

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

1

Interred 1 March 1950
C 3 60 Ft. McKinley

Carroll Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6320 81097

DATE
17 02 50
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X - 27

CEMETERY USAF CEMETERY ASAN NO. 1, GUAM PLOT 1 ROW 14 GRAVE 28 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 UNKNOWN X - 27 21 Feb '50 IDENTIFICATION TAG ON 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 @MC 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 RAYMOND H TANGUAY, Sgt 1c, RA SHIPPING ADDRESS VERIFIED BY 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

Handwritten notes and signatures in the remarks section.

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DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

NAME: **WILSON** I-27

SERIAL NUMBER: **211655**

GRADE: **SP4**

ARM: **INF**

RACE: **W**

RELIGION: **R**

CEMETERY: **ARMY CEMETERY AIN SO, I, GERM**

PLOT: **1**

ROW: **11**

GRAVE: **20**

DISPOSITION OF REMAINS: **772** **00**

CODE: **772**

DIST. CTR.:

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **UNITED STATES MILITARY CEMETERY, FT. BLISS, TEXAS, U. S. A.**

NAME AND ADDRESS OF NEXT OF KIN: **(BY ADMINISTRATIVE DESIGNATION)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **WILSON**

SERIAL NUMBER: **211655**

GRADE: **SP4**

DATE OF DEATH: **22 FEB 50**

DATE DISINTERRED: **22 FEB 50**

IDENTIFICATION TAG ON: REMAINS MARKER

ORGANIZATION: **INF**

RELIGION: **R**

IDENTIFICATION VERIFIED BY: **(Signature)**

NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **BY**

CONDITION OF REMAINS: **BY**

OTHER MEANS OF IDENTIFICATION: **BY**

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

REMARKS AND SPECIAL INSTRUCTIONS:

REMAINS PREPARED AND PLACED IN CASKET: **BY**

DATE: **22 FEB 50**

CASKET SEALED BY: **(Signature)**

EMBALMER (Signature): **(Signature)**

CASKET BOXED AND MARKED: **BY**

DATE: **22 FEB 50**

SHIPPING ADDRESS VERIFIED BY: **(Signature)**

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 AGS: **(Signature)**

DATE: **22 FEB 50**

REMARKS AND SPECIAL INSTRUCTIONS:

NAT FILE

RECORD SECTION

DATE **22 FEB 50**

NAME **(Signature)**

R-2 R-2

RECORD OF CASUALTY REPORTS

456

HEADQUARTERS
PHILCOM 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-27, Plot 1,
Row 14, Grave 28, 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.

APPROVED UNIDENTIFIABLE

FOR THE COMMANDING OFFICER:

FEB 23 1950

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

Atch: Form 1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-27				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	14	28	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 3/8"	10. COLOR OF HAIR U T D	11. RACE U T D
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input 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

N O N E

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)

N O N E

UNCLASSIFIED

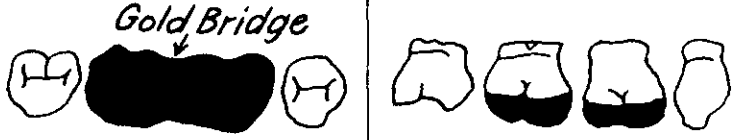
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



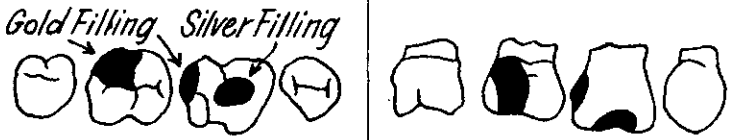
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



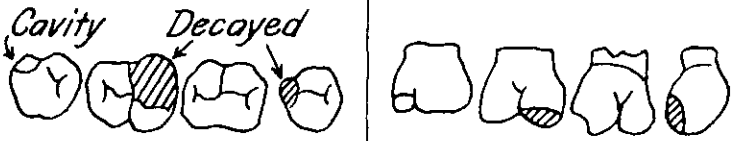
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



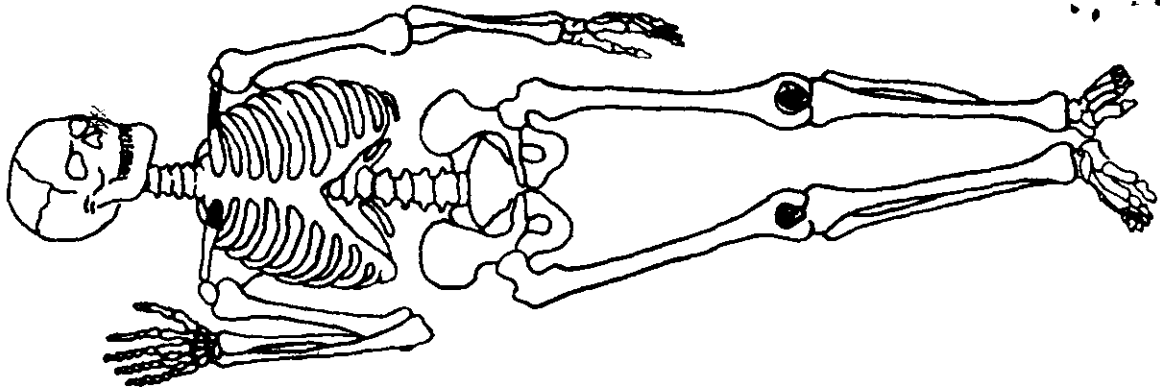
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
											A	A				
Side View																Side View
Top View																UPPER
																LOWER
Side View																← Impacted
	A	A														
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16	

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

No identification tags, burial bottle, personal effects or other means of identification found with remains.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

RECEIVED
MAY 19 1947
U.S. ARMY
MEDICAL DEPARTMENT
WASHINGTON, D.C.

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

DISINTERMENT DIRECTIVE

1

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

UNKNOWNX-000027

0

0

6

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

GUAM NO 1 MARIANAS IS

1

14

28

7701
CODE

80
DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY 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

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

REPORT OF INTERMENT

UNIDENTIFIED #27

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

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

(Grave Number) 14 (Row Number) 1 (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.

IDENTIFICATION DENTAL CHART

DATE **14 Nov 47**

NAME (Last, First, Middle Initial) **UNIDENTIFIED #27** 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 **14** GRAVE **28**

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
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. ZARICO, 2nd Lt., Inf.**

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

Plotted

**REPORT OF
DISINTERMENT**

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNIDENTIFIED #27 Box #271		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE USMC
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guam	CAUSE OF DEATH Unknown	DATE OF DEATH
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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)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Fragments of burial garment enclosed with remains.

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

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

DATE OF BURIAL 29 July 44	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 1	ROW No. 14	GRAVE No. 28
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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) Unidentified	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 29
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unidentified	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 27
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SIGNATURE OF PERSON PREPARING REPORT <i>Jose L. Elises</i> JOSE L. ELISES	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt, Inf
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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

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 44

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNIDENTIFIED #27	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USMC
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH GSW-XIA	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 7/29/44
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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. A	ROW No. 14	GRAVE No. 28
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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.) 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
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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) Unidentified #28	RANK OR RATE USMC	FILE OR SERVICE NO.	GRAVE NO. 29
BODY ON RIGHT. NAME (Last, first, middle) Unidentified #26	RANK OR RATE USMC	FILE OR SERVICE NO.	GRAVE NO. 27

PERSON REPORTING BURIAL (Name) R.L. RIDOLFI, 2dLt., USMCR.	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
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IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ-Col., USMC.	MAJOR U.S. MARINE CORPS
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