

QMGMN 293
GRS, Far East

MAR - 3 1950

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 GRPZ 293, dated 20 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-13, X-18, X-19, X-21, X-27, X-29, X-30, X-31, X-35, X-36 and X-40, Asan Guam Cemetery #1, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

QMGMN 293 Unk X-19 Asan Guam #1

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCO

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 6200 21692 DATE 17 02 50 DAY MONTH YEAR

NAME ~~UNKNOWN~~ I-19 SERIAL NUMBER GRADE ARM RACE RELIGION CEMETERY USAF CEMETERY ASAN NO. 1, OAHU PLOT 1 ROW 8 GRAVE 11 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET DATE BY

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

/ebc

1

Interred 1 March 1950
C 12 60 Ft McKinley

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
6320 81092

DATE
17 02 50
DAY MONTH YEAR

NAME UNKNOWN X - 19 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY ASAN NO. 1, GUAM PLOT 7 ROW 8 GRAVE 11 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 X - 19 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED 21 Feb 1950

IDENTIFICATION TAG ON REMAINS 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 21 Feb 50 BY PAUL R NICHOLS CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) *Paul R Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE 21 Feb 50 BY RAYMOND H TANGUAY, Sgt 1c RA 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 *L. W. Richardson*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	US Military Cemetery	NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
2. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
3. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
4. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
5. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
6. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
7. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
8. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
9. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
10. SHIPPED		FROM		TO		NAME OF CONVOYER		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	

Base of Form
 MAR 1 1950

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

20 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-19, Plot A,
Row 8, Grave 11, USMC Cem #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:

APPROVED UNIDENTIFIABLE

FEB 23 1950

H. B. McNEELAR
H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-19			2. DATE OF REPORT 20 January 1950		
3. NAME OF CEMETERY Cem #1, Asan, Guam	4. PLOT A	5. ROW 8	6. GRAVE 11	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 11 5/8"	10. COLOR OF HAIR UTD	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

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES 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

REPRODUCED FROM THE
 RECORDS OF THE
 DEPARTMENT OF THE ARMY
 HEADQUARTERS, WASHINGTON, D.C.

18. TOOTH CHART

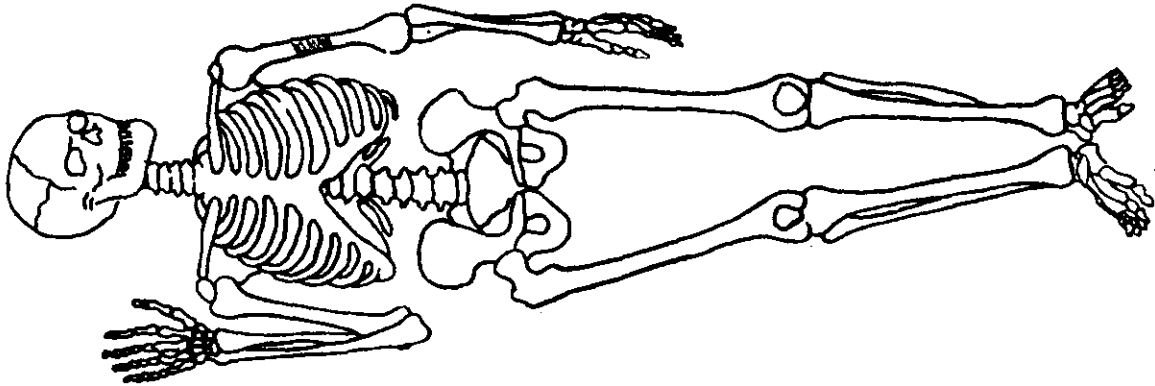
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>	<p>SIDE VIEW</p>
	<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<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	
		X	A									X	X		A	
Side View																
Top View																
Side View																
	A		P		P	P	P	P	P				A	A	uneupled	
	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 Sec.

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

CONFIDENTIAL

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 Sec.

SIGNATURE

Paul R. Nichols

JAN JEW

1

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

2/2 UNKNOWNX - 000019

0 0 6

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

GUAM NO 1 MARIANAS IS

1 8 11

7701 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

(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

- REMAINS
- 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

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

FILED
SEP 1 1948

52

RECORD OF CUSTODIAL TRANSFER

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

IDENTIFICATION DENTAL CHART

DATE **14 Nov 47**

NAME (Last, First, Middle Initial)
UNIDENTIFIED # 19

RANK

SERIAL NUMBER

UNIT

ORGANIZATION
USMC

CAUSE OF DEATH
UNKNOWN

DATE OF DEATH

PLACE OF DEATH
GUAM

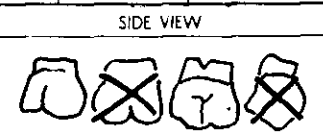
PLACE OF BURIAL
Cemetery #1 Asan, Guam

PLOT
A

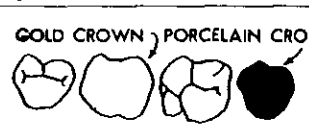
ROW
8

GRAVE
11

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



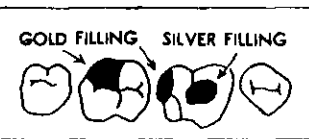
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



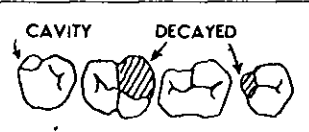
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	}																	SIDE VIEWS	
																		UPPER	
TOP VIEWS	}																	SIDE VIEWS	
																		LOWER	
		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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

L. HO, Capt., D.C.

VERIFIED BY GRS OFFICER

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

Ship or Station
 Attached at Time of Death

Date Report
 Filled Out

Copy of Identification Tag	Name (Last) (Middle)		
	UNIDENTIFIED #19		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		Race

Cause of Death	Place of Death
GSW-KIA	Guam
Name of Next of Kin (If Known)	Address of Next of Kin (If Known)

Date of Death	Date of Burial
	7/25/44

Name of Cemetery	Location of Cemetery
Army Navy Marine Cemetery #1	Asan, Guam

Grave Marker Type	Plot No.	Row No.	Grave No.
Cross	1	8	11

Buried at Sea (Date)	Area

Type of Religious Ceremony	Religion of Deceased

Military Honors	
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 ___ Yes ___ 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 Yes No
---	---

If Identification Tags not present, what other Identification Data buried and in What Kind of Container

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)	Rank or Rate	File or Service No.	Grave
Petoskey, B. W.	PFC	832 721	12
Body on Right, Name (Last, first, middle)	Rank or Rate	File or Service No.	Grave
Unidentified #18	USMC		10

Person Reporting Burial (Name)(Rate or Rank)	Person Conducting Burial Rites
R. L. RIDOLFI, 2nd Lt., USMCR	

In Reburial, Give Location of Previous Burial	Verified and Forwarded
	L. N. UTZ-Col., USMC-Ass't Chief of Staff (Name) (Rank) (Title G-1)

RESTRICTED

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

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

DATE OF REPORT

14 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNIDENTIFIED #19

Box # 371

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

USMC

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Guam

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

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

Grave marker

APPROVED UNIDENTIFIABLE

FEB 23 1950

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery #1 Asan, Guam

DATE OF BURIAL

HOUR

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

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

25 July 44

1 8 11

WAS THIS A REBURIAL?
(Yes or no)

No

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

PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

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

Peteskey, Burdett W.

RANK

Pfc

SERIAL No.

832731

ORGANIZATION

USMC

GRAVE No.

12

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

Unknown X-18

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

10

SIGNATURE OF PERSON PREPARING REPORT

Teodorico J. Espital
TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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

LEFT LITTLE FINGER	FILLINGS SILVER FILLING GOLD FILLING	
LEFT RING FINGER	CAVITIES CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK GOLD BRIDGE	
RIGHT THUMB		
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		

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

REMARKS: **Condition of Remains: Left humerus broken.**

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 15 April, 46

COPY OF IDENTIFICATION TAG		NAME (Last)	(First)	(Middle)
		UNIDENTIFIED #19		
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE		
		USMC		
CORPS OR RESERVE CLASSIFICATION		RACE		

CAUSE OF DEATH	PLACE OF DEATH
GSW-KIA	GUAM

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

DATE OF DEATH	DATE OF BURIAL
	7/25/44

NAME OF CEMETERY	LOCATION OF CEMETERY
Army Navy Marine Cemetery #1.	Asan Guam.

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	A	8	11

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Military Honors.	

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	APPROVED UNIDENTIFIABLE FEB 23 1950
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

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Potoskey, B.W.	PFC	332921	12
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Unidentified #18	None		10

PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
R.L. RIDOLFI 2dLt., USMCR	R.L. Ridolfi	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED	

L.W. UTZ-Col., USMC-Ass't Chief Staff G-1.	JAMES A. LANE
(Name)	(Rank)

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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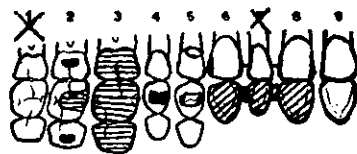
(If actual weight and height are used, delete estimated)

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. _____

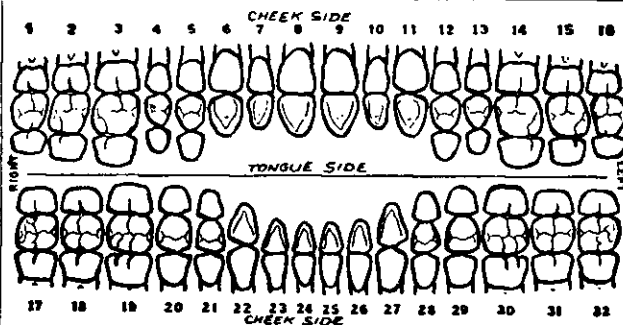
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



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 over-ink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

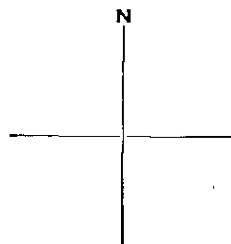
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



REPORT OF INTERMENT

UNIDENTIFIED #19

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

A N & M #1

Guam Island

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

11

8

1

(Grave Number)

(Row Number)

(Plot Number)

(Religion, if known)

Disposition of identification tags: One Buried with body Yes No

APPROVED UNIDENTIFIABLE

One Attached to marker Yes No

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

FEB 23 1950

(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: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a

tooth chart)

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

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

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

(Signature of officer or person reporting burial.)

RIGHT HAND

LEFT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4