RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 June (muse) Islam #1 12, 13,

SYNOPSIS AND DATES

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NEW CLASSIFICATION 293 lenk (csan) flacam# 1 1/2

10/5/50

RECLASSIFICATION SHEET

QMC Form 857 (Revised 6-27-42)

36-29400-1 U. S. GOVERNMENT PRINTING OFFICE

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SUBJECT: Unidentifiable Hemains

TO:

Commanding Officer
American Graves Hegistration Service
Philoom Zone
APO 900, e/o Postmaster
Son Francisco, California

- 1. Reference is made to letter, your Headquarters, file GMPZ 293, duted 20 January 1950, subject: Unidentifiable Remains.
- 2. This Office concurs in the classification of Unknowns X-2, X-3, X-4, X-9 and X-10, Cometery F1, Asan, Guam, as unidentifiable.
- 3. Unknowns X-2, X-3, X-4, X-9 and X-10 are listed on FEA Unit Hoster #4, pages 9 and 10.

FOR THE QUARTEREASTER GENERAL:

T. H. MaTZ Lt Colonel, GMC Hemoriel Division

CC: CINCIN

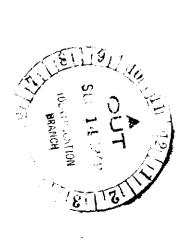
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INTRAOFFICE REFERENCE SHEET

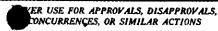
Unkn X-10 293 file-GRS Far East

1 NO.	2	1 1/2	4	10 M CONDA HOURS TO DATE
NO.	FROM-	TO-	DATE	MESSAGE
1	FIELD SERVICE DIV EXEC CFF	IDEN BR MEMORIAL DIV	12 Sept	For your information and file. FOR THE CHIEF, FIEID SERVICE DIVISION
			2	Attachments: Louis 1. Corres re 15473

THIS FORM WILL REMAIN PART OF THE OFFI-U. S. GOVERNMENT PRINTING OFFICE 15-49650-5



MEMO ROUTING SLIP



1 NAME OR TITLE	INITIALS	CIRCULATE
To: Office of the Quar	termaster .	
ORGANIZATION AND LOCATION	DATE	COORDINATION
General General		
2		FILE
Washington, D. C.	·	
		INFORMATION
3		NECESSARY ACTION
•		ACTION
	·	NOTE AND RETURN
		KETURK
4		SEE ME
Re: Unknown X-10		
		SIGNATURE

REMARKS

The attached letter from Philippines Command. transmitting a copy of Inventory of Effects in the case of Unknown X-10, is forwarded for disposition inasmuch as subject cannot be identified for the purpose of filing attached correspondence.

l Incl Ltr dtd 10 Aug 49 w/l Incl

FROM NAME OR TITLE Amos-Spec Corres Unit, WW II Corres Sec C

ORGANIZATION AND LOCATION Demob Pers Rec Br, AGO, St. Louis 20, Mo. 7 Sep 49

TELEPHONE **7**78

HECEINED EN PROPERTY NO.

' HEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARMY

18GR 293

SUBJECT: Letter of Transmittal

1 0 AUG 1949

TO

the Adjutant General Department of the Army Washington 25, D. C.

- 1. Forwarded herewith is a copy of Inventory of Effects AR 600-550, WD A.G.O. Form No. 54 for your information and file.
- 2. Personal effects referred to were forwarded to the Army Effects Bureau, Kansas City Quartermaster Depot, Kansas City 1, Missouri, for proper disposition on 1 August 1949.

FOR THE COMMANDING GENERAL:

l Incl.

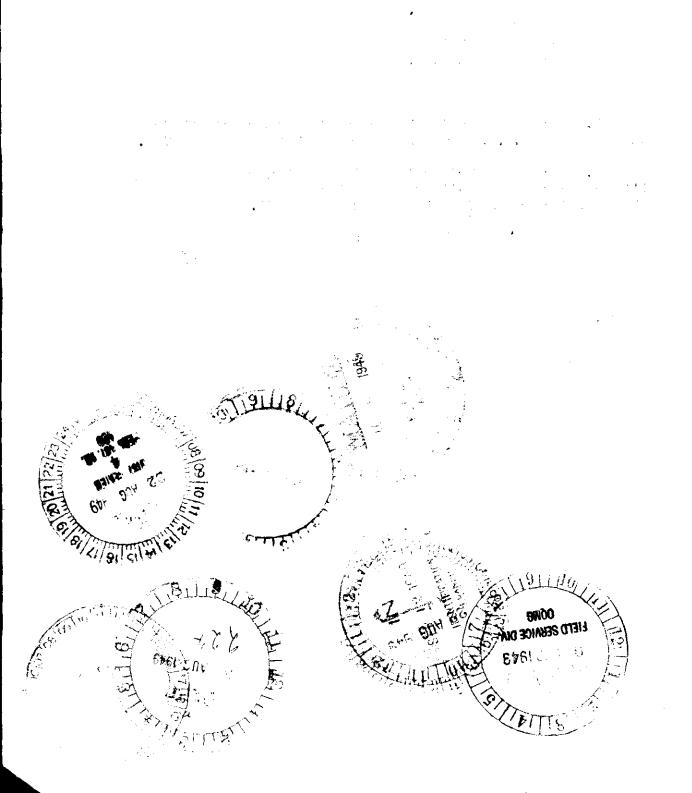
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MEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARMY

CSGR 293

SUBJECT: Letter of Transmittal

10 AUG 1949

TO: The Adjutant General
Department of the Army
Washington 25, D. C.

- 1. Forwarded herewith is a copy of Inventory of Effects AR 600-550, WD A.S.O. Form No. 54 for your information and file.
- 2. Personal effects referred to were forwarded to the Army Effects Bureau, Kansas City Quarternaster Depot, Kansas City 1, Missouri, for proper disposition on 1 August 1949.

FOR THE COMMANDING GENERAL:

I Incl.

JOHN M. WESTON .

Let Lt AC. AC. Gen.

INVENTORY OF REFECTS - AR 600-550

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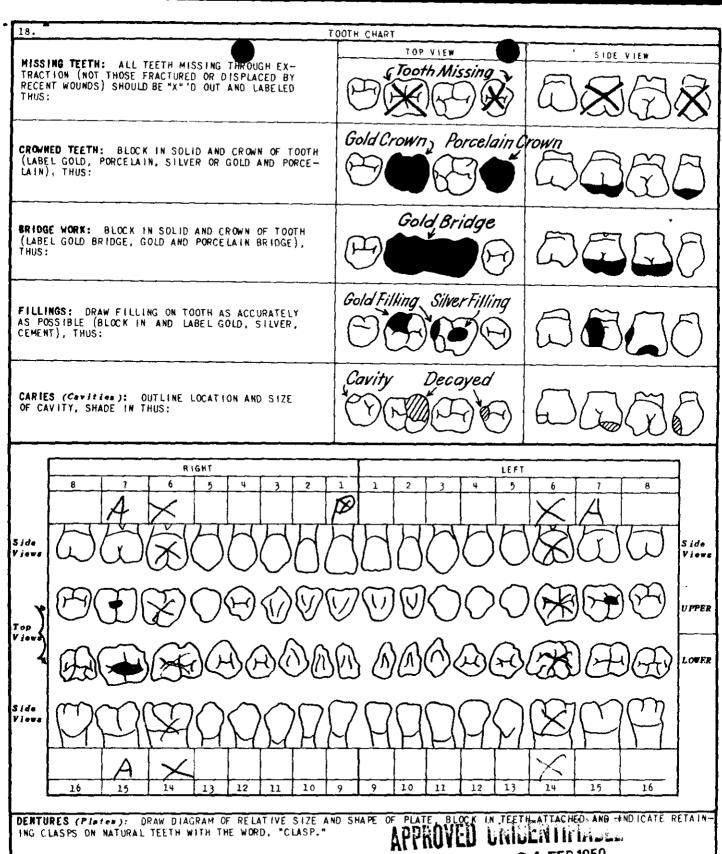
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<u> </u>	lDENTIF	ICATION D	ATA		•	
. REMAINS OF UNKNOWN UNKNOWN X-10					2. DATE OF RE	
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DA	TE OF
Cem. #7, ASAN GU	Cem. #7, ASAN GUAN 2					REINTERMEN
	PHYS II	CAL DESCRIPTION	N.	<u> </u>	<u> </u>	<u> </u>
. ESTIMATED WEIGHT Unk	9. ESTIMATED HEIGHT	10. COLO			II. RACE Univ	
GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FO	OUND WITH REMA	INS			
	None					
TELVE DESCRIPTION OF TATE	1005 00 00100 0H 2007 AND	OD 51151150011				
PROTAE DESCRIBÉTON OF TWE	TOOS OR SCARS ON BODY AND/	UK SUÇM INFORM	ALION OBT	AINED FROM	OTHER SOURCES	
		A DDDI	nven i	MINEN	TIFIABLE	
		AFFR			IIIIMULL	
	None		24 +	EB 1950		
WAS DODY SUDVICES	Tea must correct					
WAS BODY BURNED?	TO WHAT EXTENT?		•			
. WAS BODY MANGLED?	TO WHAT EXTENT?					
YES TE NO						
. DESCRIBE EVIDENCE OF HE	ALED FRACTURES AND BONE MA	ALFORMATIONS				
	None					
	Kone					
		· · · · · · · · · · · · · · · · · · ·		 		
SERVICE, ETC. (If lound	THING, EQUIPMENT AND PERSON dry marks are indistinct as	uch notation s	hould be .	mede end s	PE, COLOR, SIZ Pacimen forwar	E, MARKINGS, ded through
channels for examination	on when facilities are not	available in	the area)			
	None					
	Party and a second of the second	e e grand a grand grand a const		** * - * -		
	P. V. C. Mark Brown and C. Mark W. C.					
	Francisco de la Companya de la Compa					
• •	医多种性 化二氯甲基磺基磺基甲基		*	-		



24 FEB 1950

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein megregation 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: APPROVED LINGENTIFIALLE 24 FEB 1950 SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION No identification tags, bottle buria's, personal effects or other means 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 SIGNATURE

QHC FORM | 0446

PAUL R. NICHOLS

Chief. Ident. Section

Yaul R. Nuchala

, , , ,	DENTIFICATION DENTA	AL CHART		DATE	12 N	ov 47	
NAME (Last, First, Middle Initial)		RANK		SERIAL	SERIAL NUMBER		
UNIT UNITENTIFIED	#10 ORGANIZATION	CAUSE OF D		DATE	OF DEATH		
UNII .	USMC		iknown	Ì	21 July4	14	
PLACE OF DEATH	PLACE OF BURIAL			PLOT	ROW	GRAVE	
Guan	Cemeter	y #1 Ass		A	2	15	
MISSING TEETH: ALL TEETH MISSING FRACTURED OR DISPLACED BY RECEI AND LABELED THUS:	•		TOP VIEW	SSING	SIDE	VIEW STEW	
CROWNED TEETH: BLOCK IN SOI PORCELAIN, SILVER OR GOLD AND		BEL GOLD,	GOLD CROWN) PORC	CELAIN CROW			
BRIDGE WORK: BLOCK IN SOLID BRIDGE, GOLD AND PORCELAIN BRI		GOID	GOLD BRID	GE			
FILLINGS : DRAW FILLING ON TOO AND LABEL GOLD, SILVER, CEMENT),		(BLOCK IN	GOLD FILLING SILVE	R FILLING			
CARIES : (Cavities) : OUTLINE LOC SHADE IN THUS :	ATION AND SIZE OF CAVITY,		CAVITY DECA	YED			
SIDE VIEWS	RIGHT 6 5 4 3		2 3 4 5		8	SIDE VIEWS UPPER	
TOP VIEWS A SECOND) 	10000	300	DA	tower	
SIDE VIEWS 16 1:		10 9 9	10 11 12 13	14 19			
DENTURES (Plates): DRAW DIAGRAM TEETH WITH THE WORD, "CLASP,"	M OF RELATIVE SIZE AND SHAPE O	PRATE, BLOCK IN	ED UNICENT 2 4 FEB 1950		_	I NATURAL	
SIGNATURE OF OFFICER OR OTHER L. HO, Ca	pt., D.C.		E. S. ZAPICO		Lt., In	Eghin Auri, Princing Plant Book	
CMC FORM 1045 PREVIOUS E	DITIONS OF THIS OBSOLETE					44.4	

Navmed -		

Ship or Station Attached at Time of Death

Date Report Filled Out

Attached at Time of Death		Filled Out 1				
Copy of Identification Tag	Name	(Last)	(First)	(Middle)		
		ተመነገግ ተመጫነው።	TIFIED #10	,		
	File or Ser		Rate or Rank	Branch of Service		
	; [USMC		
	serve Cla	ssification	Race			
	1					
Cause of Death	<u> </u>	Place o	f Death			
GSW-KIA		•	GUAM			
Name of Next of Kin (If Known)	Address	of Next of K	in (If Known)		
		:	,	•		
Date of Death	Date of	Burial	gentarda generaldungs ungsprifteder der termetaller Medinetteye annes i der 🗗			
7/21/44			7/23/14			
Name of Cemetery	<u></u>		n of Cemetery	ە بەردىلىدۇ قىيلىدىدىلىدىدۇ بەسلىق بۇر يۇرى. شىيلى		
Army Navy Marine Cemetery	<i></i> #1		Asan. Guam			
Grave Marker Type	Plot No.	Row No.		Grave No.		
Cross	1		2	15		
Buried at Sea (Date)	<u> </u>	Area				
2.2.2.2.						
Type of Religious Ceremony		Religio	n of Deceased	adirania da la distribución de la descripción de la del		
Military Honors		İ				
Identification Tags found on	Bodv	If no T	dantification	Tags, other means		
	None	used to	used to identify body (Identification			
		1	letters, etc.			
Complete Dental Chart on Reve			ROVED UNID	ENTIFIABLE		
Yes		-	24 FEB 1950			
Complete Fingerprint Chart of on Reverse						
Yes 🖳						
List of Personal Effects foun	d on Body ar	d Disposi	tion of Same			
				· · · · · · · · · · · · · · · · · · ·		
Identification Tag Buried wit	h Body	Identif	ication Tag A	ttached to Harker		
Yes	No	Yes No				
If Identification Tags not pr What Kind of Container	esell, what	other Ide	entification Da	ata buried and in		
Information extracted from	Cemetery Re	cords				
IF BURIAL OTHER THAN ISTABLIS REVERSE	HED CELETERY	, FURNISH	I SKETCH AND IL	AP REFERENCES ON		
Body on Left, Name (Last, firs	t, middle)	Rank or	Rate File or	Service No. Grave		
Phelan. R. G.		PFC	389	243 16		
Body on Right, Name (Last, fir	st,middle)			Service No. Grave		
Hajbowicz, F. J.		Cpl	451	450 1 14		
Person Reporting Burial (Name)(Rate oi .		Conducting Bu	rial Rites		
Rank)						
R. I. RTDOLFT. 2nd It. USM]	d and Dames	od.		
In Reburial, Give Location of Burial	rrevious	Verified and Forwarded				
		L. N. UTZ-Col., Ass't Chief of Staff G- (Name) USMC (hank) (Tit)				
↓		्र अस्ति।		Zamerier's Carrer		

HEADQUARTERS FHILOOM ZONE AMERICAN GRAVES REGISTRATION STRVICE

39	Jan.	1950
	Date	

SUBJECT: Unidentifiable Remains

TO

: The Quartermaster Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-10, Plot 1, Row 2, Grave 15, USMC Cemetery 1. Asan, Guam, 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:

Captain, QuiC

Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

2 4 FEB 1950

RESTRICTED WĎ QMC FORM 1042 DATE OF REPORT REPORT OF INTERMENT (Rev. I Apr. 1945) (Supersades GRS Form 1) 12 Nov 47 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. 50× # 208 UNIDENTIFIED GRADE ORGANIZATION BRANCH OF SERVICE REPORT 0 **BSMC** RACE RELIGION IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Guan Unknown 21 July 44 EMERGENCY ADDRESSEE (Name, relationship, and address) IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reserve) **IDENTIFICATION TAGS FOUND ON BODY** (1. 2. or none) SPPROVED ENICENTIFIAGLE Tone WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Ŧο LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Wallet containing a quarter found and enclosed with remains. Section 2.-BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Cometery #1 Asan, Guam TYPE OF GRAVE MARKER DATE OF BURIAL BURIED IN (Shroud, blankel, or name of other) PLOT No. ROW No. GRAVE No. 23 July 44 15 WAS THIS A REBURIAL? IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT No. ROW No. GRAVE No. TYPE OF RELIGIOUS CEREMONY IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES IDENTIFICATION TAG BURIED WITH IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ORGANIZATION BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL No. GRAVE No. USECR 16 389243 Pfe Phelan, Robert G. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE No.

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.

Cpl

HAJBOWICE, Frank J.

TEODORICO J. ESPITAL

SIGNATURE OF PERSON BREPARING REPORT

451450

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

SIGNATURE OF GRS OFFICER VERIFYING REPORT

DBMCR

34

RESTRICTED

	Section	Section UNIDENTIFIED REMAINS.							
LTTLE FINGER	(b) A fit chart at left, every tooth v	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of mains. Fill in anatomical characteristics below, and any other clues under "Other," su social security number; position of body found in airplanes, vehicles, and tanks; and serial planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers are chart at left, or as many as possible. If no fingerprint or prints can be secured, the conditional conditions and the secured on the tooth chart in accordance with diagram below. Tooth							
RIS C	accomplished	d if one or m	nore finge	rprints ar	e secured	6.			
RING FINGER	HEIGHT	WEIGHT	COLOR OF	F EYES	COLOR O	F HAIR BIRTHMARKS, SCARS, OR TATTOOS			°00s
	WEAPON AND S	ERIAL No.		LAUNDRY	MARKS		WHERE BODY WA	S BURIED OR	FOUND
Middle	.]								
MIDDLE FINGER	OTHER IDENTIF	FICATION CLU	JES	(
GER									
<u></u>	_								
INDEX FINGER									
C FING	FILLINGS			VED EU L	MC I				
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<u> </u>		V	CO	LD CROW	N	15	LOWER	SAGE	[15]
INDEX FINGER	BRIDGE WO	DK	DUKK)			14\			
INGER	BRIOGE HO	'AN		GOLD B	RIDGE	3 17	O SAME	100n	·
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MID	FURNISH SKETO	TH AND MAP I	REFERENCE	AND COOR	DINATES E	OR BURIAL IN (OTHER THAN ESTA	BI ISHED CEM	FTERY
MIDDLE FINGER									~
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RING FINGER									
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LTTLE FAMOER	<u>.</u>						•		
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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 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 DEA	тн		PILLED OUT 15	April,46				
COPY OF IDENTIFICATION TAG	NAME							
	FILE OR SERVICE No.	RANK OR RATE	BRANCH OF	SERVICE U SMC				
	CORPS OR RESERVE CLASSIF	FICATION	RACE	- ,				
CAUSE OF DEATH		PLACE OF DEATH						
@SW-KIA		Guan.						
NAME OF NEXT OF KIN (If known		ADDRESS OF NEXT O	F KIN (If known)					
DATE OF DEATH		DATE OF BURIAL	4					
NAME OF CEMETERY	43	LOCATION OF CEMETI						
rmy mavy Marine Cen	etery #1.	Asan G	u e m .					
GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.					
BURIED AT SEA (Date)		AREA	AREA 15					
TYPE OF RELIGIOUS CEREMONY Military Honors.		RELIGION OF DECEAS	SED					
DENTIFICATION TAGS FOUND ON	2 NONE	IF NO IDENTIFICATION (Identification cards,	N TAGS OTHER MEANS USED	TO IDENTIFY BODY				
COMPLETE DENTAL CHART ON RE	VERSE No No	MI THUS	สากเป็รี่นี้ปี โดยนักรากกระ					
COMPLETE FINGERPRINT CHART C	F BOTH HANDS ON REVERSE	2 4	2.4 FEB 1950					
LIST OF PERSONAL EFFECTS FOUN	ID ON BODY AND DISPOSITION OF SAM	E						
DENTIFICATION TAG BURIED WITH	1 BODY Yes No	IDENTIFICATION TAG	ATTACHED TO MARKER	No.				
IF IDENTIFICATION TAGS NOT PRE	SENT, WHAT OTHER IDENTIFICATION D	ATA BURIED WITH BODY AN	D IN WHAT KIND OF CONTA	AINER				
Inf	Cormation extracted from	om Cemetery Reco	rds					
IF RURIAL OTH	ER THAN ESTABLISHED CEMETER	Y. FURNISH SKETCH AND	MAP REFERENCES ON	REVERSE				
BODY ON LEFT. NAME (Last, first,		ried on Either Side	FILE OR SERVICE NO.	GRAVE NO.				
Phalan DG	·····	PEC	389243	160				
BODY ON RIGHT, NAME (Last, first	, middle)	RANK OR RATE	FILE OR SERVICE No.	GRAVE NO.				
Haihawicz.	EJ.	CPL	451450	14				
PERSON REPORTING BURIAL (No.		PERSON CONDUCTING	BURIAL RITES					
IN REBURIAL, GIVE LOCATION OF	\.\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	VERIFIED AND FORW	ARDED	121-				
THE INDUSTRIES, GIVE GOODING OF	/	In		Thesass				
		L.M. UTZ-Col	·, USMC-ABE (Rank)	Ter White com				
		(140Ws)	(25454)	18_49407-1				

INSTRUCTIONS FOR MIRIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF CRAVES OF ISOLATED BURIALS. Have get a somined to establish DENTITY. Mody is unidentified, take four (1) pets of fingerprine of all soulble fingers. SOURCE BURIALS. Have get a soulble fingers. Complete the following: Common of Erea. Common Ereal. Ha. COMON' MARKS Was and tie body securely in a blanket, pad covering, canvas or ether suitable substance. Dig graws and the body in gave. Securely fast depth to prevent destruction of body or loss of identity. Place and the body in gave. Securely fast depth to prevent destruction of body or loss of identity. Place and the body in gave. Securely fast depth to prevent destruction of body or loss of identity. Place and the body in gave. Securely fast depth to prevent destruction of body or loss of identity. Place and the body in gave. Securely fast depth to prevent destruction of body or loss of identity. Place and the body is given. Securely fast depth to prevent destruction of body or loss of identity. Place and the body is distincted or properly recorded, remove and forward and the body or loss of identity. Place and the body is distincted or properly recorded, remove and forward and the body of the secure and forward and the body of the secure and forward and the body of the secure and the body of the secure and forward and the body of the secure and forward and the body of the secure and the		٤				- U		
(If actual weight and height are used, delete estimated) Wrap and it is body securely in a blankt, pad overing, canvas or other suitable substance. Dig grave to five feet or in hasty burisls, to sufficient depth to prevent destruction of body or loss of identity. Place and you one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disintered or properly recorded, remove and forward to garden and the grave marker (when body is disintered or properly recorded, remove and forward to garden and the grave of the grav		\$ ₹	1. IDENTIFICATION, P	REPARATION	OF BODY,	BURIAL AND N	ARKINGS OF GRAVES	OF
(If actual weight and height are used, delete estimated) Wrap and it is body securely in a blankt, pad overing, canvas or other suitable substance. Dig grave to five feet or in hasty burisls, to sufficient depth to prevent destruction of body or loss of identity. Place and you one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disintered or properly recorded, remove and forward to garden and the grave marker (when body is disintered or properly recorded, remove and forward to garden and the grave of the grav	THO DH7	hen Smi	four (4) sets of fingerp	Have gody ex rints of all avail	lable fingers.	Complete the foll	owing:	a NC
(If actual weight and height are used, delete estimated) Wrap and it is body securely in a blankt, pad overing, canvas or other suitable substance. Dig grave to five feet or in hasty burisls, to sufficient depth to prevent destruction of body or loss of identity. Place and you one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disintered or properly recorded, remove and forward to garden and the grave marker (when body is disintered or properly recorded, remove and forward to garden and the grave of the grav	<u>x</u>	uniden	l					
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enly one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disintered 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 bothlet, carteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (I) foot below grave marker. If to tag is available, write identifying data on marker. When pags are not available, use other suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cometeries 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 scherwise undendified or fingergrinist unoctainable, that the detail conditions in conformity with instructions in MMD (1942, 1988-4) Ed. assay 2314 (2) (1) 4 (2) (1) 455 E. Spaze 2314 4 2). This must be expected. CHARTING EXAMPLE: (Chart Crivites in BLACK; otherwise use RED) Toom No. 1. miss ng; No. 2, good misy and two solver fillings; No. 3, rull good crown, No. 4, rully; No. 5, rull good crown, No.		impre clear c	(1	f actual weight	and height a	re used, delete estir	nated)	
enly one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disintered 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 bothlet, carteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (I) foot below grave marker. If to tag is available, write identifying data on marker. When pags are not available, use other suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cometeries 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 scherwise undendified or fingergrinist unoctainable, that the detail conditions in conformity with instructions in MMD (1942, 1988-4) Ed. assay 2314 (2) (1) 4 (2) (1) 455 E. Spaze 2314 4 2). This must be expected. CHARTING EXAMPLE: (Chart Crivites in BLACK; otherwise use RED) Toom No. 1. miss ng; No. 2, good misy and two solver fillings; No. 3, rull good crown, No. 4, rully; No. 5, rull good crown, No.	*	ssion	Wrap and tie body secu	urely in a blank	et, pad coveri	ng, canvas or other	suitable substance. Dig gr	ave
The body is offerwise unifornities or fingerprists unobtained that the left and right. If the body is offerwise unifornities or fingerprists unobtained that the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or fingerprists unobtained to the left and right. If the body is offerwise unifornities or finger years 3, study pole crown; No. 4, cavity, No. 5, two porelain or the morary (filling; No. 5, 3, full gold crown; No. 4, cavity, No. 5, two porelain or the morary (filling; No. 5, 7, 8, poly in the defects of	: <u>₹</u>	of fl	to five feet or in hasty but	rials, to sufficier Securely faste	nt depth to pr en one identi	event destruction of fication tag to body	l body or loss of identity。Pl v. Remove other identifica	lace tion
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The part of the complete search of the complete search of the part	m .	orint:	to BuPers, Marine Corps	s, or Coast Gua	ird, as indica nticate intace	ted). If no tag is in hottle, canteen	present, make a notation v spent shell or other avails	with able
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If the body is afterwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMO (1942, 1938-43 Ed.) para, 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate to para, 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2234 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945 Ed.) para 2318 1 & 2.9. This must be accurate. The para 2318 (b) (1) & 20 (1945		span	ences, or by reference to	o prominent, po of grave facing	ermanent lan head to deti	idmarks. Informat ermine hodies burie	ion must be specific, accur ed to the left and right.	ate,
dental conditions in conformity with instructions in MMO (1944, 1984-4 E.P.) page 2341 & 2.7 This must be accurate. CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Toth No. 1. missing; No. 2, gold inlay and two silver fillings; No. 3, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlines) Missing teeth Nos. Occlusion (Type of) Malposed teeth (Mercita) Removable appliances Other defects The motion of the defects Remarks Comparison with declease DNAMED-N-4 (DENTAL RECORD) NEVEALS (Signature of dental examiner) (Rank or rale)		fore	= = = = = = = = = = = = = = = = = = =	= = = =				==
CHARTINE EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) TOTOR No. 1, missing, No. 2, gold inlay and two sliver fillings; No. 3, all gold crown, No. 4, avity, No. 5, two porcelain or temporary fillings; No. 8, 7.8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type a) Malposed teeth (Describe) Removable appliances Other defects The marks Companison with Deccase Naymed—H—4 (Dental Record) reveals (Signature of dental examiner) (Rank or rate)		Do n	If the body is atherwise unit	dentified or finger	orints unobtains	able, chart the	2 3 4 5 6 X 6	•
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F.N.F. PAC Form (9) Graves Registration

REPORT OF INTERMENT

UNIDENTIFIED #10 (First) (Initial) (Serial Number) (Rank) (Organization) (Last Name) A N & M #1 Guar Island

(Name of Cemetery) (Name or coordinates of location) (Place of death) (Grave Number) (Row Number) (Plot Number) (Religion, if known) Disposition of identification that the Buried with body Yes. No. (If no identification tags, what means of identification are buried with body?) (If no identification tags, but identity definitely established, give particulars) BODY BURIED ON RIGHT (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.