

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Unt (misc) <sup>Pages</sup> ~~Serial~~ #1 X2, X3,  
X4, X9, X10

## SYNOPSIS AND DATES

*misc now filed*

NEW CLASSIFICATION 293. Unt (misc) <sup>Pages</sup> ~~Serial~~ #1 X2

*10/5/50  
ec*

# RECLASSIFICATION SHEET

1K

Interred 26 April 1950  
L 17 38 Ft. McKinley

PREPARED BY PHILCOM

*Carrollmark* DISINTERMENT DIRECTIVE

CARL R. H. MARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6320 81625

DATE  
21 04 50  
DAY MONTH YEAR

NAME UNKNOWN I - 10	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY ASAN NO. 1, GUAM	PLOT 1	ROW 2	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 K-10	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 24 April 1950
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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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 24 April 1950 BY PAUL R NICHOLS  
CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY SGT 1c, RA  
DATE 24 April 50 BY SHIPPING ADDRESS VERIFIED BY E. 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.  
E. W. Richardson  
E. W. RICHARDSON, M/Sgt., RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
*out  
24/4/50  
R. W. Richardson*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
		AGRS MANSOLEBUM	US MILITARY CEMETERY		<i>Guerrero</i>	APR 26 1950
2. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

3

DISINTERMENT DIRECTIVE

RED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE		
	6320 81625	21	04	50
		DAY	MONTH	YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 10				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
USAF CEMETERY ASAN NO. 1, GUAM	1	2	15	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 FT. W. MCKINLEY, P. I.	(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				
				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 QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	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.

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS  
 DATE  
 NAME  
 BR. MEM. DIR.

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

ORGN 293  
UNK, Far East

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file ORPE 293, dated 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, Cemetery #1, San, Guam, as unidentifiable.
3. Unknowns X-2, X-3, X-4, X-9 and X-10 are listed on FEA Unit Roster #4, pages 9 and 10.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt Colonel, QMG  
Memorial Division

CC: CINCPAC

ORGN 293 Unk X-10, Guam #1

SECRET

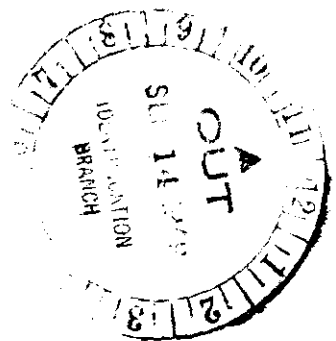
**INTRA-OFFICE REFERENCE SHEET**

*23 Unknown X-10 pt memo*

DD, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	FIELD SERVICE DIV EXEC OFF	IDEN BR MEMORIAL DIV	12 Sept	<p>For your information and file.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p style="text-align: right;"><i>Coulson</i> MASTER 5473</p> <p>2 Attachments: 1. Corres re Unkn X-10 2. 293 file- GRS Far East</p>

Cd  
38





**MEMO ROUTING SLIP**NEVER USE FOR APPROVALS, DISAPPROVALS,  
CONCURRENCES, OR SIMILAR ACTIONS

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

## 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.

1 Incl  
Ltr dtd 10 Aug 49  
w/1 Incl

FROM NAME OR TITLE	DATE
Amos-Spec Corres Unit, WW II Corres Sec C	7 Sep 49
ORGANIZATION AND LOCATION	TELEPHONE
Demob Pers Rec Br, AGO, St. Louis 20, Mo.	778



HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

*PO*

MSGR 293

APG 707  
10 AUG 1949

SUBJECT: Letter of Transmittal

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.

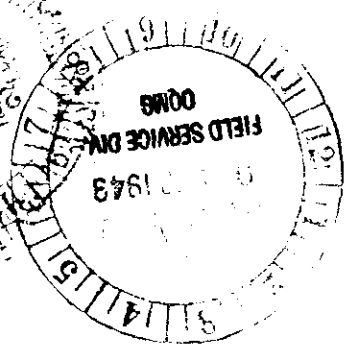
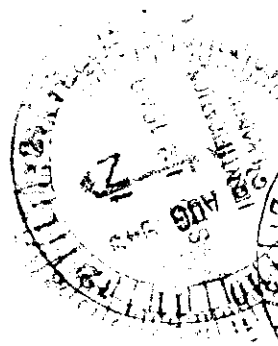
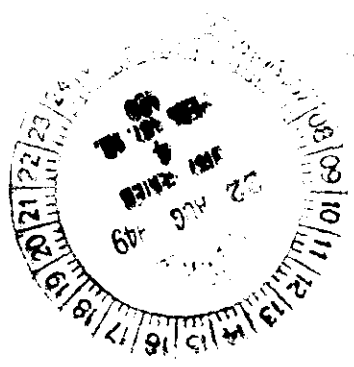
2. Personal effects referred to were forwarded to the Army  
Effects Bureau, Kansas City Quartermaster Depot, Kansas City 1,  
Missouri, for proper disposition on 1 August 1949.

FOR THE COMMANDING GENERAL:

*John M. Weston, Jr.*  
1st Lt  
Asst. Adj. Gen

✓  
1 Incl.  
a/s

*193 Index 10 Bureau - (1st Adj. Gen. Weston)*



HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSGR 293

APO 707  
10 AUG 1949

SUBJECT: Letter of Transmittal

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:

JOHN M. WESTON  
1st Lt. AG  
Asst. Adj. Gen.

Incl.  
a/s

RECEIVED  
SERVICES DIV  
1949

293 2nd Lt & 10 Div (of ...)

INVENTORY OF EFFECTS - AR 600-550

1. LAST NAME - FIRST NAME - MIDDLE INITIAL 2. ARMY SERIAL NO. 3. GRADE 4. DATE OF DEATH  
 UNKNOWN X-10, 1st Cem. Asam, Guam. Unk. Unk.

5. ORGANIZATION OF DECEASED (Assigned) 6. PLACE OF DEATH  
 Unk. Unk.

7. CLASS I EFFECTS - SABER, INSIGNIA, DECORATIONS, MEDALS, CAMPAIGN CITATIONS, WATCHES, MANUSCRIPTS AND OTHER ARTICLES VALUABLE CHIEFLY AS KEEPSAKES. (If necessary Class I Effects may be included and listed under 8.)

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
1	Brown leather wallet, no markings.		

8. CLASS II EFFECTS - MONEY, BANK DRAFTS, CHECKS, MONEY ORDERS, PERSONAL EFFECTS, BILLFOLD ETC.

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
1	Twenty-five (\$.25) cent coin.		
The remains of Unknown X-10, 1st Cemetery, Asam, Guam, were forwarded to AGRS Mausoleum, Manila, P.I. for final processing.			
			\$ Enter Total Amount of Cash or equivalent here

FOR USE OF IMMEDIATE COMMANDING OFFICER OF ORGANIZATION SECURING EFFECTS

9. CHECK HERE IF EFFECTS SENT TO THE EFFECTS QUARTERMASTER, ARMY EFFECTS BUREAU, KANSAS CITY QUARTERMASTER DEPOT, KANSAS CITY, MO.  
 NOTE: DO NOT SEND PERSONAL EFFECTS OF PERSONNEL DECEASED WITHIN THE UNITED STATES TO THE EFFECTS QUARTERMASTER.

11. I CERTIFY THAT THE FOREGOING INVENTORY COMPRISES ALL THE EFFECTS OF ABOVE NAMED DECEASED.

*H. B. McNEEMAR*  
 Signature

10. EFFECTS ARE TO BE DELIVERED OR SHIPPED IN ACCORDANCE WITH A. W. 112 IF EFFECTS DELIVERED TO LEGAL REPRESENTATIVE MAKE ENTRIES HERE.  
 NAME  
 ADDRESS  
 CITY AND STATE  
 DATE DELIVERED

NAME AND GRADE  
 H. B. MCNEEMAR, CAPT., QMC.  
 ORGANIZATION  
 AGRS-PZ, APO 900

12. SIGNATURE OF RECIPIENT OR SUMMARY COURT OFFICER  
*H. B. McNEEMAR*  
 H. B. MCNEEMAR, CAPT., QMC.

*Unk.*

REPORT OF SUMMARY COURT - AR 600-550

13. THE FOLLOWING AMOUNTS DUE THE ESTATE OF THE DECEASED WERE COLLECTED

DATE	AMOUNT	RECEIVED FROM	DATE	AMOUNT	RECEIVED FROM
	\$			\$	
TOTAL					

14. THE FOLLOWING CLAIMS AGAINST THE ESTATE OF THE DECEASED WERE PAID

DATE	AMOUNT	PAID TO	DATE	AMOUNT	PAID TO
	\$			\$	
TOTAL					

15. OTHER TRANSACTIONS, INCLUDING SALE OF EFFECTS. REPORT EACH TRANSACTION IN DETAIL (See AR 600-550). NOTE: STOCKS, BONDS, AND OTHER COMMERCIAL PAPER WILL NOT BE CONVERTED INTO CASH, BUT SENT TO THE ADJUTANT GENERAL WITH THIS REPORT IN CASE OF DOMESTIC DECEASE. FOR OVERSEAS CASUALTIES THESE EFFECTS WILL BE SENT TO THE EFFECTS QUARTERMASTER.

ENTER AMOUNT OF MONEY REALIZED FROM SALE OF EFFECTS HERE IN WORDS AND FIGURES.

16. RECEIPT FOR FUNDS  
 PROCEEDS OF SALES OF PROPERTY OF DECEASED MILITARY PERSONNEL (AR 600-550)  
 (Normally not to be used for overseas casualties under Par. 16, W.D. Circular 195, 1943. Send Check to Effects Quartermaster.)

APPROPRIATION TO BE CREDITED BY DISBURSING OFFICER	AMOUNT (In words and figures) Deposited with Disbursing Officer
DATE, ORGANIZATION AND LOCATION OF DISBURSING OFFICER	SIGNATURE AND TYPED NAME AND GRADE OF DISBURSING OFFICER
17. DATE APPROVED BY COMMANDING OFFICER	18. DATE AND LOCATION
SIGNATURE OF COMMANDING OFFICER	SIGNATURE OF SUMMARY COURT OFFICER
TYPED NAME AND GRADE	TYPED NAME, GRADE AND ORGANIZATION

JEW JAB

# DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6320 00000

DATE  
15 10 48  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
253 UNKNOWNX	-000010		Q	O	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUAM NO 1 MARIANAS IS	1	2	15	7701 80 CODE DIST. CTR.

### 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)

### 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	UNKNOWN		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.)

# CANCELLED

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET SEALED BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY

DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

11



**RECORD OF CUSTODIAL TRANSFER**

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

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-10				2. DATE OF REPORT 19 Jan. 1950	
3. NAME OF CEMETERY  Cem. #7, ASAN GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	2	15	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unk	9. ESTIMATED HEIGHT 5' 6"	10. COLOR OF HAIR Brown	11. RACE Unk
----------------------------	------------------------------	----------------------------	-----------------

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

**APPROVED UNIDENTIFIABLE**

**24 FEB 1950**

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	


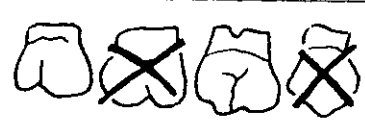






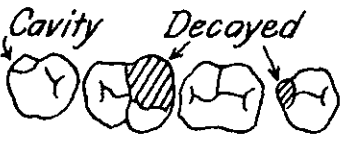
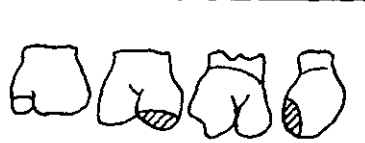
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


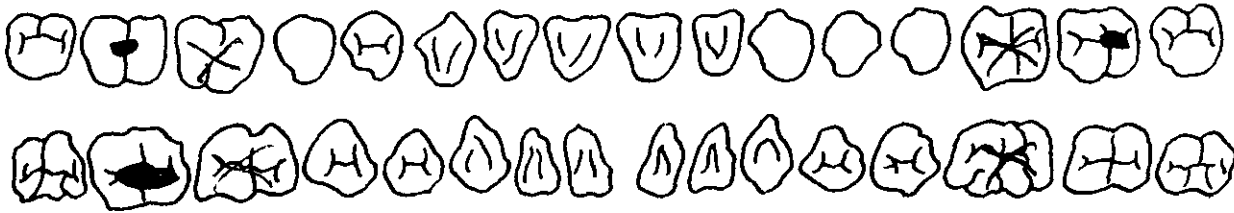
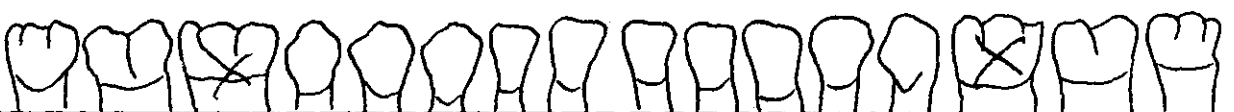
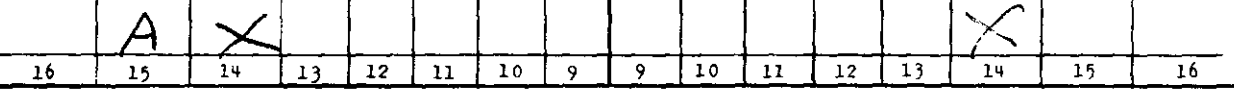
None

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)

None

TOOTH CHART

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		A	X					P						X	A	
Side Views																
Top Views																
																
Side Views																
		A	X											X		
	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."

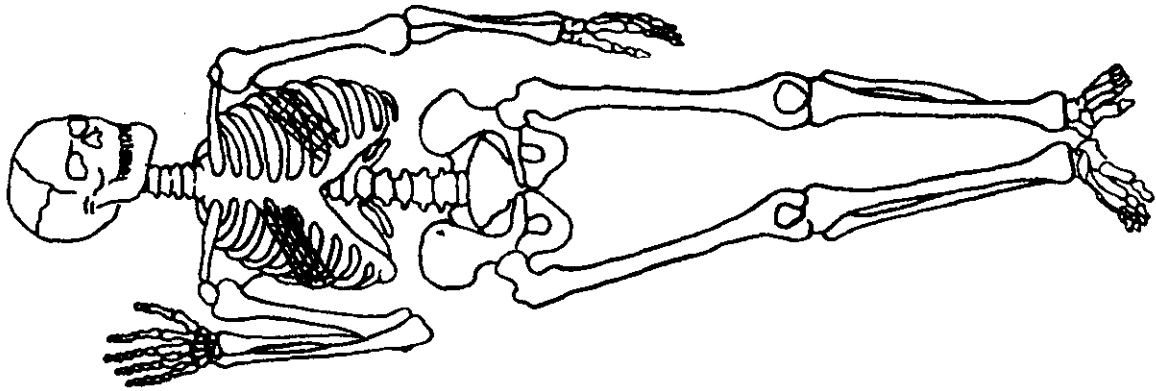
APPROVED UNIDENTIFIED

24 FEB 1950

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. 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

**APPROVED UNIDENTIFIABLE**  
**24 FEB 1950**

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

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burials, 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

PAUL R. NICHOLS  
Chief, Ident. Section

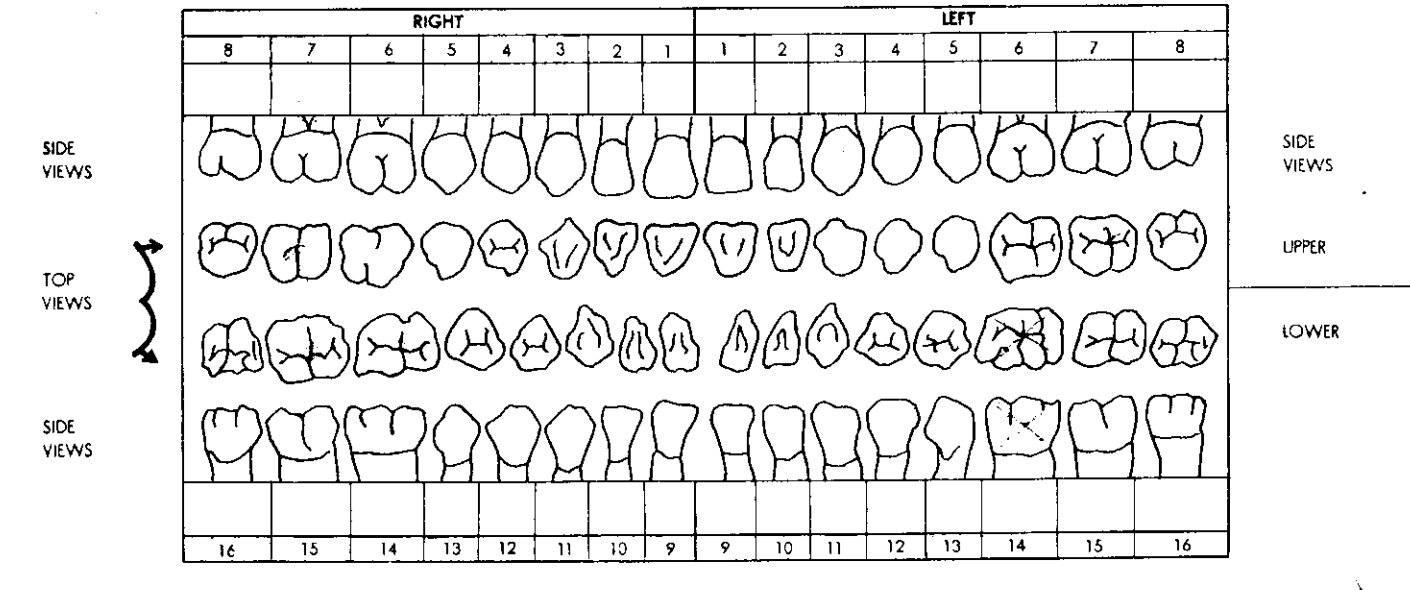
SIGNATURE

**IDENTIFICATION DENTAL CHART**

DATE **12 Nov 47**

NAME (Last, First, Middle Initial) <b>UNIDENTIFIED #10</b>		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION <b>USMC</b>	CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>21 July 44</b>
PLACE OF DEATH <b>Guam</b>	PLACE OF BURIAL <b>Cemetery #1 Asan, Guam</b>		PLOT <b>A</b>	ROW <b>2</b>
			GRAVE <b>15</b>	

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



**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."

**APPROVED UNIDENTIFIABLE**  
**24 FEB 1950**

<p>SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART</p> <p align="center"><i>L. Ho</i> <b>L. HO, Capt., D.C.</b></p>	<p>VERIFIED BY GRS OFFICER</p> <p align="center"><i>E. S. Zapico</i> <b>E. S. ZAPICO, 2nd Lt., Inf.</b></p>
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Ship or Station  
Attached at Time of Death

Date Report  
Filled Out 1

Copy of Identification Tag	Name (Last)	(First)	(Middle)
	UNIDENTIFIED #10		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		USMC 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
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<u>7/21/44</u>	<u>7/23/44</u>
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Name of Cemetery Army Navy Marine Cemetery #1	Location of Cemetery Asan, Guam
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Grave Marker Type Cross	Plot No. 1	Row No. 2	Grave No. 15
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Buried at Sea (Date)	Area
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Type of Religious Ceremony Military Honors	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.)  <b>APPROVED UNIDENTIFIABLE</b> <b>24 FEB 1950</b>
--	--

Complete Dental Chart on Reverse ___ Yes ___ No
--

Complete Fingerprint Chart of both Hands on Reverse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

List of Personal Effects found on Body and Disposition of Same
--

Identification Tag Buried with Body <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Identification Tag Attached to Marker Yes No
--	---

If Identification Tags not present, what other Identification Data buried and in What Kind of Container
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Information extracted from Cemetery Records

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

Body on Left, Name (Last, first, middle) Phelan, R. G.	Rank or Rate PFC	File or Service No. 389 243	Grave 16
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Body on Right, Name (Last, first, middle) Hajbowicz, F. J.	Rank or Rate Cpl	File or Service No. 451 450	Grave 14
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Person Reporting Burial (Name)(Rate or Rank) R. L. RIDOLFI, 2nd Lt., USMCR	Person Conducting Burial Rites
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In Reburial, Give Location of Previous Burial	Verified and Forwarded L. N. UTZ-Col., Ass't Chief of Staff G-1 (Name) USMC (Rank) (Title)
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HEADQUARTERS  
PHILSON ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

19 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 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:

  
W. B. McNEAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

**APPROVED UNIDENTIFIABLE**

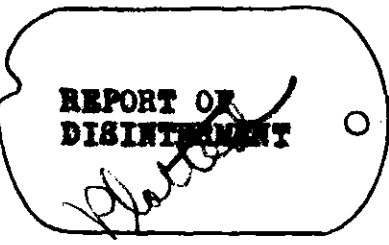
**24 FEB 1950**

**RESTRICTED**

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supercedes GRS Form 1)

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

DATE OF REPORT  
**12 Nov 47**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) <b>UNIDENTIFIED #10</b> <i>Don # 208</i>		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE <b>USMC</b>
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <b>Guam</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>21 July 44</b>	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <p align="center"><b>APPROVED UNIDENTIFIABLE</b> 24 FEB 1950</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>No</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**Wallet containing a quarter found and enclosed with remains.**  
*(Brown leather wallet)  
no money*

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**Cemetery #1 Asan, Guam**

DATE OF BURIAL <b>23 July 44</b>	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. <b>10</b>	ROW No. <b>2</b>	GRAVE No. <b>15</b>
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WAS THIS A REBURIAL? (Yes or no) <b>No</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  PLOT No.    ROW No.    GRAVE No.
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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) <b>Phelan, Robert G.</b>	RANK <b>Pfc</b>	SERIAL No. <b>389243</b>	ORGANIZATION <b>USMCR</b>	GRAVE No. <b>16</b>
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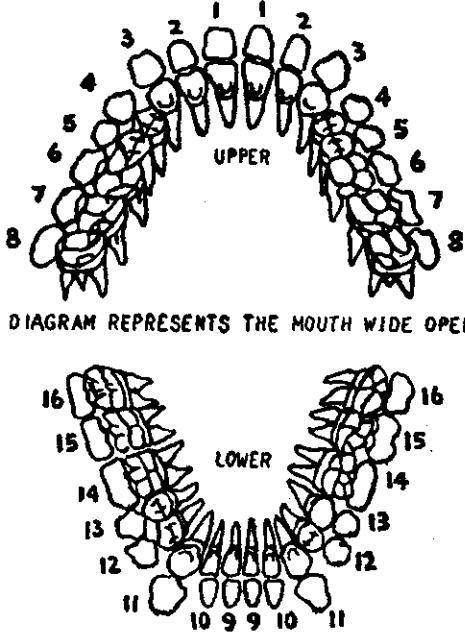




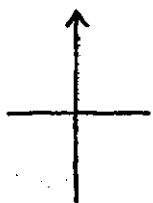
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>HAJBOWICK, Frank J.</b>	RANK <b>Cpl</b>	SERIAL No. <b>451450</b>	ORGANIZATION <b>USMCR</b>	GRAVE No. <b>14</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico J. Espital</i> <b>TEODORICO J. ESPITAL</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> <b>EMILIO S. ZAPICO, 2nd Lt., Inf.</b>
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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 4—UNIDENTIFIED REMAINS.			
	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>			
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	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
LEFT THUMB	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>			
RIGHT THUMB	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>			
RIGHT INDEX FINGER	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>			
RIGHT RING FINGER	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>			
RIGHT MIDDLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>			
RIGHT RING FINGER	<p>REMARKS: <b>Condition of Remains: Maxilla broken from skull.</b></p>			
RIGHT LITTLE FINGER				

**REPORT OF BURIAL**

NAVMED-801 (3-45)

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

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

SHIP OR STATION ATTACHED AT TIME OF DEATH \_\_\_\_\_ DATE REPORT FILLED OUT 15 April, 46

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	<b>UNIDENTIFIED #10</b>		
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE <b>USMC</b>	
CORPS OR RESERVE CLASSIFICATION	RACE		

CAUSE OF DEATH <b>OSW-R1A</b>	PLACE OF DEATH <b>Guam.</b>
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH <b>7/21/44</b>	DATE OF BURIAL <b>7/25/44</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #1.</b>	LOCATION OF CEMETERY <b>Asan Guam.</b>
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GRAVE MARKER TYPE <b>cross</b>	PLOT NO. <b>A</b>	ROW NO. <b>2</b>	GRAVE NO. <b>15</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Honors.</b>	RELIGION OF DECEASED
---	----------------------

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.)  <b>APPROVED UNIDENTIFIED</b> <b>24 FEB 1950</b>
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
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
**Information extracted from Cemetery Records**

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

<b>Bodies Buried on Either Side</b>			
BODY ON LEFT. NAME (Last, first, middle) <b>Phelan, R.G.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>389243</b>	GRAVE NO. <b>16</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Hajbowicz, EJ.</b>	RANK OR RATE <b>CPL</b>	FILE OR SERVICE NO. <b>451450</b>	GRAVE NO. <b>14</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2LT., USMCR</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>R.L. Ridolfi</b>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED  <b>MAJOR JAMES R. LANE</b> <b>U.S. 422-COL., USMC-ASS'T CHIEF STAFF CORPS</b> (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. \_\_\_\_\_

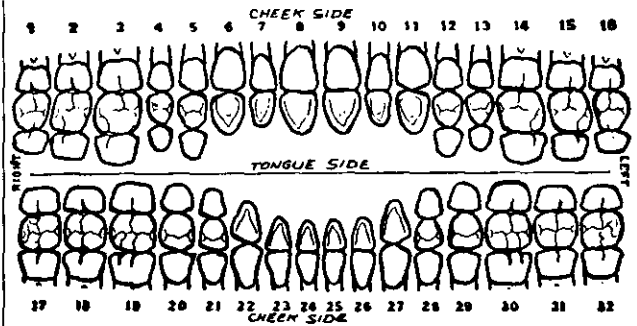
Occlusion (Type of) \_\_\_\_\_

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

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

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

Remarks \_\_\_\_\_

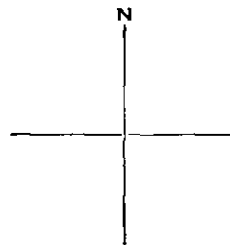


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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

REPORT OF INTERMENT

UNIDENTIFIED #10

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

(Place of death) A N & M #1 (Name of Cemetery) Guam Island (Name or coordinates of location)

15 (Grave Number) 2 (Row Number) 1 (Plot Number) (Religion, if known)

Disposition of identification tags: APPROVED CIVILIAN 24 FEB 1950  
One Buried with body Yes  No   
One Attached to marker 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.

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:

COLOR OF EYES:

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 burial.)  
person

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB