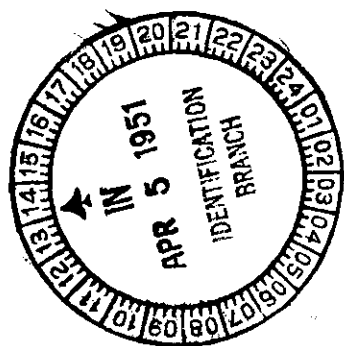
AIRMAIL

CONFIDENTIAL

IDENTIFICATION BRANCH

CONFIDENTIAL
IDENTIFICATION BRANCH
APR 5 1951

TO:



JAB FBJ

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6321 00000	DATE 15 10 48 DAY MONTH YEAR
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NAME 293 UNKNOWN	SERIAL NUMBER X-000087	GRADE	ARM Q	RACE O	RELIGION 6
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CEMETERY GUAM NO 2 MARIANAS IS	PLOT 3	ROW 1	GRAVE 15	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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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 UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
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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 AGENT INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

SEP 1 1948

110

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

2. SHIPPED

3. SHIPPED

4. SHIPPED

5. SHIPPED

6. SHIPPED

7. SHIPPED

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

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
28 Nov 47

*Imprint Identification Tag If Possible.
DO NOT TYPE*

**REPORT OF
DISINTERMENT**

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN 3-75 X-87 Box No. 781		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH GUAM	CAUSE OF DEATH Unk	DATE OF DEATH
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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 8 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Bag of shell and one chain found in remains.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cemetery #2, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				3	1	14

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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 15
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Malonghney, Francis T.	RANK Pfc	SERIAL No. 462826	ORGANIZATION USMC	GRAVE No. 13
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SIGNATURE OF PERSON PREPARING REPORT <i>Emilio E. Costales</i> EMILIO E. COSTALES	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
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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.

MAR 11 1948 **MAR 11 1948** **RESTRICTED**

Section 3 - UNIDENTIFIED REMAINS.


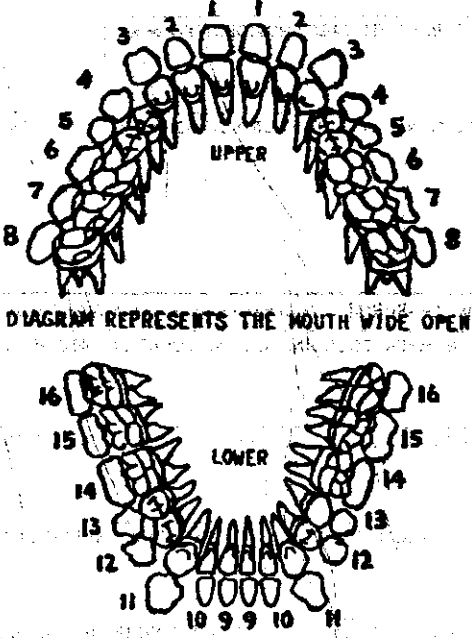




INSTRUCTIONS:

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

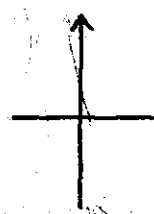
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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: Condition of remains: Skull, left humerus, ulna and radius are missing.

IDENTIFICATION SECTION
CORRELATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF BURIAL

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 _____ DATE REPORT FILLED OUT **17 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNKNOWN #15X	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH GSW-KIA	PLACE OF DEATH Guam.
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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 7/30/44
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NAME OF CEMETERY Army Navy Marine Cemetery #2.	LOCATION OF CEMETERY Agst Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. 3	ROW NO. 1	GRAVE NO. 15
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY Military Burial	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
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) Loach, W.H.	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 16
BODY ON RIGHT. NAME (Last, first, middle) Heinen, C.E.	RANK OR RATE	FILE OR SERVICE NO. 540371	GRAVE NO. 14
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2Alt., USMCR	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED J.R. Lane J.N. UTZ-Col., USMCR-Asst. Chaplain		

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.
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(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.

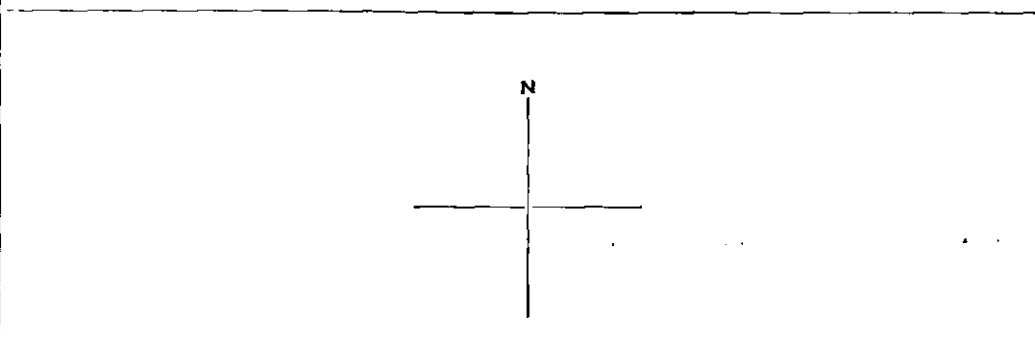
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. 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 _____	<p align="center">COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p> <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE </p> <p align="center"> (Signature of dental examiner) (Rank or rate) </p>
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When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. 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

File # 104-10000

REPORT OF INTERMENT

104-10000-100

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

7/20/44 _____
 (Place of Death) (Name of Cemetery) (Name or coordinates of location)

1 _____
 (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?)

Identified by name of cemetery records
 (If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT *104-10000-100* _____
 (Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT _____
 (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:

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

ion of deceased, etc.:

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

(Signature of officer reporting burial.)
person

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

HEADQUARTERS
PHILCOB 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- 87, Plot 3,
Row 1, Grave 15, 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. McNEAR
H. B. McNEAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received *2 Jan 1950* OQMG
Not identifiable from
information presently
available *10.2.1950*
cent.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X- 87				2. DATE OF REPORT 20 Jan. 1950			
3. NAME OF CEMETERY Cemetery #2, Agat, Guam		4. PLOT 3	5. ROW 1	6. GRAVE 15	7. DATE OF DISINTERMENT REINTERMENT		
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 9 1/2"	10. COLOR OF HAIR UTD		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? <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 NONE							
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) NONE							

UNCLASSIFIED
 BY 60320 UCBAW/STP/STP
 ON 08-11-2010

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

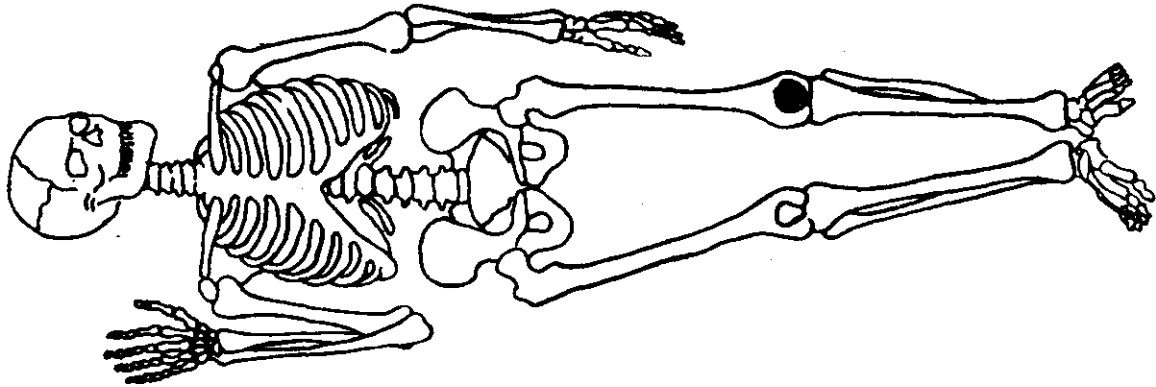
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Cavity		A	A	A	A	D	D	D		D		A	X	A	A	D
Side Views																
Top Views																
Side Views																
		X	X	A			D	D		D			A	A	X	A
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

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 I.D. tags, burial bottle, personal effects or other means of identification found with remains.

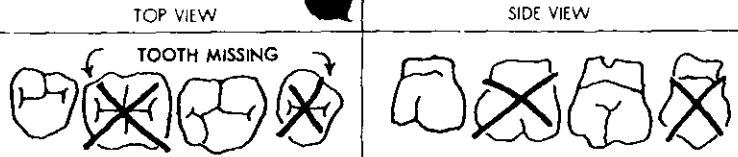
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

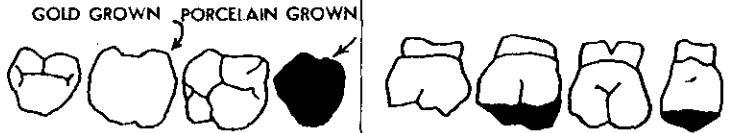
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

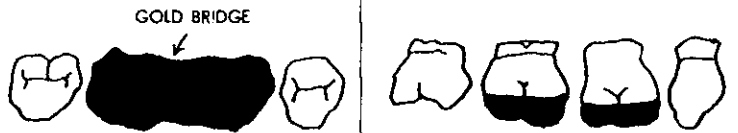
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



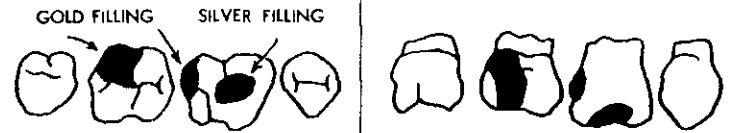
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



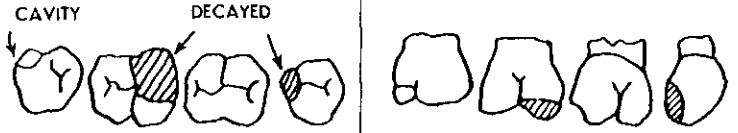
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
SIDE VIEWS															
UPPER															
LOWER															
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."

Remarks: Entire Mandible, Maxilla and Teeth missing.

UNKNOWN I-85, P-3 R-1 G-14

L. HO, CAPT., D. C.

EMILIO S. ZAPICO, 2d Lt., Inf

