FILE IDENTIFICATION TOPPER

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RECORD OF CUSTODIAL TRANSFER

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REPORT OF BURIAL NAVMED—401 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all butials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-quarters 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			FILLED OUT	O AD11 1940.
COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
		ONIDENTIFIED (₹ ∠ う	
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	CORPS OR RESERVE CLASSIFIC	ATION	RACE	
AUSE OF DEATH		PLACE OF DEATH		
GSW-KIA		Guem.		
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT	DF KIN (If known)	
DATE OF DEATH		DATE OF BURIAL 7/30/4		
NAME OF CEMETERY		LOCATION OF CEME	TERY	
Amy Navy Marine C	Cometery #2.	AgatGu	Lem.	
GRAVE MARKER TYPE	PLOT No.	ROW NO.	GRAVE	No.
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BURIED AT SEA (Date)		AREA		
Military Honors.		RELIGION OF DECEA	SED	
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LIST OF PERSONAL EFFECTS FOUND	ON BODY AND DISPOSITION OF SAME			
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	Yes No		Yes	Ne
IF IDENTIFICATION TAGS NOT PRESE	NT, WHAT OTHER IDENTIFICATION DA	TA BURIED WITH BODY A	ND IN WHAT KIND OF	CONTAINER
Car	d File. Infor mation	extracted from	Cemetery Rec	ords
IF BURIAL OTHER	THAN ESTABLISHED CEMETERY	, FURNISH SKETCH AN	D MAP REFERENCES	ON REVERSE
		I Pul Cul		
BODY ON LEFT. NAME (Last, first, mid		ed on Either Side	FILE OR SERVICE	NO. GRAVE NO.
BODY ON LEFT! NAME (Busy, 1110), 1110	(Williams RE	Cnl	47496	4 12
BODY ON RIGHT. NAME Last, first, m	siddle)	RANK OR RATE	FILE OR SERVICE	NO. GRAVE NO.
	# 22	1		10
PERSON REPORTING BURIAL (Name)	(Rank for fa	(te) PERSON CONDUCTIN	IG BURIAL RITES	
R.L. RIDOLFI 2dLt.				7 7 7
IN REBURIAL, GIVE LOCATION OF PE	REVIOUS BURIAL	VERIFIED AND FOR	WARDED	Miano
	/	L.N. IPZCA	L., USMC-Ass'	MANOR HE MARINE
				ank) (Title)
		(Name	(R	(1102) 10 4253-1

	1 ≼						
ŗ	₫ ,	1. IDENTIFICATION, P	PREPARATION	OF BODY.	BURIAL AND	MARKING	S OF GRAVES OF
±	ĬŽŽ	ISOLATED BURIALS.					
ТНОМВ	S m	four (4) sets of fingerp					is amountmos, tak
<u> </u>	abi.	ESTIMATED HEIGHT	ESTIMATED WEI		OLOR OF EYES		DLOR OF HAIR
	When unidentified, take rolled impression ithout smudging. Obtain sharp, clear contra						
	0 5	BIRTHMARKS, SCARS, OR TA	ATTOOS				
r	D	Sitting States, OK 12					
	in Se	1					
INDEX	100	LAUNDRY MARKS		·	VEAPON AND SER	IAL No.	
×	p. c	l	<u> </u>				
	ea m	0	f actual weight a	nd height are	used, delete es	timated)	
	CO				,,		
-	ntra	Wrap and tie body secu	urely in a blanke	t, pad covering	, canvas or oth	er suitable s	ubstance. Dig grave
;	! ⇔ q	to five feet or in hasty bur	rials, to sufficient	t depth to prev	ent destruction	of body or le	oss of identity. Place
WIDDLE	1 1 1 1 1 1 1 1 1	●nly one body in grave.					
P	K 0	tag and attach to grave n					
m	고급	to BuPers, Marine Corps	s, or Coast Guar	d, as indicate	d). If no tag	is present, i	nake a notation with
	fingerprints, of inked ridges	pencil of identifying data	on form in dup	licate, place ii	n bottle, cantee	ரை spentsh	ell or other available
	an Ce	container which can be m marker. If no tag is avail	iade watertight, i Iahla write ident	ifving data on	remains and the	e other, one	(I) foot below gravi
г	din	suitable means to identif			marker, yrner	n begs are m	it available, use othe
20	rte =	11					
RING ด	Cleanse fingers of and intervening	2. LOCATION OF GR	AVE: Report but	rials in establi:	shed cemeterie:	s by plot, ro	w, and grave number
W	ing C	For all other burials, prep	oare sketch in sp	ace provided b	pelow; and give	location by	means of map refer
	Spa e	ences, or by reference to					
<u> </u>	s of all foreign ig space. Do n	complete. Stand at foot	of grave facing	nead to deterr	nine bodies bui	ried to the-i	eft and right.
ŗ	D						
	2 3	If the body is otherwise unid dental conditions in conformity				. 2 3 4	
רודדר	natt.	para. 2318 (b) (1) & (2))(1945				ا دينا ليسا ل	HHÜHU L
E	Yer.					に一個で	
	matter, Roll not overfink.	CHARTING EXAMPLE: (C					10 00 000
	- ≝	Tooth No. 1, missing: No. 2, go crown; No. 4, cavity; No. 5, two)K
ָת	, 6	fixed bridge supplying missing					•
	finger to						
THUM		Missing teeth Nos		1 2 3	4 5 6 7 8	\$ <i>IDE</i> \$ 10 11	12 13 14 15 16
Σ α	include	Wilder Court (103:		المتالخات	UMMHY	1MMr	الما لما لمناسرية
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	сгевзе	Occlusion (Type of)		(5 1 /4/5 1/		MANA	XCXCX _X(_XCX
					20°- «	,	ひつてて
ָב,	of first	Malposed teeth (Describe)_			TONGU	E SIDE	
	\$\$ _0	<u> </u>		$\Box\Box\Box\Box$	$Q\Omega_{\Delta}$	a l	70000
DEX	1	Removable appliances		BHHHHH	MUDAM	<u>ነ</u> ለለ <i>በ</i>	
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	. Buc	Other defects		ترتيت	MMMUI	HMMH	1HHHHH
	nt through 180°				CHEEK	\$10E	16 29 30 31 32
Σ,		Remarks		COMPARISON WI	TH DECEASED NA	VMED-H-4 (DE	NTAL RECORD) REVEALS
3	3			POSITIVE IDE	NTITY SOM	E RESEMBLANCE	NO RESEMBLANCE
MIDDLE							
'n	on inked surface.			(Signature of c	lental examiner)	(Ra	nk or rate)
	_ II						
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LITTLE	same motion			[
m]	. , , ,					
FPORT OF BURLAL (Beat)	<u> </u>	<u> </u>					

F.M.F. PAC Form (9) Graves Registration REPORT OF INTERMENT Unbecin H-93 (formerly Unidentifick R3) (Last Name) (First) (Initial) (Serial Number) (Rank) (Organization) nm, ly, write Ormetery 2 Guam
(Name of Cemetery) (Name or coordinates of location) x6P/seepostadestate Date of Eurial (Row Number) (Plot Number) (Religion, if known) (Grave Number) 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 Directory Records (If no identification tags, but identity definitely established, give particulars) BODY BURIED ON RIGHT midentified TP (Name) (Ser. No.) (Rank) (Org) (Grave No.) BODY BURIED ON LEFT illians, a. . NULLA Opl (Ser. No.) (Rank) (Org) (Grave No.) (Name) INSTRUCTIONS: Fill is sil 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. EASE DEPOT HERRI TILLA

THUMB	(Signature of officer person reporting burial.)		THUMB
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		
	as letters, photographs, probable organizate		74
. 2	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.: Double to moles, deformities, etc.: MOTE below any identifying clues found, such	LEFT HAND	2
w	the following as possible. HEIGHT: APPARENT NATIONALITY: COLOR OF HAIR: RACE TAUNDRY MARKS: IS, TOOTH CHARD?		3
4	IF DECEASED UNIDENTIFIED TAKE THOSE YOU CAN, And fill in as many of TAKE THOSE YOU CAN, And fill in as many of		4

HEADQUARTERS FHILCOM ZOND ALERICAN GRAVES REGISTRATIO

20 January 1950 Date

SUBJECT: Unidentifiable Remains

TΟ : The Guartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X- 93, Plot C Row 9, Grave 11, USMC Cem #2., AGAT. GUAM 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:

Captain, Q.C

Chief, Records Branch

Attch: Form 1044

Received 2 4 1 5 6 00MG

Not identifiable from W. Eustace information presently available 4 dent.

					x-93	
	IDENTIFI	ICATION D	ATA		_	
L. REMAINS OF UNKNOWN		 			2. DATE OF RE	E PORT
UNKNOWN X-93					20 Januar	rv 1950
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		ATE OF
					DISINTERMENT	REINTERMENT
Cemetery #2. A	igat, Guam	C	9_	11		<u> </u>
	PHYSIC	CAL DESCRIPTIO	/N			
B. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR 11. RACE				
UTD	60 5/8"		Med. Br	OWn	UTD	i
2.GIVE DESCRIPTION OF A	NY OFFICIAL IDENTIFICATION FOL	UND WITH REMA	INS			
	N	ONE				

NONE

14. WAS BODY BURNED?	TO WHAT EXTENT?
YES NO	
15. WAS BODY MANGLED?	TO WHAT EXTENT?
T YES TO NO	
74	

16. DESCRIBE EVIDENCE OF MEALED 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

_			
18.		TOOTH CHART	
TRAC	ING TEETN: ALL TEETH MISSING THROUGH EX- TION (NOT THOSE FRACTURED OR DISPLACED BY NT WOUNDS) SHOULD BE "X" D OUT AND LABELED :	G Tooth Missing	SIDE VIEW
(LAB	NED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH EL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE—), THUS:	Gold Crown, Porcelain G	rown DDDD
BRID (LAB) Thus	BE WORK: BLOCK IN SOLID AND CROWN OF TOOTH EL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE),	Gold Bridge	
AS P	INGS: DRAW FILLING ON TOOTH AS ACCURATELY SSIBLE (BLOCK IN AND LABEL GOLD, SILVER, NT), THUS:	Gold Filling Silver Filling	
CAR II OF C	ES (Covition): OUTLINE LOCATION AND SIZE AVITY, SHADE IN THUS:	Cavity Decayed	
		roctures	
Side Views Top	RIGHT B 7 6 5 4 3 2 A S A X A 65 5 OF OM OD OF M M OF OWN OF OWN OF OWN OF OWN OF OWN	1 1 2 3 5 5 5 X X 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A AS dissing Side Views
V jová Sida Viove		MADDA THADA S S A	LOWER LOWER
DENT	16 15 14 13 12 11 10	9 9 10 11 12 13	14 15 16

ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

PAUL R. NICHOLS Chief, Identification Section

	x - 93
19. BLACK OUT PARTS OF BODY NOT RECO	
20. MASS BUR! AL C	ERTIFICATE (IF APPLICABLE) in whole or parts is impossible)
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF THE FOLLOWING ANATOMICAL PARTS:	
21. REMARKS AND ADDITIONAL INFORMATION	SIGNATURE OF MEDICAL OFFICER
No ID tags, burial bott: of identification found wit	le, personal effects, or other means th remains.
! CERTIFY THAT ! HAVE PERSONALLY VIEWED THE RE RECORDED TO THE BEST OF MY KNOWLEDGE	EMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN

SIGNATURE

Jaul R. Muhala

OMC FORM 10445

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS Chief, Identification Section REPRODUCED AT 8246TH S, AGRS, APO 86, AUTH: RADIO CITE - C- GRS MARBO 12065 2 July 194

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

;			,			Da Da	te
LAST	NAME	X-93 FIRST	INITIAL	RANK		SERI.	AL NO.
e and territorial	1	UNIT	entre de la composición del composición de la composición de la composición del composición de la composición del composición de la composición de la composición del compos		ORGANI ZAT	ION	
PLAC	COAT DE OF DEATH		Agat ontry		C PLOT	ROW	GRAVE NO
TYPE	8 T	RIGHT 6 5 MO 1	UPPER 4 3 2 1 INSIDE - LO	DOKING OUT	LEFT 4 5 6	7 8 A	TYPE LOCATION
	16 15	RIGHT	LOWER		LEFT		e spec
TYPE LOCATIO	7	14 13 12	11 10 9 9	9 10 11	12 13 14	15 16	TYPE LOCATION
		KEY OF SY	MBOLS TO BE USI	ED IN ABOVE C	HART	1	
	SYMBOLS IN WHOLE BOX	•	TYPE OF FII IN UPPER HALF (ATION OF IN VER HALF	
		XTRACTED	, [-	A AMALGAN (SILVER)	M	MESIAL TOWARD	(Between Front)
	CA	VITY, INDI	CATE	G GOLD	0		L (BETWEEN BACK TEE
		FIXED BRI	E	S SILICATE PORCELAI		DISTAL TOWARD	(BETWWEN BACK)
S	<u> </u>	TEETH REP BY DENTUR		OXYPHOSP,		LINGUAL	(TOWARD
	13	PHOSTHOMOUS	LY MISSING		f	FACIAL	(TOTARD

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

NITE IND FIRK LIFED OR PRINTED

DTE

MITTO 9' THE TOO! THE DAY!

L. HO, Capt., D.C.

WEEL JUD RAK TYPED OR PRINTED

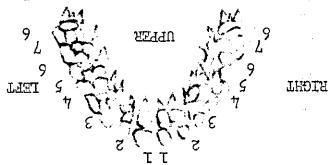
EMILIO S. ZAPICO, 2nd Lt., Inf.

TELHO CERTAERS OF WORKER TO ERUTANDIE

ASTILIED BY CRS OFFICER

THOIL ST LANDING ST THOIR ST LANDING ST THOIR ST LANDING ST THOIR ST LANDING ST LANDING

NEGO ECIM HIDON EHL SINESEHER MYRDVIC



to for information of standard numbering of testy set diagram below.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORNED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, C.E., PORCELATIN CROWNS, COLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

S. NOTE CAREFULLY THAT: SYMBOLS INDICATING TESTH, CAVITIES AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UPPER HALE OF BOX, AND SYMBOLS INDICATING TOCATION OF FILLING ARE TO ENSERTED IN WHOLE BOX; SYLBOLS INDICATING TOCATION OF FILLING ARE TO INSERTED IN UPPER HALE OF BOX.

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE.

OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

8 February 1950 oricett 293 293 GRS Far East undert GRS FOR SUBJECT: Identification of World War II Decembed Commanding Officer TO: American Graves Registration Service Philoca Lone 393 Und Suan APO 900% o/o Postmaster San Prancisco, California Reference is made to the following Unknown remains now stored at the ACKS Mausoleum, Manila, P.I.: Unknown X-45 Asan Guam Cemetery #1 **X-48** Agat Guam Cometery #2 X-8h X-85 X-87 X-92 X-94 X-95 X-96 X-98 X-99 X-100 X-102 x-10h X-107 X-108 X-109 X-110 1-112 X-115 X-117 X-118 X-119 X-120 X-122 X-123 Agene Guam Cemetery #3 X-31

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

FOR THE JUARTERHASTER GEN RAL:

T. H. LIETZ

Lt. Colonel, QMC Hemorial Division

Jun

TEC

Eustace:rvs Salser JN

177171

IDENTIFICATION SECTION REPATRIATION RECORDS BRANCH ME.HORIAL DIVISION

CATEGORY III CASE NO CLUES IDENTIFICATION IMPOSSIBLE AT PRESENT TILE