QMGMN 293 GRS, Far East

MAR - 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: CINCFE

PREPARED BY PHILCON

DISINTERMENT DIRECTIVE

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HEADQUARTERS FMILCOM ZONE AMERICAN GRAVES REGISTRATION SHRVICE

2 0	January	1950
 -	Date	

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-21, Flot 1, Row 8, Grave 27, USMC Cem #1, Asan, Guam, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

APPROVED UNIDENTIFIABLE

FOR THE COMMANDING OFFICER:

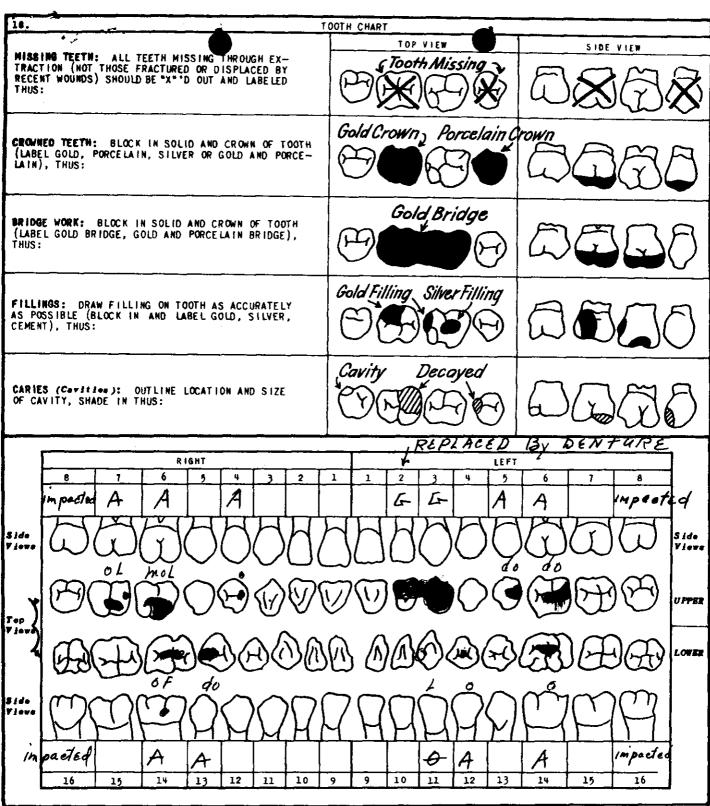
FEB 23 1950

Captain, Qui

Chief, Records Branch

Attch: Form 1044

N. P. P.	IDENTIF	CATION [ATA	0		
. REMAINS OF UNKNOWN UNKNOWN X-21	**************************************	USMC	2. DATE OF REPORT 20 January 1950			
. NAME OF CEMETERY		4. PLOT	4. PLOT 5. ROW 6. GRAVE 7.			
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"INDENTIFICATION ON Calk Mikels "阿尔斯斯斯斯"(G. 12.18 中,多斯森斯斯)。

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:
SIGNATURE OF MEDICAL OFFICER 22. REMARKS AND ADDITIONAL INFORMATION
No identification tags, burial bottle, personal effects or other means of 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, ARN OR SERVICE, AND ORGANIZATION PAUL R. NICHOLS Chief, Identification Sec. SIGNATURE Aul R. Muhals





DISTRIERMENT DIRECTIVE P												
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I	L. HO, Capt.,	D.C.	E	MILIO S.	ZAFÍCO,	2nd Lt.	, Inf.			

REPORT OF BURIAL Navmed - 601 (3-45)

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Date Report Filled Out

15 April 1946

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Cause of Death		Place o	f Death			
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Date of Death		Date of	Burial	and the second s		
		,	7/25/44	. ,		
Name of Cemetery		Locatio	n of Cemetery		***	
Army Navy Marine Cemetery	· #1	1	Asan, Guam			
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Buried at Sea (Date)		Area				
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Type of Religious Ceremony		Religio	n of Deceased			
Military Honors						
Identification Tags found on	Body	If no I	dentification	Tags, other ma	ns	
	used to	used to identify body (Identification cards, letters, etc.)				
Complete Dental Chart on Rev	erse			•		
Yes		i i				
Complete Fingerprint Chart o	f both Hands	4				
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		other Identification Data buried and in				
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IF BURIAL OTHER THAN DSTABLE REVERSE	SHED CHIETERY	, FURNISH	I SKETCH AND HA	P REFERENCES O	N	
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McRitchie, T. T.		Cpl	819	309	28	
Body on Right, Name (Last, fi	rst,middle)		Rate File or		ave	
Holland, W. K., Jr.		PhM 2/c	668 6	9 92	26	
Person Reporting Burial (Nam Rank)	e)(Rate or	Person	Conducting Bur	ial Rites	- 4	
R. L. RIDOLFI, 2nd Lt.,	USI1CR					
In Reburial, Give Location o	5 	Verifie	d and Forwarde	d		
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RESTRICTED

WD QMC FORM 1042		PERONT OF	- 1::7706451	_ 🔻	DATE	OF REPORT	
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		(AR 30-1810 a	F INTERMEN	· -	1		
•				315) 		14 Nov	47
Imprint Identification DO NOT T		Section 1.—IDENTIFICATION NAME (Last, first, middle initial)			I SERI/	L. No.	
Marte	7			<i>₂</i> #	ľ	L. 110.	
(man		UNIDENTIFIE	#21	Box #3	38		
PEPORT OF	, /	GRADE	ORGANIZATION			CH OF SERVI	ICE
DISINTERM	ert o/		1			USD	ue.
	/	RACE	RELIGION		LIE OTHER TH		
		1000	KEEGION		IF OTHER TH	OUNTRY	AD, GIVE
*: ** ** ** ** ** ** ** ** ** ** ** ** *							
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
			· /9	,			
EMERGENCY ADDRESSEE (N	lama volationakia a		mown /		<u>i</u> _		
EMERICANET ALBERTAGE (IV	umo, resustratore, ai	на аватеве)					
i i							
IDENT!FICATION TAGS FOUL	ND ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fi	I in section 3	en reserse)
(1, 2, or none)			A DDDAY	IEN IININEN	TICIADI	5	
	ne ·	-	AFFRUI	ED UNDEN	i ii iavl	L	
WERE SUBSTITUTE TAGS PR	OVIDED ((Yes or no)	; 		LED WO			
. Be)						
LIST PERSONAL EFFECTS FO	UND ON BODY AN	D DISPOSITION OF SAME					
· ·							
ì							
\$:							
•							
Section 2.—BURIAL. If of	her than in estal	blished cemetery, furnish sketo	ch and map coord	linates on reverse.			
NAME, NUMBER, COORDINA			• • • • • • • • • • • • • • • • • • • •				
Ø	A3 A.	nan Anna					
DATE OF BURIAL	ry #1 A	san, Guan		TYPE OF CRAVE	PLOT No.	ROW No.	L CD OF No
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or s	name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE No.
25 July 44					/#	8	27
WAS THIS A REBURIAL?	IF A REBURIAL,	INDICATE NAME, NUMBER, COOR	DINATES OF PREVI	OUS CEMETERY, AND L	OCATION OF G	RAVE	<u></u>
(Yes or no)			•		PLOT No.	ROW No.	GRAVE No.
No							
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES		ION TAGS NOT USED.	DESCRIBE IDE	NTIFICATION	DATA AND
			1				
IDENTIFICATION TAG BURIÉ	D WITH LIDEN	TIFICATION TAG ATTACHED TO	-				
BODY (Yes or no)		RKER (Yes or no)					
BODY BURIED ON DECEASED	LEFT, NAME (Last	t, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAV	E No.
WaDd aled		_ •	C-3	819309	USMC	,	28
	. Thoma:		Cpl	<u> </u>	<u> </u>		
BODY BURIED ON DECEASED	FRIGHT, NAME (Lα	st, pret, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	ON GRAV	E NO.
Holland	, Walker	K. Jr.	PHE2.	6686992	USM		26
EIGNATURE OF PERSON PRE		10.40	,1	GRS OFFICER VERIFYIN	<u>1</u>		
Keon	louis	J. Capital	- · · /= -	Leey for	•	_ د.	
TROD	ORICO F.	ESPITAL	EMI	LIO S. ZAP		d Lt.	Inf.
DISTRIBUTION OF REPOR	T: Signed origin	nal for U.S. and allied dead, si	igned original and	d one copy for enemy	dead, to the	Quartermas	ter General
through Headquarters G	RS Officer. Copi	ies for retention in theater as p	prescribed by the	ater commander.			

RESTRICTED

	Section 3. UNIDENTIFIED	REMAINS.			
LEFT LITTLE FINGER	mains. Fill in anatomic social security number:	cal characteristics I position of body for the	elow, and any other on and in airplanes, vehicle	for the future identity of clues under "Other," suc es, and tanks; and serial s. Imprint all fingers and an be secured, the condit diagram below. Tooth o	h as shoe size, numbers of air-
. 20	every tooth will be indic accomplished if one or r	ated on the tooth ch nore fingerprints ar	art in accordance with	diagram below. Tooth o	hart will not be
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR T	,
	WEAPON AND SERIAL NO.	LAUNDRY	MARKS	WHERE BODY WAS BURIED	OR FOUND
LEFT MIDDLE FINGER					
FINGER	OTHER IDENTIFICATION CLA	JES			
INDEX COLUMN	Middle Carr	SILVER FILL GOLD FILLIN	ng G	3.2000	
THUM	CAVITIES	CAVUT.	5 (sp)' 6 (sp)' 7 (sp)' 8 (sp)		255 5057 5057
THUMB	MISSING TEETH CROWNED TEETH	TOOTH MISSU	D IAGRAM	REPRESENTS THE MOUTH	MIDE OPEN
RIGHT	BRIDGE WORK	PORCELAIN CO	N 15 (14)	LOWER STANDARD OF THE PROPERTY) is) i4 i i3 i2
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND COO	DINATES FOR BURIAL IN	OTHER THAN ESTABLISHED (EMETERY
RIGHT RING FINGER	REMARKS:				
RIGHT LITTLE FINGER			•	•	

REPORT OF BURIAL

NAVMED-601 (3-45)

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

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

SHIP OR STATION ATTACHED AT TIME OF DEATH			PATE REPORT FILLED OUT	-7-2	pr11,46
OPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
	UNI	DESTIFIED #21			
	FILE OR SERVICE NO.	RANK OR RATE	В	RANCH OF	_
					SMC
	CORPS OR RESERVE CLASSIFI	CATION	R	ACE	
AUSE OF DEATH		PLACE OF DEATH			
GSV-KIA			GuaM.		
AME OF NEXT OF KIN (If known)		ADDRESS OF NEXT O	OF KIN (If known)		·- ·
DATE OF DEATH	DATE OF BURIAL 7/25/4	4			
NAME OF CEMETERY		LOCATION OF CEMET	TERY	·	
rmy Navy Marine Cemet	tery #1.	Asan Gu	em.		
GRAVE MARKER TYPE	PLOT No.	ROW No.	GF	RAVE NO.	
Cross	_ A	8		27	
BURIED AT SEA (Date)		AREA			
TYPE OF RELIGIOUS CEREMONY		RELIGION OF DECEA	SED		
Military Honors					
DENTIFICATION TAGS FOUND ON BOD 1 COMPLETE DENTAL CHART ON REVERS	2 NONE	IF NO IDENTIFICATIO (Identification cards	, letters, etc.)	٠	NTIFIABLE
COMPLETE FINGERPRINT CHART OF BO	OTH HANDS ON REVERSE		FEB 23		
LIST OF PERSONAL EFFECTS FOUND &	ON BODY AND DISPOSITION OF SAME	:	<u>. </u>		<u> </u>
DENTIFICATION TAG BURIED WITH 80	any.	IDENTIFICATION TAG	ATTACHED TO M		
DENTIFICATION TAG BORRED WITH BO	Yes Ne	IDENTIFICATION TAG	Yes		No
	IT, WHAT OTHER IDENTIFICATION DATE If ormation extracted THAN ESTABLISHED CEMETERY	from Cemetery !	Records		
- DORAL VIIILA			- 11177 1121 2121		
		ied on Either Side	FILE OR SER	UCE NO	
DODY ON LEST MANE (Last first midd	lle)				GPAVE NO
		RANK OR RATE	l _	. 1	GRAVE No.
		CPL	81930	9	28
MCRITCHIE T.T. BODY ON RIGHT. NAME Last, First, mil	ddle)	RANK OR RATE	8/93 C	VICE No.	28
	ddle)	PL RANK OR RATE Phm/2/C	8/93 C FILE OR SERV	VICE No.	28
MC RITCHIE TT. BODY ON RIGHT. NAME LLOSS, FIRST, MIN HOLLAND WK PERSON REPORTING BUSIAL (Name)	iddle) (Rankpr.r.	RANK OR RATE Thm/2/C PERSON CONDUCTIN	8/93 C FILE OR SERV 6/8-69 G BURIAL RITES	VICE No.	28
MC RITCHIE TIT. BODY ON RIGHT. NAME LLOSS, FIRST, MIN HOLLAND WK PERSON REPORTING BUSIAL (Name)	iddle) (Rankpr.r.	PL RANK OR RATE Phm/2/C	8/93 C FILE OR SERV 6/8-69 G BURIAL RITES	VICE No.	28 GRAVE NO.
	iddle) (Rankpr.r.	RANK OR RATE Thm/2/C PERSON CONDUCTIN	8/93 C FILE OR SERV 6/8-69 G BURIAL RITES	9 9 VICE NO.	28

MISTRUCTIONS FOR BUI

	[x					<u> </u>		
ŗ	Whout	1. IDENTIFICATION, P	REPARATION	OF BODY	RURIAL A	NO MARKI	NGS OF GRAVE	S OF
	≧ ≨	ISOLATED BURIALS.						
THUMB	§ §	four (4) sets of fingerpr						, make
₹ 8	2pn	ESTIMATED HEIGHT	ESTIMATED WE		COLOR OF EY		COLOR OF HAIR	
•	nidentified, take rolled dging. Obtain sharp,	Lottinated factori			00		332311 31 11/111	•
	- E		<u> </u>					
) b. d	BIRTHMARKS, SCARS, OR TA	ITOOS					
	5 8	l						
INDEX	Sha I	LAUNDRY MARKS			WEAPON AND	SERIAL No.		
ř ×	_ 7	i						
		(15	actual weight	ا ما المام	فعلماء أمممنا	n actimated)		
	impression of clear contrast	\''	actual weight	and neight ar	e usea, delet	e estimated)		
	SSIO	Wrap and tie body secu	rely in a blanke	et nad coveri	ng canyas or	other suitabl	e substance - Diα	arave
ŗ	ast of	to five feet or in hasty buri	•		_		_	_
MIDDLE	육⇒Ⅰ	only one body in grave.						
DD	inke	tag and attach to grave m	-		_	-		
Ę.	1 G G I	to BuPers, Marine Corps,						
	ridges	pencil of identifying data	on form in du	olicate, place	in bottle, ca	inteen, sperit	shell or other ava	ilable
	° C	container which can be ma	ide watertight,	bury one wit	h remains an	ed the other, a	one (1) foot below	grave
	lea	marker. If no tag is availa			n marker. V	When pegs are	e not available, use	other
ŗ	Cleanse f	suitable means to identify	grave as a m	ilitary grave.				
RING	fingers ervening	2. LOCATION OF GRA	VE: Report bu	irials in estab	lished cemet	eries by plot.	row, and grave nu	mher.
ล์	gers	For all other burials, prepa						
	ומייו	ences, or by reference to						
	fall f	complete. Stand at foot of						·
	. 8							
ŗ	89	If the body is otherwise unide	entified or fingero	rints unobtainai	ble, chart the			
רודדרנ	E TO	dental conditions in conformity	with instructions	in MMD (1942	. 1938-43 Ed.	X ' '		
į.	atter. overi	para. 2318 (b) (1) & (2))(1945	Ed. para. 2234.1 8	(.2). This must	t be accurate.	MAKE	MAUMU	
П	m	CHARTING EXAMPLE: (CF	art Cavities in R	LACK: otherwi	SA USA REDI	建筑 完		
	[조집]	Tooth No. 1, missing; No. 2, gold						
	=	crown; No. 4, cavity; No. 5, two					7 00	
ַ	Roll finger ink.	fixed bridge supplying missing to	ooth No. 7; No. 9,	porceiain crown	(outlined).			
‡	6		_		C	HEEK SIDE	·	
ТНОМВ	include	Missing teeth Nos		1 2 3	4 5 6 1	7 0 9 10	11 12 13 14 15	16
D 2	epn	l		بنرابنر	HHM	M	フェイスト	اينو
		Occlusion (Type of)		<i>**</i> **********************************	32226	$A \vdash A \vdash$	H	$\langle + + \rangle$
	сгеаѕе							OCI
_	9	Malposed teeth (Describe)		TOO.	100 - 1	DNGUE SIDE		پن
ᆽ	of first				700	DAGGE STOR	2000	二:
Ž	9	5 11 "		エンアンア	ナンスクシ	2 - 2 - 2 /	$^{\prime\prime}$	\mathcal{H}
σεχ	. 3	Removable appliances		EXECUTE	36967	0000s	公区区区区	
,	i hro				7000	$\Omega\Omega\Omega\Omega\Omega$	100000	\Box
	Int through	Other defects		17 18 19	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	23 24 25 26 2	7 25 29 10 11	1 , . .
=	180°			COMPARISON		NAVMED U.	(DENTAL RECORD) RE	
ָב,		Remarks		COMPARISON	WITH DECEASE	D NAVMED-H-4	(DENIAL RECORD) RE	VEALS:
אוסטרפ	9			POSITIVE 1	IDENTITY	SOME RESEMBLAN	CE NO RESEMBLA	NCE
ρĮ	inked	·						
'n	Sr.			(Signature o	f dental examine	er)	(Rank or rate)	
	surface							
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PORT OF BURIAL (Back)	1	ED-601 (3-45)	·			<u> </u>		

COPY P.N.F. PAC Form (9) Graves Registration REPORT OF INTERMENT UNIDENTIFIED # 21 (First) (Initial) (Serial Number) (Rank) (Organization) (Last Name) (Name of Cemetery) (Name or coordinates of location) (Place of death) 27 (Row Number) (Plot Number) (Religion, if known) (Grave Number) Disposition of identification tags: One Buried with body Yes One Attached to marker Yes No that 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 (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 iden_ tified dead and all ten fingers of unidentified, if possible. GASE DEPOT REPRODUCTION

ТНимв	Signature of office person reporting burial.)		THUMB
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS,		
	NOTE below any identifying clues found, such as letters, photographs, probable organizat- ion of deceased, etc.:		
2	tooth chart) In space below, locate and describe any scars, L birthmarks, moles, deformities, etc.: E B B B B B B B B B B B B B B B B B B	LEFT HAND	~
ω	the following as possible. HEIGHT: APPARENT NATIONALITY: COLOR OF EYES: NUMBER OF RIFLE: COLOR OF HAIR: RACE IS TOOTH CHART ATTACHED? (If possible, have medical personnel take a		က
A	IF DECEASED UNIDENTIFIED TAKE THOSE YOU CAN, And fill in as many of		4