

HEADQUARTERS
FILCOM 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- 30, Plot 1,
Row 15, Grave 1, USMC Com. #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. McNEAR
H. B. McNEAR
Captain, QMC
Chief, Records Branch

Attn: Form 1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-30				2. DATE OF REPORT 19 Jan. 1950	
3. NAME OF CEMETERY Cem #1, ASAN GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	15	1	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

UTD

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

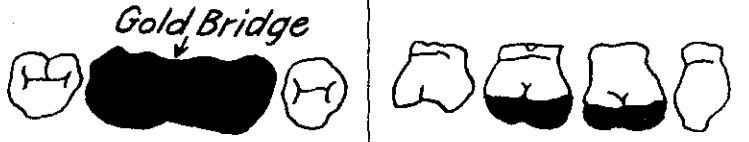
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



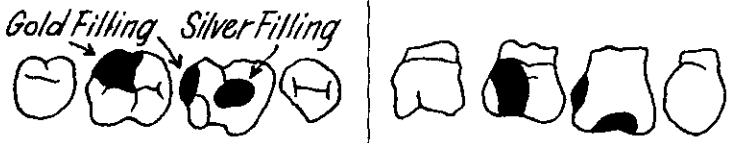
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



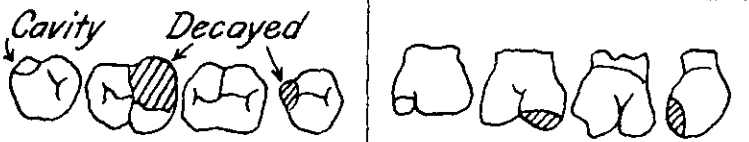
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
P		X				P	P	P	A		O	A	X	A	P
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	X	O				P						A	A	X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Cavity (pointing to tooth 4 on the left side)

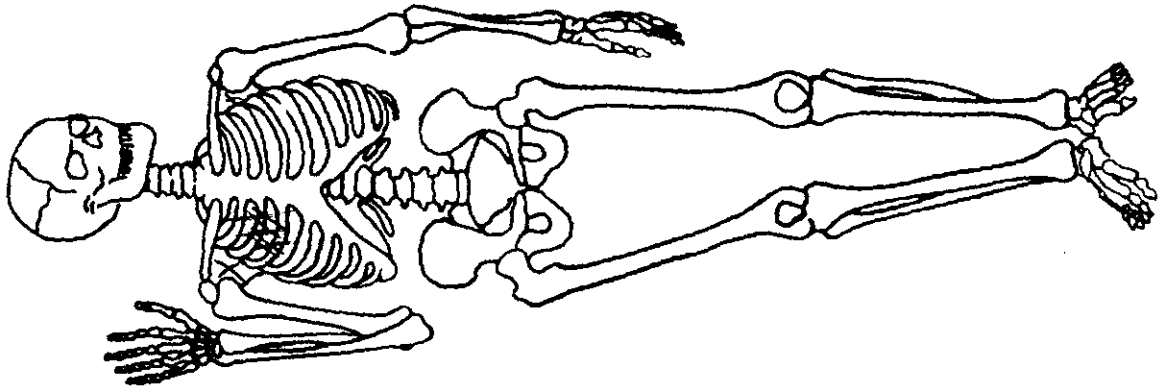
Do *no* (pointing to teeth 13 and 14)

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, 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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burials, personal effect 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, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

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 1946

COPY OF IDENTIFICATION TAG <i>[Handwritten Signature]</i>	NAME (Last) (First) (Middle)	UNIDENTIFIED # 30	
	FILE OR SERVICE NO.	RANK OR RATE	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
	7/29/44

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

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	A	15	1

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.) 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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Unidentified #31			2
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
No one buried here			
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
L. RIDOLFI 2dLt., USMCR. R. L. Ridolfi			
REBURIAL. GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	L. N. [Signature] Col., USMC-Ass't Chief of Staff G-1.		

QMGAN 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, ~~MC~~
Memorial Division

CC: CINCPAC

QMGAN 293 Unk X-30, Guam #1

/bpm

Interred 9 March 1950

PREPARED BY PHILCOM

N 10 86 F McKinley

DISINTERMENT DIRECTIVE

1

CARL R. H. MARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81099

DATE

17 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 30				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY ASAN NO. 1, GUAM	1	15	1	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 DISINTERRED
UNKNOWN X-30				23 Feb 50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			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 23 Feb 50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS
EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY
DATE 23 Feb 50 BY 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

DISINTERMENT DIRECTIVE

3

Completed

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

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
DEAF CEMETERY ABAY NO. 1, QUAN	1	13	1	7701	
				CODE	DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
WIND SOLETS MILITARY CEMETERY 77. 01. WICKLEY, P. I.	(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	
<input type="checkbox"/> REMAINS				
<input type="checkbox"/> MARKER			NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF SHIPMENT	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
C-210500	

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

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED 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.	
S. 210500	
SIGNATURE OF AGRS INSPECTOR	

REMARKS AND SPECIAL INSTRUCTIONS	SIGNATURE OF AGRS INSPECTOR
	FILE RECORDS APPROVED DATE NAME
	R. B. ...

File # 453