

INTRAOFFICE REFERENCE SHEET

293-Work-Annex-38 (AMM/Ar) FILE HOUR AND DATE *1*

| 1 NO. | 2 FROM- | 3 TO- | 4 DATE | 5 MESSAGE |
|----------|---|--|-----------------|--|
| 1. | Chief Resolution Sec. Br. Repat. Br. Mem Div. | Chief Operations Br. Mem Div ATTN: Mr. Fisher | 19 Sept 1949 | 1. Forwarded herewith is radio 8427 dated 23 Aug. 49, for your information and/or necessary action. Radio has been through Records Section for their information. 2 Incls 1. Radio 8427 2. 293 file for X-38 |
| 2 | Opns Br Mem Div | Resolution Sec. Repat Br Mem Div | 21 Sept 1949 | Returned herewith is radio No. M 37780 from COMGENUSARPAC. Further action is necessary by Repat- riation Branch to correct records to indicate permanent internment in National Memorial Cemetery of the Pacific instead of USMC, Fort McKinley, P. I. for those disinterment directives indicated in the attached radio. 2 Incls n/c |

Arrowsmith
ARROWSMITH
5057
P
Powers
5057

Talbot
TALBOT
4634
Fisher
FISHER
4458

21 Oct 49
James

REPATRIA
RECORDS BRAN

SEP 19 12 22 PM '49

INVESTIGATIVE DIVISION

RECEIVED
SEP 19

SEP 19 12 22 PM '49

| | | |
|----------------------------------|------------------|--|
| √6360-00000 | (.5) C-9-13 | ^{unidentifiable} 2 nd Air Div, Japan |
| √8072-00023 | (X-19) B-16-380 | Okinawa, 6 th Air Div |
| √8072-00010 | (X-75) A-21-516 | " " |
| √8074-00001 | (X-1) 1-1-20 | Okinawa, 7 th Air Div |
| √8075-00012 | (X-18) 1-19-631 | Okinawa, 77 th Air Div |
| √8078-00015 | (X-133) 1-2-38 | Island Command |
| √8078-00016 | (X-134) 1-2-39 | " " |
| √8078-00042 | (X-168) 2-4-116 | " " |
| √8078-02725 | (X-179) 1-21-660 | " " |
| √8078- ^{detached} 02739 | (X-180) 6-20-614 | " " |
| √8078-02741 | (X-181) 6-20-620 | " " |
| √8078-02753 | (X-243) 6-9-262 | " " |
| √8095-00008 | (X-9) 1-7-97 | Zamami Shima |
| √8095-00042 | (X-47) 2-16-302 | July 49 215 [Signature] |

8427

HUP 4
DEPARTMENT OF THE ARMY
STAFF OPERATIONS OFFICE
STATE OPERATIONS OFFICE
600 120 TIME

100 AUG 24 8 23

HC B77

RR UEPC

DE UHPB 58

R 232156Z

FM CG USARPAC FORTSHAFTER TH

TO QMG DA WASHDC

WD GRNC

M37780 AS RQSTD URMSG WCL 21437 CMA 11 MAR CMA FOR DISTINTERMENT

DIRECTIVES HAVE BEEN AMENDED TO STOW CODE 0492 AND CONSIGNEE AS NMCP

CMA CERTS OF UNIDENTIFIABILITY HAVING BEEN FWDD CLN 6360 00000 CMA NOW

DESIGNATED 2ND MAR DIV CEM XRAY DASH 5 SMCLN 8072 00023 SMCLN 8072

00010 SMCLN 8074 00001 SMCLN 8075 00012 SMCLN 8078 00015 SMCLN 8078

00016 SMCLN 8078 00042 SMCLN 8078 02725 SMCLN 8078 02739 SMCLN 8078

02741 SMCLN 8078 02753 SMCLN 8095 00008 CMA NOW DESIGNATED IS COMD CEM

UNK XRAY DASH 241 SMCLN 8095 00042 CMA NOW DESIGNATED IS COMD CEM UNK

XRAY DASH 200 END GRNC AURAND

CFN M37780 21437 11 0492 6360 00000 2ND 5 8072 00023 8072 00010 8074

00001 8075 10012 8078 00015 00016 8087 00016 8087 00042 8087

02725 8087

02739 8078 02741 8078 02753 8095 00008 241 8095

00042 200

23/2022

Records
Clayton
Baker

Mon (2000)

NAT
2 Jul 49

59
Company (US) 11
M37780
02739 X
QMC
77798

TEL & CAB SECTION
O.D.M.S.
AUG 24 1 02 PM '49

100 AUG 24

5 49

DEPARTMENT OF THE ARMY
STAFF OPERATIONS OFFICE
600 120 TIME

77298

293
Mullen X39

AN & Company

1. FILE UNDER NO. 293 - Unk. Guam X-38 (ANM Cem. #1)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 5 Aug 48
4. FROM: [unclear]
5. TO: C1, ATR, 245, RPO 958, APT, San Fran., Calif.
6. SUBJECT: resolution of unidentified brains

7. DOCUMENT FILED UNDER NO. 293 - Pacific (Res. of Unidentified Remains)

REF:

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

293unk Guam X-38 (A.N.M. Com)

COMM UNIT OF ARMY WASH DC
COMMUNICATIONS CENTER TH

UNCLASSIFIED

ROUTINE

ROUTINE

COMMUNICATIONS CENTER WASHINGTON

M 33591

WCL-2

437
MULTIPLE ADDRESS

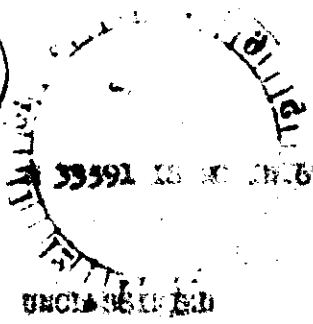
FROM QUARTERMASTER WASH. 33591 DATED 5 MARCH 49

ALL MEMORANDUMS RECEIVED FROM WARD ZONE NOW IN YOUR CHARGE ARE TO BE
INTERVIEWED IN NATIONAL DEFENSE ACADEMY OF PACIFIC FOR YOUR INFORMATION OF
CERTIFICATES OF UNIDENTIFIABILITY TO DISSENTMENT DIRECTIVES FURNISHED
YOUR COMMAND INCLUDING DISSENTMENT DIRECTIVE 6300 WASH 00000 FOR OPENING
ARMY 38 CMA INDICATING INCIDENT IN PORT MCKINLEY CANTON CAMP PHILIPPINE
INCIDENT IS TO BE CONDUCTED BY YOUR HEADQUARTERS TO INDICATE INTEREST IN
NATIONAL DEFENSE ACADEMY OF THE PACIFIC. THIS OFFICE IS ADVISED
BY WARD & IMMEDIATELY FOR CONNECTION WITH DISSENTMENT DIRECTIVES IN YOUR
HEADQUARTERS



MAR 11 2 43 PM '49

ADMINISTRATIVE BRANCH



33591 IS NO 2937473 (5 MAR 49)

UNCLASSIFIED

COMM Mr. Fisher x 4458
293 Unknowns

162100Z
MAR 49

J. G. HULL/MSK
LT. COLONEL QMC SEM DIV

X293 Robertson, Harry John 809569
5369

FOR RECORD ONLY:(Mr. Goodman - 4458)

1. MARBO having tentatively identified remains of X 38 as Pfc. Harry Solon Robertson SN 809369, USMC shipped remains according to existing regulations from Guam to Hawaii.

2. Letter 17 Jan 49 from MARBO to this Office for approval of recommended identification was disapproved by this Office in letter 16 February 1949 to Pacific Zone.

3. Radio M 33591 from Pacific requests whether remains unknown X 38 should be shipped to Manila as indicated on Disinterment Directive 6320 00000 in view of disapproval of identification.

4. Inasmuch as it is not economically feasible to ship to Manila, our radio to Pacific to cancel existing Disinterment Directive and instructing them that all unknowns in their command will be interred in National Memorial Cemetery of Pacific.

CONCURRENCE: R & R - Capt Rogers *Rogers*

Lt. Col. Donelson *Donelson*

Handwritten mark

AIR MAIL

OSCMIN 293 *Unknown Marianas Is.*
Unknown X-38
(ANM Cem. #1, Guam) *M. I.*

16 February 1949

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to Casualty Clearance and Case Review, Board of Review, AGRS, Pacific Zone, Case No. 52, dated 11 January 1949, recommending that the remains of Unknown X-38, Plot 1, Row 18, Grave 13, Army, Navy, Marine Cemetery No. 1, Asan, Guam, M. I., be redesignated as the remains of Private First Class Harry Solon ROBERTSON, 809369, USMC.

2. The documentary evidence presented in the above mentioned case is considered insufficient to establish identification. It is therefore requested that further investigation be made and if sufficient additional evidence is found to substantiate the identification, this office be so advised.

3. In the event that additional corroborating evidence is not forthcoming, it is requested that the case of Private First Class Robertson be processed in accordance with AG letter, File AGAO-S 293.9, (27 March 1947) D-M, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:



T. H. LITTON
Lt. Colonel, USMC
Memorial Division

wek

Handwritten: ✓ X 293 Robertson, Harry Solon (Pfc) 809369

AIR MAIL

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

1

Interred 9 June 1949
B 535

DISINTERMENT DIRECTIVE

Alvan O. Baker Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
ALVAN O. BAKER

DIRECTIVE NUMBER 6320 00000
DATE 15 10 48
DAY MONTH YEAR

NAME: 293 UNKNOWN X-000038
SERIAL NUMBER: UNKNOWN
GRADE: UNKNOWN
ARM: 0
RACE: 0
RELIGION: 6

CEMETERY: GUAM NO 1 MARIANAS IS
PLOT: 1
ROW: 18
GRAVE: 13
DISPOSITION OF REMAINS: 8492 64
7701 60
CODE: DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ~~FORT MC HANLEY CEMETERY~~
MANTLA, PHILIPPINE ISLANDS
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

WCL 21-37

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-30
SERIAL NUMBER: Unknown
GRADE: Unknown
DATE OF DEATH: Unknown
DATE DISTINTERRED: 11 Dec 47

IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION: UNKNOWN
RELIGION: Unknown
IDENTIFICATION VERIFIED BY: K H Costrich, Capt., Inf.
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Nature of shroud undetermined
CONDITION OF REMAINS: Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION: Mortuary Flate

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies): None

REMAINS PREPARED AND PLACED IN CASKET
DATE 23 August 48 BY J L Sibley

CASKET SEALED BY: J L Sibley, Ent.
EMBALMER (Signature): *J L Sibley*

CASKET BOXED AND MARKED: 24 Mar 49
DATE BY: E Kelly
SHIPPING ADDRESS VERIFIED BY: D Palijo, Clerk

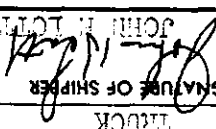
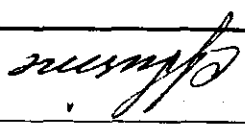
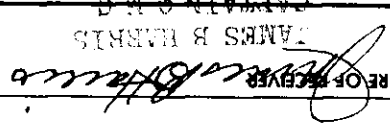
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

John H. P. Maj. CMA
E ZIELINSKI, 1st Lt., QMC
SIGNATURE OF AGCS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: 13 JUL 1949

101

RECORD OF CUSTODIAL TRANSFER

| | | | | | | | | | |
|---|--|--------------------|--|---|--|----------------------|--|------------------------------------|--|
| 1. SHIPPED | | FROM | | US LAUSHELL (SHIPMENT II) | | TO | | PORT STORAGE OFFICER (SHIPMENT II) | |
| SIGNATURE OF SHIPPER | | TRUCK | | SIGNATURE OF RECEIVER | | NAME OF CONVOYER | | DATE | |
|  JOHN H. LOTZ, INC. OF E. | | 23 JUN 48 | | SIGNATURE OF RECEIVER | | NAME OF CONVOYER | | DATE | |
| 2. SHIPPED | | FROM | | U. S. ARMY MUSEUM NO. 3 | | TO | | HAWN D C | |
| SIGNATURE OF SHIPPER | | KIND OF CONVEYANCE | | SIGNATURE OF RECEIVER | | NAME OF CONVOYER | | DATE | |
|  G. J. SURINE CWO USA | | TRUCK | |  JAMES B. HARRIS MAJOR USA | | NAME OF CONVOYER | | DATE | |
| 3. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 4. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 5. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 6. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 7. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 8. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 9. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |
| 10. SHIPPED | | FROM | | TO | | SIGNATURE OF SHIPPER | | DATE | |

IDENTIFICATION DATA

| | | | | | |
|---|--|--------------|--------------|------------------------------------|--|
| 1. REMAINS OF UNKNOWN X-38, Guam No. 1 | | | | 2. DATE OF REPORT 26 April 1949 | |
| 3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guam No. 1 | | 4. PLOT 1 | 5. ROW 18 | 6. GRAVE 13 | 7. DATE OF DISINTERMENT 25 Apr '49 |
| | | | | REINTERMENT 26 Apr '49 | |

PHYSICAL DESCRIPTION **Age: Possibly middle twenties.**

| | | | |
|---------------------------------|--|-------------------------------|-------------------|
| 8. ESTIMATED WEIGHT U. T. D. | 9. ESTIMATED HEIGHT 5'7 5/8" - 5' 11 1/4" | 10. COLOR OF HAIR U. T. D. | 11. RACE White |
|---------------------------------|--|-------------------------------|-------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) embossed metal plates, 1 on casket, 1 on outside box reads: Unknown X-38, Guam No. 1.

Two (2) metal plates on remains reads: Unknown X-38, 1st Cemetery Asan, GWAM W5 -1-66.

One (1) metal plate on remains reads: Unknown X-38, USMC, P-1, R-18, Gr-13, 30 July 1944.

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

None

U N I D E N T I F I A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

| | | |
|--------------------------------------|-----------------------|------------|
| HAROLD E. FIKE Capt., INF 0336714 | <i>Harold E. Fike</i> | MAY 3 1949 |
|--------------------------------------|-----------------------|------------|

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

The left clavicle and radius are mangled.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Extensive erosion of all skeletal parts.

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:

UNK. X-38

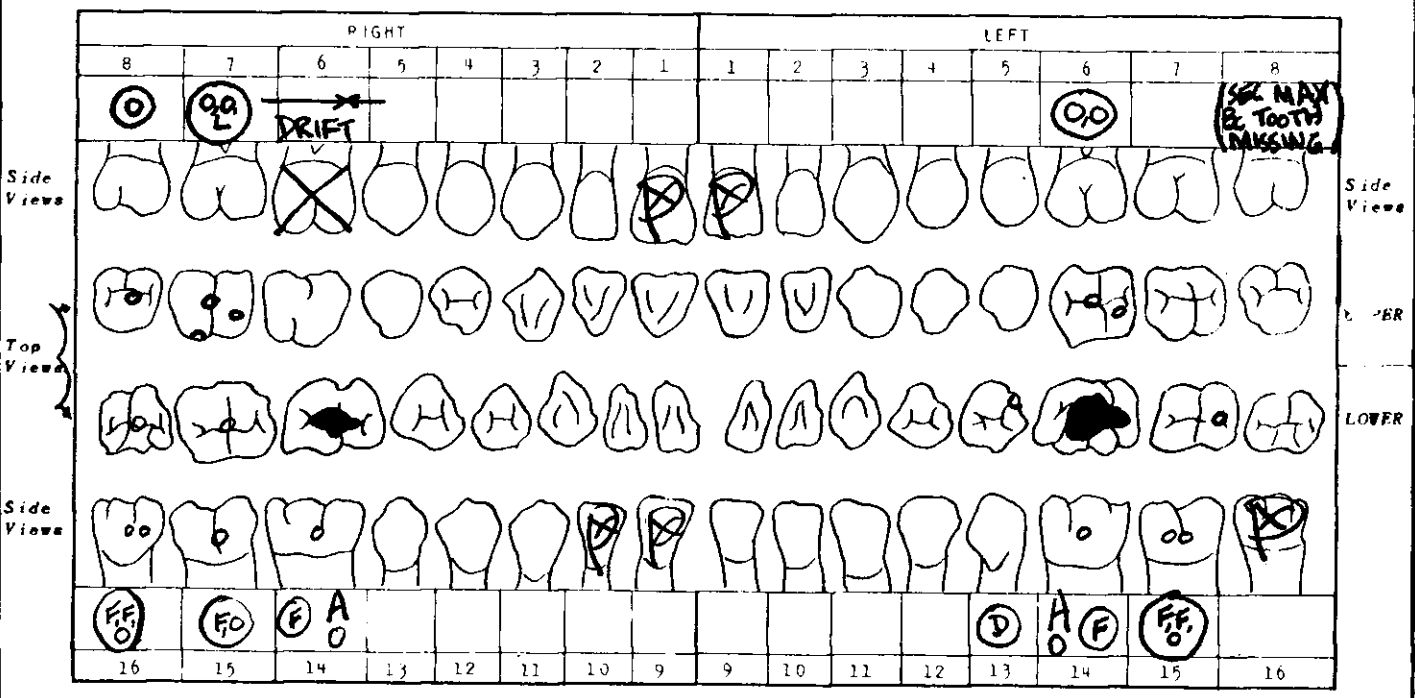
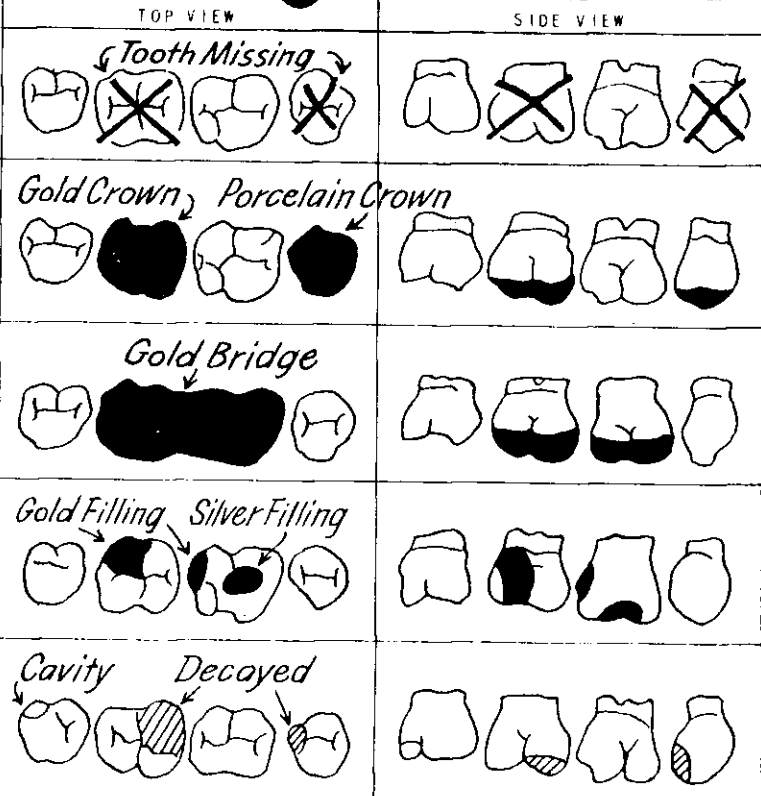
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

GUAM CEM. #1

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:



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."

IDENTIFICATION DATA

| | | | | | |
|---|----------|-----------|-----------|---------------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNIDENTIFIED X-38 | | | | 2. DATE OF REPORT 11 Dec 47 | |
| 3. NAME OF CEMETERY Cem. #1, ASAN GUAM | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 1 | 18 | 13 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|--|---------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5' 10 3/4" | 10. COLOR OF HAIR UTD | 11. RACE UTD |
|-----------------------------------|--|---------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

No ID tag w/remains.

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)

**One pair of shoes size UTD (GI high top, hob nail soles.)
No identifying markings.**

JBS

UFC
ARTHUR F. MALONEY
Administrative, Ass't.

18.

TOOTH CHART

| | TOP VIEW | SIDE VIEW |
|---|------------------------------------|-----------|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> | <p>TOOTH MISSING</p> | |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p>GOLD GROWN PORCELAIN GROWN</p> | |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p>GOLD BRIDGE</p> | |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | <p>GOLD FILLING SILVER FILLING</p> | |
| <p>CARIES (Cavities): 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 | -o- | -o- | | | | | P | P | | | | | -o- | | X |
| SIDE VIEWS | | | | | | | | | | | | | | | | |
| TOP VIEWS | | | | | | | | | | | | | | | | |
| SIDE VIEWS | | | | | | | | | | | | | | | | |
| | -o- | -o- | A | | | | | P | P | | | | | A | -o- | P |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

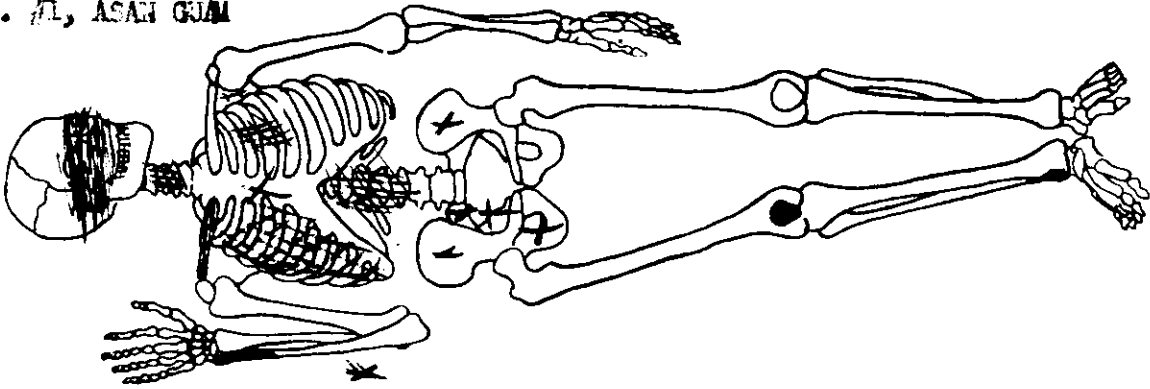
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Henry Handman

Uldric E. Conerly
 ULDRIC E. CONERLY, Capt., T. C.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

UNKNOWN X-38
P-1, R-18, G-13
Cor. #1, ASAN GUAM



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ NUMBER DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains consists of all dry bones. Skull measures 21". No ID tag found. Personal effects found - One (1) pair of GI shoes size - UTD. No identifying markings. Embossed Plate reads: UNKNOWN X-38, USMC, P-1, R-18, G-13, 30 July 44.

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

SIGNATURE

UIDRIS E. CONNELLY, Capt., GAC

Udris E. Connelly

HEADQUARTERS
ARMY GARRISON FORCE
APO 244

SPECIAL ORDERS
NUMBER 207

22 November 1948

E X T R A C T

1. The fol B/O are aptd for the purpose of reviewing and to act upon all cases pertaining to the identity of unknown remains and nonrecoverable remains referred to the Board. Auth: Ltr WD TAG File AGAO-S 293.9 (27 Mar 47) D.M., Subject: Establishment of Boards of Review for Identification of Unknowns Dead Overseas, dated 9 April 47, and CINCPAC Rad CX 59328 dtd 22 March 1948.

| | | |
|--------------------------|----------|-----|
| CAPT ARTHUR A ARONA | 01575686 | QMC |
| CAPT HAROLD E FIKE | 0336714 | INF |
| 1ST LT WILLIAM J SIGMANN | 01018431 | INF |

* * * * *

BY ORDER OF COLONEL DSTWILER:

OFFICIAL:

WILLIAM C. CASEY
Major, QMC
Adjutant

s/ William C. Casey
t/ WILLIAM C. CASEY
Major, QMC
Adjutant

DISTRIBUTION: B Plus

| | |
|-------------------|------|
| O concerned, each | (2) |
| AGRS MARBO Zone | (25) |
| Hq MARBO APO 246 | (3) |
| Pers Office | (4) |
| O Section | (5) |
| AGF File | (1) |
| Each O 201 file | (1) |

A CERTIFIED TRUE COPY:



D. A. BROWN
Major AGD

Ship or Station
Attached at Time of Death

Date Report
Filed Out 15 Apr 46

| | | | |
|----------------------------|---------------------------------|--------------|-------------------|
| Copy of Identification Tag | Name (Last) (First) (Middle) | | |
| | UNIDENTIFIED #38 | | |
| | File or Service No. | Rate or Rank | Branch of Service |
| | Corps or Reserve Classification | | USMC 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

7/30/44
Name of Cemetery Location of Cemetery

Army Navy Marine Cemetery #1 **Asan, Guam**

| | | | |
|-------------------|----------|-----------|-----------|
| Grave Marker Type | Plot No. | Row No. | Grave No. |
| Cross | 1 | 18 | 13 |

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.) |
| 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) | Rank or Rate | File or Service No. | Grave |
| Barcovic, J.A. | Pfc | 432743 | 14 |
| Body on Right, Name (Last, first, middle) | Rank or Rate | File or Service No. | Grave |
| Van Patten, H.L. | Pfc | 387612 | 12 |

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

In Reburial, Give Location of Previous Burial Verified and Forwarded

~~L.N. UTZ - Col USMC Asslt Chief of Staff~~
(Name) (Rank) (Title) **G-1**

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

19 Nov 47

*Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN # 38

SERIAL NO.

Box # 398

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

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)

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, Guam

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|------------------|------|---|----------------------|----------|-----------|-----------|
| 30 Jul 44 | | | | 1 | 18 | 13 |

| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
|-------------------------------------|---|----------|---------|-----------|
| 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) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|--|------------|---------------------------------|---------------|-----------|
| Barcovic, Joe A. | Pfc | 432743 388 | USMC 8 | 14 |

| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|---|------------|---------------|--------------|-----------|
| Van Patten, Harold L. | Pfc | 387612 | USMC | 12 |

| SIGNATURE OF PERSON PREPARING REPORT | SIGNATURE OF GRS OFFICER VERIFYING REPORT |
|--|---|
| <i>Teodorico J. Espital</i> TEODORICO J. ESPITAL | <i>Emilio S. Zapico</i> 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.

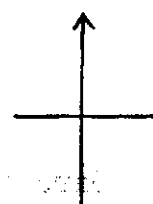
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

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

OTHER IDENTIFICATION CLUES

| | | | |
|------------------------|---------------------|--|---|
| LEFT LITTLE FINGER | FILLINGS | <p>SILVER FILLING GOLD FILLING</p> | <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> |
| | LEFT RING FINGER | CAVITIES | |
| LEFT MIDDLE FINGER | MISSING TEETH | <p>TOOTH MISSING</p> | |
| LEFT INDEX FINGER | CROWNED TEETH | <p>PORCELAIN CROWN GOLD CROWN</p> | |
| LEFT THUMB | BRIDGE WORK | <p>GOLD BRIDGE</p> | |
| RIGHT THUMB | | | |
| RIGHT LITTLE FINGER | | | |
| RIGHT RING FINGER | | | |
| RIGHT MIDDLE FINGER | | | |
| RIGHT INDEX FINGER | | | |

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



REMARKS:

Condition of Remains: Maxilla fractured, no right patella.

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 1946.

| | | | |
|----------------------------|---|--------------|----------------------------------|
| COPY OF IDENTIFICATION TAG | NAME (Last) UNIDENTIFIED #38 (First) (Middle) | | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH OF SERVICE USMC |
| | CORPS OR RESERVE CLASSIFICATION | | RACE |

| | |
|----------------------------------|--------------------------------|
| CAUSE OF DEATH OSW-XIA | 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 |
|---------------|----------------------------------|

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

| | | | |
|-----------------------------------|----------------------|----------------------|------------------------|
| GRAVE MARKER TYPE Cross | PLOT NO. A | ROW NO. 18 | GRAVE NO. 13 |
|-----------------------------------|----------------------|----------------------|------------------------|

| | |
|----------------------|------|
| 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 <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) Barcovic, J.A. | RANK OR RATE PFC | FILE OR SERVICE NO. 432743 | GRAVE NO. 14 |
| BODY ON RIGHT. NAME (Last, first, middle) Van Patten, H.L. | RANK OR RATE PFC | FILE OR SERVICE NO. 387612 | GRAVE NO. 12 |

| | | |
|---|----------------|---|
| PERSON REPORTING BURIAL (Name) R.L. RIDDLIFF 2dLt., USMCR | (Rank or rate) | PERSON CONDUCTING BURIAL RITES R.L. Riddiff |
|---|----------------|---|

| | |
|---|---|
| IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL | VERIFIED AND FORWARDED L.N. UPTZ-Sol., USMC-Ass. Major (Name) (Rank) |
|---|---|

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. _____

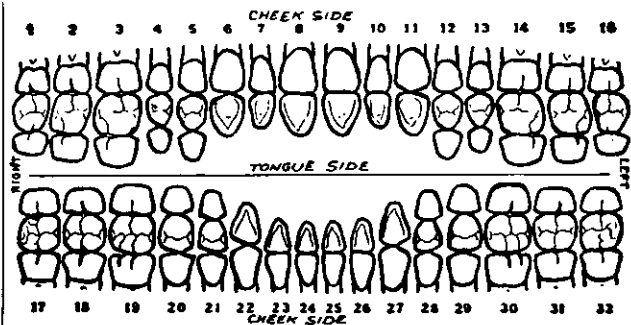
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

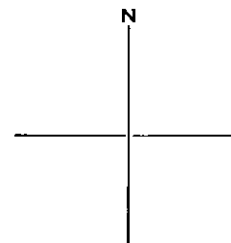


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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 |

REPORT OF INTERMENT

UNIDENTIFIED #38

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

A N & M #1

Guam Island

(Place of death)

(Name of Cemetery)

(Name or coordinates of location)

13

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

(If no identification tags, what means of identification are buried with body?)

(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