RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 243. Unk (Musc) Guam #1 X2, X3, X4

SYNOPSIS AND DATES

Muse now filed

NEW CLASSIFICATION 393 lant Guern #1 (seen) 12

RECLASSIFICATION SHEET

SUBJECT: Unidentifiable Hemains

TO:

Commanding Officer
American Graves Hegistration 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-2, X-3, X-4, X-9 and X-10, Cenetery #1, Asan, Guam, as unidentifiable.
- 3. Unknowns X-2, X-3, X-4, X-9 and X-10 are listed on FEA Unit Roster #4, pages 9 and 10.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ Lt Colonel, QMC Memorial Division

CC: CINCFE

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RECORD OF CUSTOPUL TRANSFER

HEADQUARTERS FHILUON ZONE AN ERICAN 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-4, Plot 1, Row 2, Grave 4, USMC Genetery 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.

FOR THE COMMANDING OFFICER:

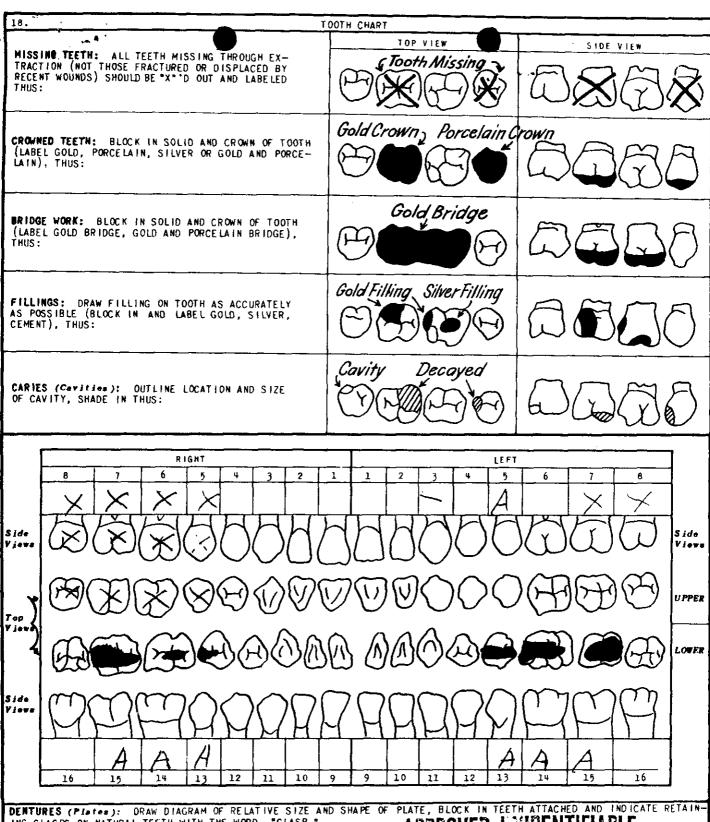
M. B. McNELAR Captain, QuiC

Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE 24 FEB 1950

·	IDENTIFIC	CATION D	ATA						
REMAINS OF UNKNOWN UNKNOWN X-4		2. DATE OF REPORT							
NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF				
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24 FEB 1950

PAUL R. NICHOLS Chief, Ident. Section

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21. REMARKS AND ADDITIONAL INFORMATION	
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APPROVED UNICENTIFIABLE
24 FEB 1950

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 Paul R. Michaela

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QMC FORM REV 11 FEB 48 1194

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RECORD OF CUSTODIAL TRANSFER

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J. A	Capt., D.C.	l l	D BY GRS OFFICER L. S. ZAPICO, 2	end Lt., Ir	ıf.

OMC FORM REV 1 APR 47 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Eighth Airms Printing Pant Bookjade

REPORT OF BURIAL Navmed - 601-(3-45)COPY e Report Ship or Station Filled Out 16 April 1946 Attached at Time of Death (iti 30) (Last) Capy of Identification Tag Name UNIDENTIFIED #4 Branch of Service Rate or Rank File or Service No. USiC Corps or Reserve Classification Race Place of Death Cause of Death GSW-KIA Guam Address of Next of Kin (If Kno.m) Name of Next of Kin (If Known) Date of Burial Date of Death 7/21/44 7/23/44 Location of Genetary Name of Cemetery Army Navy Marine Cemetery #1 Asan. Guam Grave No. Row No. Plot No. Grave Marker Type 4 2 l Cross Area Buried at Sea (Date) Religion of Deceased Type of Religious Ceremony Military Honors If no Identification Tags, other means Identification Tags found on Body used to identify body (Identification □None []2 cards, letters, etc.) Complete Dental Chart on Reverse APPROVED UNIDENTIFIABLE __ Yes 24 FED 1950 Complete Fingerprint Chart of both Hands on Reverse __Yes No No List of Personal Effects found on Body and Disposition of Same Identification Tag Attached to Marker Identification Tag Buried with Body Yes No Yes 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 USTABLISHED CELETERY, FURNISH SKETCH AND HAP REFLAENCES ON Body on Left, Name (Last, first, middle) | Rank or Rate File or Sprvice No. | Grave <u>835359</u> PFC Rank or Rate File or Service No. Grave Body on Right, Name (Last, first, middle) 3 Unidentified #3 USIC Person Conducting Burial Rites Person Reporting Burial (Name)(Rate of Rank) R. L. RIFOLFI, 2nd Lt., USECR Verified and Forwarded In Reburial, Give Location of Previous

I.N. UTZ-Col. USNC-Ass't Chief of Staff,

(SmcII)

(Fank)

Burial

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	INTERMEN	AT T	DATE C	OF REPORT	
(Supersedes GRS Form 1)	<u>_</u>	(AR 30-1810 as		• •	12	S M A	47
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Section 2.—BURIAL It of			<u></u>				
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(Yes or no)					PLOT No.	ROW No.	GRAVE No.
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DISTRIBUTION OF REPOR	T: Signed origina	al for U.S. and allied dead, sig	gned original an	d one copy for enemy			ter General
through Headquarters G	RS Officer. Copie	es for retention in theater as p	prescribed by the	sater commander.			

RESTRICTED

RESTRICTED

		Section 3	NIDENTIFIED	REMAINS						A		
	LEFT LITTLE FINGER	(a) Grandins. Fill social security planes, vehicles	(a) Great care will be taken to record the most minute clues for the future identity of claims. Fill in anatomical characteristics below, and any other clues under "Other," such cial security number; position of body found in airplanes, vehicles, and tanks; and serial ranes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and nart at left, or as many as possible. If no fingerprint or prints can be secured, the conditivery tooth will be indicated on the tooth chart in accordance with diagram below. Tooth c									
	2	every tooth accomplishe	will be indiced if one or r	ated on th nore finge	rprints ar	art in acce e secured.	ordance with	diagram below.	. Tooth char	t will not be		
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		:		18	<u> २</u>		8	70	VC	7		
•		MISSING	TEETH	70	OTH MISSI	ıG		V		₩		
	THORT THORT		\{\bar{\}}	792			DIAGRAM	REPRESENTS TI	HE MOUTH WIC	DE OPEN		
		CROWNED	TEETH /	<u> </u>			16	B	A A) if		
	-		ic U		CELAIN CI DLD CROW		15	LOWE		is		
	RIGHT INDEX FINGER	BRIDGE	MOR K	ר אַנוע	· · · · · · · · · · · · · · · · · · ·		14 ¹ 13	Y LAND	13	*		
	NGER			S)	KGOLD B	RIDGE	1	2000 M	000n			
	_							11 0000				
	AIDOLE AIDOLE	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COOL	RDINATES F	OR BURIAL IN	OTHER THAN EST	ABLISHED CEMI	ETERY		
	RIGHT MIDDLE FINGER								↑			
					É,	-						
	RING				-					(
	RIGHT RING FINGER							•				
		REMARKS:	-									
!						÷		•				
٠,	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—Hawalian, 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 DEA	тн		DATE REPO FILLED O	DRT16_4	pril 1946.	
COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)		(Middle)	
		INIDENTIFIED#	4			
	FILE OR SERVICE NO.	RANK OR RATE		BRANCH OF		
		<u> </u>		USMC	} 	
	CORPS OR RESERVE CLASSIFICAT	rion		RACE		
AUSE OF DEATH		PLACE OF DEATH	<u> </u>	<u> </u>		
GSW-KIA		Guam.				
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT	OF KIN (If kno	non)		
DATE OF DEATH		DATE OF BURIAL				
7/21/44		1 .				
I / E1 / TT		7/23/44 LOCATION OF CEME	TERY			
Army Navy Marine	Cemetery #1.		an Guan.			
GRAVE MARKER TYPE	PLOT No.	ROW NO.	 -	GRAVE NO.		
Cross	A	1		4_		
BURIED AT SEA (Date)		AREA				
TYPE OF RELIGIOUS CEREMONY	<u> </u>	RELIGION OF DECE	ASED			
Miaitary Monors.						
IDENTIFICATION TAGS FOUND ON BODY 1 2 NONE		IF NO IDENTIFICATION TAGS. OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)				
COMPLETE DENTAL CHART ON REV	/ERSE	_[
	Yes Ne					
COMPLETE FINGERPRINT CHART O	F BOTH HANDS ON REVERSE	_				
	Yes Ne					
LIST OF PERSONAL EFFECTS FOUN	D ON BODY AND DISPOSITION OF SAME	_ '				
TOTAL TION TO BURNER WITH	I Pony					
IDENTIFICATION TAG BURIED WITH BODY		IDENTIFICATION TAG ATTACHED TO MARKER				
S ASSETTITION TAGS NOT SEE			<u> </u>			
	sent. what other identification data ion extracted from Cemet		ND IN WHAT K	———		
IF BURIAL OTHI	ER THAN ESTABLISHED CEMETERY, F	URNISH SKETCH AN	ID MAP REFE	RENCES ON I	REVERSE	
	B.J B	E'd - E'd.				
BODY ON LEFT. NAME (Last, first, 7		on Either Side	I FILE OR S	SERVICE NO.	GRAVE No.	
TOPKA E. H.		Ptc	835	359		
BODY ON RIGHT, NAME (Last, first		RANK OR RATE	FILE OR S	SERVICE No.	GRAVE NO.	
Und. #3	USMC					
R.L. RIFOLFI 2dLt		PERSON CONDUCTIN	G BURIAL RITE	s	· · · · · · · · · · · · · · · · · · ·	
IN REBURIAL, GIVE LOCATION OF		VERIFIED AND FOR	WARDED		- NO	
THE PERSONNEL SIZE ESCATION OF	y	VERIFIED AND FORWARDED			JAMES RI LANE	
		L.N. UZZ-(Nome	Col., USM	(Rank)	Chief of the C	
		(2.410)	'			

DISTR	HCYL	PINO	FOR	

	. ₹					
Ĺ	Without					KINGS OF GRAVES OF
THOMB	it sr					body is unidentified, take
3	חבם	four (4) sets of finger				
•	smudging. Obtain sharp.	ESTIMATED HEIGHT	ESTIMATED WEIGH	COLOR O	F EYES	COLOR OF HAIR
		BIRTHMARKS, SCARS, OR T	ATTOOS			
i	otain					
, NDEX	sha sha	LAUNDRY MARKS		WEAPON	AND SERIAL NO	
m ×						
	mpre ear o		lf actual weight and	d height are used, c	lelete estimate	d)
	impression of lear contrast (Wrap and tie body sec	urely in a blanket.	pad covering, canva	s or other suit	able substance. Dig grave
\$ [ast o	to five feet or in hasty bu	rials, to sufficient d	lepth to prevent des	truction of boo	ly or loss of identity. Place
MIDDLE	f fingerprints. of inked ridges					Remove other identification orded, remove and forward
in E	ed r					sent, make a notation with
	dges					ent shell or other available er, one (1) foot below grave
	Clea and					are not available, use other
٢	Cleanse fingers of and intervening	suitable means to identi-	fy grave as a milita	ary grave.		
RING	finge					ot, row, and grave number
ଜ	ing of					on by means of map refer- must be specific, accurate
	pace	complete. Stand at foot				
r	of all foreign g space. Do			=		
Ç		If the body is otherwise unidental conditions in conformit				3 4 5 6 X 3
() 7 T L E	atter	para, 2318 (b) (1) & (2))(1945				郷エをフェ
Щ	matter, Roll not overink.	CHARTING EXAMPLE: (
	- ≗	Tooth No. 1, missing; No. 2, go crown; No. 4, cavity; No. 5, tw				量の分割
χ	finger	fixed bridge supplying missing	tooth No. 7; No. 9, por	celain crown (outlined))	
THE	to in	NATIONAL AND NO.		2 3 4 5	CHEEK SIDE	10 11 12 13 14 15 18
THUMB	include	Missing teeth Nos.	يو	444444	HHH	HMHHHH
_	crease	Occlusion (Type of)	2			
		<u> </u>	بخ	344488		
ת	of filrst	Malposed teeth (Describe)		2000	TONGUE SIDE	0000
ž	. 5	Pomovoble applicate	ζ	RYHYR	Mana	
DEX	. A	Removable appliances	&			元の五年五日
	int through 180°	Other defects		ーデデル	MANAI	MAHAHH
-	1 80			MPADISON WITH DECI	CHEEK SIDE	H-4 (DENTAL RECORD) REVEALS
,я З	9	Remarks			 1	רח .
אַזַסטרפּ	Inked			POSITIVE IDENTITY	SOME RESEMI	BLANCE NO RESEMBLANCE
E	JS P			(Signature of dental exc	1miner)	(Rank or rate)
	surface.					
_	1					
יג, מל	есого			Ŋ		
RING	Record Impression of			ļ		, .
	press					
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ız.						
5	ne m					
LITTLE	same motion			J		
	<u>ˈ</u>		•			

F. COPY PAC Form (9) Graves Registration REPORT OF INTERMENT UNIDENTIFIED #4 (First) (Initial) (Serial Number) (Rank) (Organization) (Last Name) Guam Island A N & M #1 (Place of death) (Name of Cemetery) (Name or coordinates of location) (Row Number) (Plot Number) (Religion, if known) One Buried with body Yes 24 FEB 1950 One Attached to marker Yes (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 (Org) (Grave No.) (Ser. No.) (Rank') (Name) 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.

BASE DEPOT REPRODUCTION

tified dead and all ten fingers of unidentified, if possible.

ТНимВ	(Signature of office merson reporting burial.)	THUMB
<u>1</u>	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.	Į.
	מ NOTE below any identifying clues found, such as letters, photographs, probable organizat- ion of deceased, etc.:	
2	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.: HDD	
ω l	the following as possible. HEIGHT: APPARENT NATIONALITY: COLOR OF HAIR: RACE IS TOOTH CHART ATTACHED?	8
4	TAKE THOSE YOU CAN, And fill in as many of TAKE FINGERPRINTS OF BOTH HANDS, If unable TAKE THOSE YOU CAN, And fill in as many of	4

ı