

QMGMN 293
GRS, Far East

MAR - 2 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

QMGMN293 Unk X-21, Guam #1

PREPARED BY PHILCOM

3

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6308 03093

DATE

17 02 50
DAY MONTH YEAR

NAME

UNKNOWN I - 21

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

GRAVE CEMETERY 48AN NO. 1, GUAM

PLOT

ROW

GRADE

1

B

27

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY
FT. RM. 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 DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- 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

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

RECORD OF CUSTODIAL TRANSFER

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

1

Interred 1 March 1950
C 9 48 Ft. McKinley

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81093

DATE

17 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 21				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY ASAN NO. 1, GUAM	1	8	27	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. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
X - 21				21 Feb 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	CONDITION OF REMAINS
Shelter Half	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) <i>Paul R Nichols</i> 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
Embalmed

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
		AGRS Mausoleum	US Military Cemetery		<i>George R. Smith</i>	MAR 1 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-21			USMC		2. DATE OF REPORT 20 January 1950	
3. NAME OF CEMETERY Cem #1, Asan, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
	1	8	27	DISINTERMENT	REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'5 3/8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
------------------------------	---------------------------------	----------------------------	---------------------

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

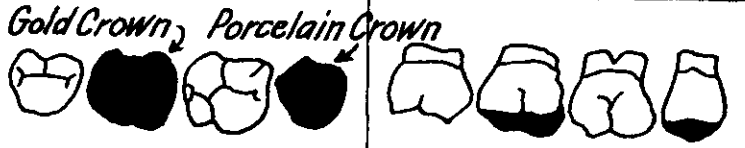
REINTERMENT INFORMATION
 THE REASON OF LOSS OF SUCH INFORMATION IS:

TOOTH CHART

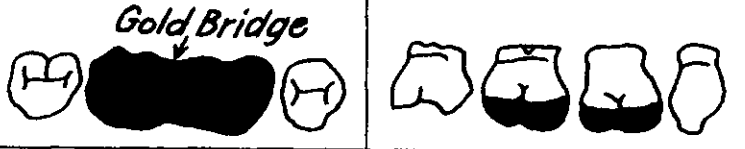
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:



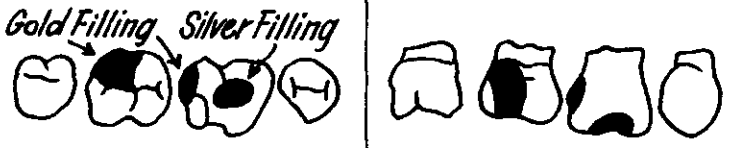
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



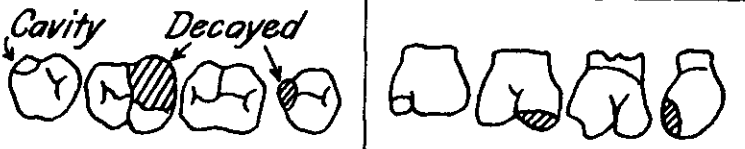
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



REPLACED BY DENTURE

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
impacted	A	A		A					G	G		A	A		impacted
Side View															Side View
Top View	OL	MOL										do	do		
Side View															
impacted		A	A							θ	A		A		impacted
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."

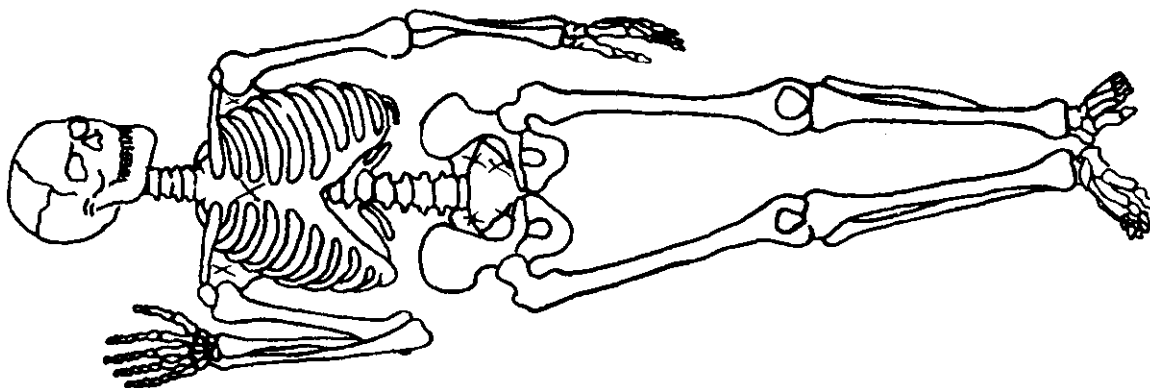
UNIDENTIFIABLE

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.

UNIDENTIFIABLE
REASON OF _____

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

JEW lab

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 00000

DATE

15 10 48
DAY MONTH YEAR

NAME

899, UNKNOWNX - 000021

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

GUAM NO 1 MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 8 27

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

- 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 QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

CASKET SEALED BY

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

56

RECORD OF CUSTODIAL TRANSFER

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

IDENTIFICATION DENTAL CHART

DATE 14 Nov 47

NAME (Last, First, Middle Initial)
UNIDENTIFIED #21

RANK

SERIAL NUMBER

UNIT

ORGANIZATION
USMC

CAUSE OF DEATH
Unknown

DATE OF DEATH

PLACE OF DEATH
Guam

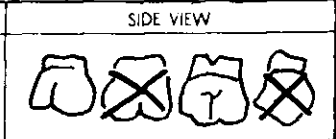
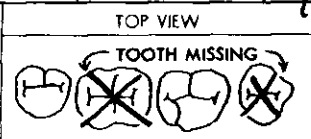
PLACE OF BURIAL
Cemetery #1 Asan, Guam

PLOT
1A

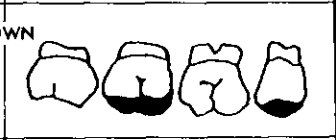
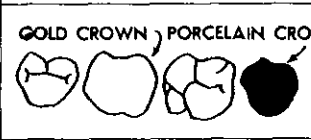
ROW
8

GRAVE
27

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



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



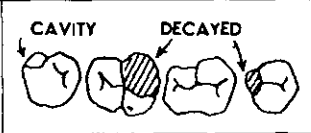
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
SIDE VIEWS	}	[Upper teeth row]																SIDE VIEWS	
		[Lower teeth row]																	
TOP VIEWS	}	[Upper teeth row]																UPPER	
		[Lower teeth row]																LOWER	
SIDE VIEWS		[Lower teeth row]																	
		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
L. HO, Capt., D.C.

VERIFIED BY GRS OFFICER
Emilio S. Zapico
EMILIO S. ZAPICO, 2nd Lt., Inf.

Ship or Station
Attached at Time of Death

Date Report
Filled Out 15 April 1946

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED #21		
	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
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 Army Navy Marine Cemetery #1	Location of Cemetery Asan, Guam
--	------------------------------------

Grave Marker Type Cross	Plot No. 1	Row No. 8	Grave No. 27
----------------------------	---------------	--------------	-----------------

Buried at Sea (Date)	Area
----------------------	------

Type of Religious Ceremony Military Honors	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.)
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 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) McRitchie, T. T.	Rank or Rate Cpl	File or Service No. 819 309	Grave 28
Body on Right, Name (Last, first, middle) Holland, W. K., Jr.	Rank or Rate Pvt 2/c	File or Service No. 668 69 92	Grave 26

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

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

RESTRICTED

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

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

DATE OF REPORT

14 Nov 47

*Imprint Identification Tag If Possible.
DO NOT TYPE*

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNIDENTIFIED #21

Box # 338

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

Guan

Unknown /B

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)

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, Guan

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

1A

8

27

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)

McRiekie, Thomas T.

RANK

Cpl

SERIAL No.

819309

ORGANIZATION

USMC

GRAVE No.

28

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

Holland, Walker K. Jr.

RANK

PM2,

SERIAL No.

6686992

ORGANIZATION

USN

GRAVE No.

26

SIGNATURE OF PERSON PREPARING REPORT

Todorico J. Espital
TRODORICO 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.

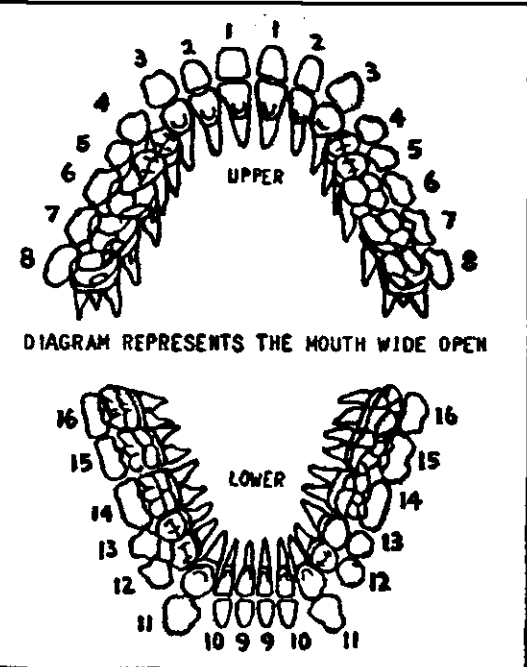
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

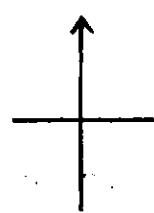
OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

SILVER FILLING GOLD FILLING	
CAVITIES	CAVITY DECAYED
MISSING TEETH	TOOTH MISSING
CROWNED TEETH	PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	GOLD BRIDGE



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



REMARKS:

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 #21
FILE OR SERVICE NO.	RANK OR RATE
	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	X/	8	27

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Military Honors	

IDENTIFICATION TAGS FOUND ON BODY	<p>APPROVED UNIDENTIFIABLE FEB 29 1950</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE 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	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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.
MC Ritchie, T.T.	CPL	819309	28
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Holland, W.K. Jr.	Phm/2/c	668-69-92	26
PERSON REPORTING BURIAL (Name)	PERSON CONDUCTING BURIAL RITES		
R.L. RIDOLFI 2dLt., USMCR	<i>R.L. Ridolfi</i>		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	<i>L.N. Utz</i>		
	L.N. UTZ-Col., USMC Ass. Chief of Mortuary Affairs-1.		
	<i>JAMES F. LANE</i>		
	MAJOR JAMES F. LANE		

INSTRUCTIONS FOR BU

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. _____

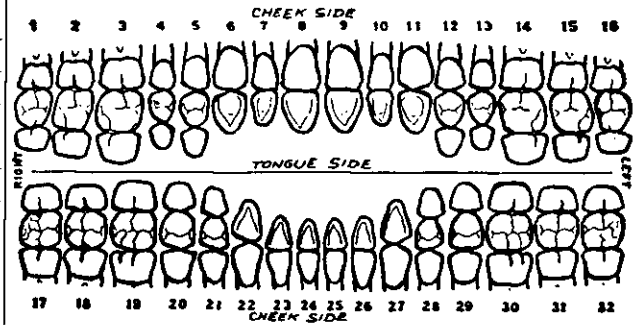
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



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

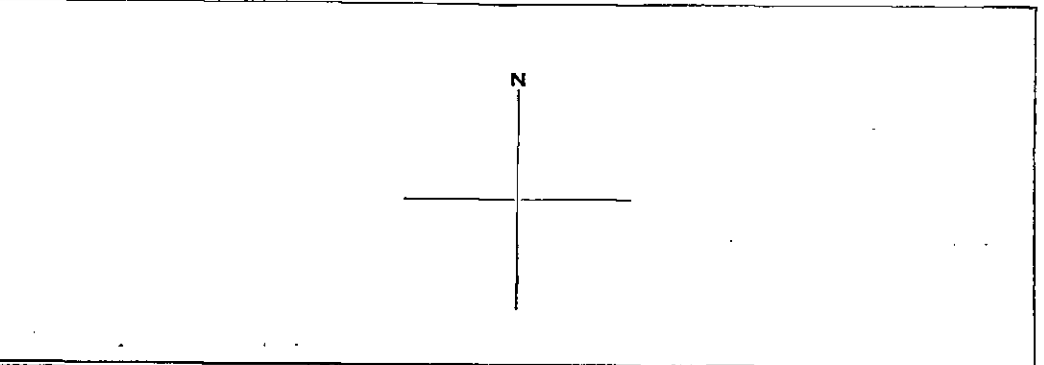
POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(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
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REPORT OF INTERMENT

UNIDENTIFIED # 21

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

(Place of death)

A N & M # 1

Guam Island

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

27

8

1

(Grave Number)

(Row Number)

(Plot Number)

(Religion, if known)

Disposition of identification tags: One Buried with body Yes No
One Attached to marker Yes No

APPROVED UNIDENTIFIABLE

(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:

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

4

3

2

1

THUMB

4

3

2

1

THUMB