

AGM: 293  
GAS, Far East

MAR - 3 1951

SUBJECT: Unidentifiable Remains

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

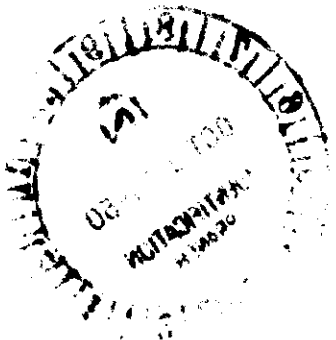
1. Reference is made to letter, your Headquarters, file GMRZ 293, dated 20 January 1950, subject: Unidentifiable Remains.

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 POSTMASTER CHECKED:

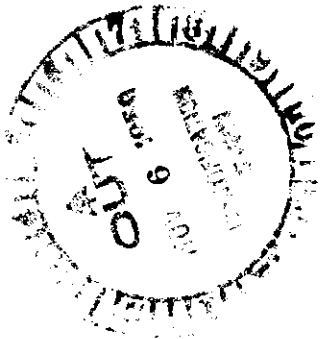
T. H. MATE  
Lt Colonel, USA  
Memorial Division

CC: GMRZ



QUORAN 293 Unk X-36 Guam #1

WAR - 8100



3

DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81109

DATE

17 02 50  
DAY MONTH YEAR

NAME: UNKNOWN I-36 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: DEAF CEMETERY ASAH NO. 1, GUAM PLOT: 1 ROW: 18 GRAVE: 2 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. M. 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 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 PLACES INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORDS MAINTAINED  
DATE: 1/20/50  
NAME: [Signature]

Serial # 462

**RECORD OF CUSTODIAL TRANSFER**

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

Interred 21 Feb 1950  
 C 11 56 Ft. McKinley  
*Carroll Mark*  
**CARL R. H. MARK**  
 Cemetery Superintendent  
 SECTION A —  
 NAME AND BURIAL LOCATION OF DECEASED

**DISINTERMENT DIRECTIVE  
 PREPARED BY PHILCOM**

DIRECTIVE NUMBER: **6320 81103**  
 DATE: **17 02 50**  
DAY MONTH YEAR

NAME: **UNKNOWN X - 36**  
 SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: **USAF CEMETERY ASAN NO. 1, GUAM**  
 PLOT: **1** ROW: **18** GRAVE: **A**  
 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: **UNKNOWN X-36** SERIAL NUMBER: [ ] GRADE: [ ] DATE OF DEATH: [ ] DATE DISINTERRED: **21 Feb 1950**

IDENTIFICATION TAG ON:  REMAINS  MARKER 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 1950** 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** SHIPPING ADDRESS VERIFIED BY: **L. W. RICHARDSON, M/Sgt., RA**

DATE: **21 Feb 50** **Sgt 1c, 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

*PHILCOM*  
*DATE 18 Feb 1950*  
*W. R. D.*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MADSOLEUM	TO	U S MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER		SIGNATURE OF RECEIVER	<i>W. H. ...</i>	DATE	FEB 28 1950
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	
		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	

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- 36, Plot 1,  
Row 18, Grave 1, 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

Attch: Form 1044

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-36</b>				2. DATE OF REPORT <b>20 January 1950</b>		
3. NAME OF CEMETERY  <b>Cem #1, Asan, Guam</b>		4. PLOT  <b>1</b>	5. ROW  <b>18</b>	6. GRAVE  <b>1</b>	7. DATE OF DISINTERMENT      REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR		11. RACE
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">NONE</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">NONE</p>						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p style="text-align: center;">UTD</p>						
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)  <p style="text-align: center;">NONE</p>						

UNCLASSIFIED

DATE 03-11-2011 BY 60322 UCBAW/STW/STW



TOOTH CHART	
<p><b>MISSING TEETH:</b> 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><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>

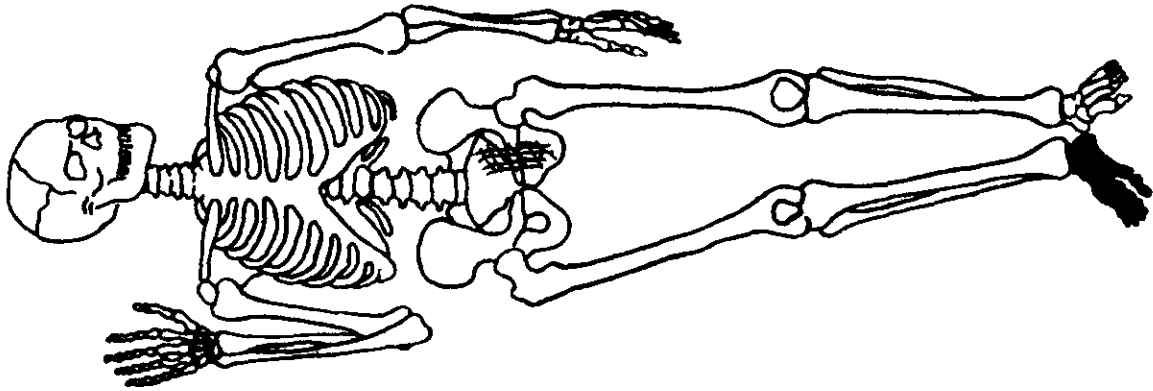
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
							Ⓟ	Ⓟ	Ⓟ		Ⓟ			Ⓟ	X
Side Views															
UPPER															
LOWER															
Side Views															
X			Ⓟ	Ⓟ			Ⓟ	Ⓟ	Ⓟ		Ⓟ	Ⓟ		X	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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.

UNIDENTIFIABLE

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, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Identification Sec.

SIGNATURE

# DISINTERMENT DIRECTIVE

1

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 00000

DATE

15 10 48  
DAY MONTH YEAR

NAME

253 UNKNOWNX-000036

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

GUAM NO 1 MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 18 1

7701 80

CODE 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.)

**CANCELLED**

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

SEP 1 1973

106

# RECORD OF CUSTODIAL TRANSFER

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

IDENTIFICATION DENTAL CHART

DATE 19 Nov 47

NAME (Last, First, Middle Initial) <b>UNKNOWN # 36</b>		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION <b>USMC</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH	
PLACE OF DEATH <b>Guam</b>	PLACE OF BURIAL <b>Cemetery # 1, Asan, Guam</b>	PLOT <b>1</b>	ROW <b>18</b>	GRAVE <b>1</b>

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
	<p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD CROWN, PORCELAIN CROWN</p>	
	<p>GOLD BRIDGE</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING, SILVER FILLING</p>	
	<p>CAVITY, DECAYED</p>	

	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
																	LOWER
SIDE VIEWS																	
	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  <b>L. HO, Capt., D.C.</b>	VERIFIED BY GRS OFFICER  <b>EMILIO S. ZAPICO, 2nd Lt., Inf.</b>
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**RESTRICTED**

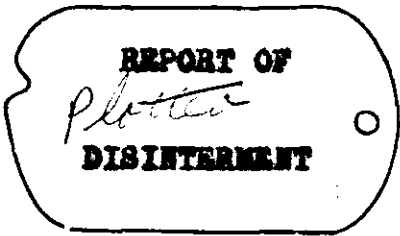
WD OMC FORM 7042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

**19 Nov 47**

Imprint Identification Tag If Possible.  
**DO NOT TYPE**



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN # 36**

**Box # 354**

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

**USMC**

RACE

RELIGION

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

PLACE OF DEATH

**Guan**

CAUSE OF DEATH

**Unknown**

DATE OF DEATH

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 1960**

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.
<b>30 Jul 44</b>				<b>1</b>	<b>18</b>	<b>1</b>

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)

**Unknown X-37**

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

**2**

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

**Beginning of Row**

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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. IDENTIFIED REMAINS.**

**INSTRUCTIONS:**

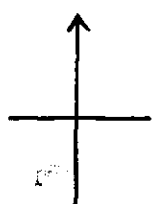
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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				

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



**REMARKS:**

**Condition of Remains: Both scapula, mandible and sacrum are broken. Both fibula are partly deteriorated. Right foot missing**

**REPORT OF BURIAL**

NAVMED-601 (9-45)

**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) <b>UNIDENTIFIED # 36</b> (First) (Middle)		
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE <b>USMC</b>	
CORPS OR RESERVE CLASSIFICATION		RACE	

CAUSE OF DEATH <b>GSW-KIA</b>	PLACE OF DEATH <b>Guam.</b>
----------------------------------	--------------------------------

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

DATE OF DEATH	DATE OF BURIAL <b>7/30/44</b>
---------------	----------------------------------

NAME OF CEMETERY <b>Army Navy Marine Cemetery #1.</b>	LOCATION OF CEMETERY <b>Asan Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT No. <b>A</b>	ROW NO. <b>18</b>	GRAVE NO. <b>1</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Honors</b>	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.)  <b>APPROVED UNIDENTIFIABLE</b> <b>FEB 23 1950</b>
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) <b>Unidentified #37</b>	RANK OR RATE <b>USMC</b>	FILE OR SERVICE NO.	GRAVE NO. <b>2</b>
BODY ON RIGHT, NAME (Last, first, middle) <b>No one buried here</b>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.

PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
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IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC- Ass't Chief of Staff G.</b>
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UNIDENTIFIED #36

(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)

1 18 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

Ship or Station  
Attached at Time of Death

Date Report  
Filed Out 15 Apr 48 Copy

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED #36		
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 7/30/44
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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. 1	Row No. 18	Grave No. 1
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Buried at Sea (Date)	Area
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Type of Religious Ceremony	Religion of Deceased
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**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 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
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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) Unidentified #37	Rank or Rate	File or Service No.	Grave No.
Body on Right, Name (Last, first, middle) None buried here	USMC		2

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