MCAN 293 URS, Far East

SUBJECT: Unidentificale Remains

MAR - 3 1980

70:

- 1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 20 Jenuary 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 Guar Cemetery #1, as unidentifiable.

YOR THE MANTERSACTOR GURINGLE

T. H. METZ Lt Colonel, MC Memorial Division

CC: CINCRE

٠.

<del></del>	<del></del>											
	**** · · · •											
	n nezistani i Maguili 244 - I nezistana zu etteran ni i i i i i i i i i i i i i i i i i	and a supplemental of the	DIS	INTE	RME	NT DIR	ECTIVE	PRE	API	- N -		· *** ** ** **
رره									, 117	n B	Y PH	11.00-
(17)	<u>tb</u>	<del></del>	D 15	_   4	: ۱۳۹۷) العالم	RECTIVE NU	MBER			DATE		140UM
Orang a Jawa (Awa)	SECTION A -			) [ 51]	1.	· *			)	17	OR.	50
	NAME AND BURIAL LOCA	TION OF DECEA	6ED	}		650	£170		†	DAY	MONTH	YEAR
IAME		the state of the state of		SERIAL	~	ER	GRADE		RM	RACE	RELIGION	<b>y</b>
**** *** *** *** *** *****************	10 <del>111</del> 3 - 40	i grz wardyn i z zwię sag	) . 		i)	ik sama suvee o	ori ≢no sa		عديد ه			· is is a similar
EMETERY					PLOT	ROW	GRAVE	1	<del>- ]</del> ,	DISPOSITION	ON OF R	EMAINS
Course Commission			מב <b>י</b> ים	' 1		ന്യ പ്രൂപ	1	••		7701	i i	10
	Tery asan no. 1	<del></del>		. !	1	20		Z7		CODE		DIST. CTR.
AME AND ADDRESS		SECTIO	N B — CON			NEXT OF KH		AE VILL				-
NAME AND ADDRESS	OF CONSIGNEE			ŅAI		ID ADDRESS	UF NEX	OF KIN				-
	TATES MILITARY		· ·	341.53								
TT. WE.	MCKINLEY, F. 1.	And I all Appel families	r <del>- ma</del> -> max	7.		CATAN	11.15	RATIV	B DE	CISIO	7	er, and white opposited com-
	<del> </del>		) 	1		<del>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</del>		· -				
MAME	CAR Care Care Care Care Care Care Care Care	SECTION C		ERMEN'		DENTIFICA			JB4	TE DISTIN		
NAME Paulinius Valorius (15	;··	SEMPE NUMBER		1 - 1		THE OF DEA THE COMMON				=101117		
				1-					_ †			
DENTIFICATION TAG	ON ORGANIZATION	,				RELIGION	IDE	NTIFICATI	ON VE	IFIED BY		
REMAINS	page of the grant of the control of	ng Salawa na mangana sa magalawa	jame koncorrancija.	Life is	0	ngianty agriceros as as of	± (m.c.)	part the land but is	\$1. T. F.	er <b>um</b> hang har nabh- alm	* *********** {44# ***=	
MARKER		SECTION D	PREDADAT	Bunc	. DCm.	ING EUD CH	IPMENT			N	ME AND	mitt
NATURE OF BURIAL			ZVAS			OF REMOVE			<u> </u>		<del>  </del>	ø v
· · ·				1		i e	••	·				
OTHER MEANS OF IDE		·	· · · · · · · · · · · · · · · · · · ·	1	er g feg s	DE VILMONA	A.	·	· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>
onek memno of idi one					9							
and the second of the second o	and the control of th	a i kalanda ka jiran da jiran Ka iga waga da ka kanana ka jiran	namen in de la	2		um in light of the control of the co		Na colonidad de la colonida	n i skeer	د شدست دادود بد ایست	an and a second	and the second s
ANIAN DISAFF	r / n		MC P	. , , , ,		man!== **	^	06 \				
AINOR DISCREPANCIE	S (Prepare Discrepar	ncy Report Q	4			major disc		os.)			;	
راه در این	والمراز والمراجع المجتمع والمحتموم	Freq. N. St. Andret.	الما <b>س</b> لية الراباء الماسية		المراجب				<del>-</del> .			
CONTRACTOR					ibiy <b>" (</b>	ar Grandella	.75					
REMAINS PREPARED A	ND PLACED IN CASKET			ŀ				_				
NATE				i i Bijosi	9 급			<u>.</u>				
date Casket sealed by	The state was the state of the	BY	SHOPP AND			(Siğnatür	re)		1.4 21 55 35	t man a complete traps	us no nel Cara i i i	<del> </del>
•			<b>,</b>							-	:	
THE PARTY AND			. ( v . £			TOTAL						¥1.
CASKET BOXED AND			, , , , , , , , , , , , , , , , , , ,	1		ADDRESS VEF						
. 이 의 연수를 있는 것을 받는다. DATE	C? BY		***************	+	4 m 47 6m	a a managaran da a m A managaran da a man	oyerd 	·		<del></del>	- · ·	
1 hereby	certify that all the fo					ted and a	ccomplis	hed und	der my	immed	ate sup	ervision
	eport above is correc			£''		inaeria seria s	Check Value 1.5		ماند. د معارضه و	a, was with Mate		
e de la companya de l			!	1 1							:	٠
Linguaga Objective <b>bl</b>	[•		DYAE	: ;	<u>5</u> 21.17.	SEOUND	<u>(\$</u> 180.)	WATE.				Spirit -
	**************************************					SIC	GNATURÉ	of Agrs	INSPEC	TOR	<del></del>	
EMARKS AND SPECIA	AL INSTRUCTIONS			1	**************************************	Car Company		A 17 17 17 1		NYOTA:	riji.	
ા કે					n				15	Pi	A T	
in the second se	and the second second	and the second second	<u> </u>	ánii s			* ** *	NAME	m fajar a	wor	حيا	
a un diagrafi socialización la highi el la la la la	nghiyagasan ni 2 ni katiyaga dayayana	Negligak mang i Maligi ya Makagan Maligi ya Maligi				ousan émperation de la proposition della proposi	energia de la composición de la compos La composición de la	- w · · · ·		à À		a vince estimate
		មាន <b>ិទ្ធ ១ពី</b>	i pro Ci		JIY)	. Hand	10.5					
AC FORM								<del></del>				
AC FORM V 11 FEB 48 119			12	1	:							
In el #	463		:									: د العالم
بسنوا أرانا والمالية	ف فالسنديسية				a	and the second second	· .				شدادا لللهاب	

	SIGNATURE OF RECEIVER	MING	
. on its	la va vari		
: Signad	SIGNATURE OF RECEIVER  Fig. 2745 Moreo (Ox. 2)	3TAQ	SIGNATURE ACLANDIZ
	NAME OF CONVOYER	}	KIND OF CONVEYANCE
1 1		<del> </del>	AND THE PARTY OF THE PARTY OF A STATE OF THE PARTY OF THE
<u> </u>	THE ROLL WINDS TO SELL OF		FROM
<del> ,</del>	Q3de	IIIS L	45.00
	ใช้เลา มีผู้เราการ การเกล่า New Tire ส		
<b>∌</b> t∧d	SIGNATURE OF RECEIVER	∃TAG	SIGNATURE OF SHIPPER
10 - 10			
	PRIMEDE COUNDRES And And A Darbert Charles (Charles	1 1940 to 2 o	KIND OF CONAETANCE  15 Mar 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	•	Ĵ	
<del></del>	O1	IIHS 9	FROM
		]	
		] :	
<b>JTA</b> 0	SICHATURE OF RECEIVER		
<del> </del>	NAME OF CONVOYER		KIND OF CONVEYANCE
	CONTRACTOR OF CONTRACTOR		
<del></del>		IHS 'S	ชาวิจริง (การ การ การ การ การ การ การ การ การ การ
9 . 18	18 16.77		
	1838 AM NES ANAMAN 40	Waller Red G	25 90 10 10 10 10 10 10 10 10 10 10 10 10 10
BIAG	HARRIMAN OF RECEIVER	3TAG	AICHIVING OF CHIPPER
		} }	
	NAME OF CONVOYER		KIND OF CONVEYANCE
	<b>~</b> 1	ļ	লাকেটি, টাই <b>না</b> পিত টাই আন্তৰ্গত আৰু কা
<del></del>	100	ILL TY	FROM
			· · · · · · · · · · · · · · · · · · ·
* ****	ับ โดยตามความ เพ <b>ล</b> ์ เป็น	<u> </u>	AT STATE BY A STATE OF THE POST OF THE POST OF THE STATE
3TAG	SIGNATURE OF RECEIVER	31A0	SIGNATURE OF SHIPPER
		٠,	
	NAME OF CONVOYER	<u> </u>	KIND OF CONVEYANCE
	· .		ENS THE PROOF SOLVERS AND SERVICE
	194) 10	3. SHIP	FROM
	THE STATE OF THE S		
<b>JTA</b> d	SIGNATURE OF RECEIVER	DATE	MGMATURE OF SHIPPER
	१९ वर्षा कर १९६ <mark>० । १९६१ वर्ष सम्बद्धाः । ११ । ११ । ११ । ११ । ११ । ११ । ११ । </mark>		SERVING SECTION TO I
	NAME OF CONVOYER	<del> </del>	KIND OF CONVEYANCE
en en en en Antigen	t aterbama voj i bio aerako avia bio i situk <b>ot</b> e	1	Agenta
		IHS Z	LEON CONTRACTOR AND C
7			
}			·
3TA0	SIGNATURE OF RECEIVER	DATE	SIGNATURE OF SHIPPER
سام والمساد الم		<b>.</b>	r mining and a state of the company of the state
	NAME OF CONVOYER	<del></del>	KIND OÈ CONAELANCE
	O1	,	FROM
		IHS I	
			<del></del>

RECORD OF CUSTODIAL TRANSFER

Topm  Intered 27 Feb 1050 C 2 54 Ft. Mannley  Care Annual  Cometery Superintendent					DISINTERMENT DIRECTIVE PRED BY PHILCOM							
4.33			<b>erintenden</b> Tion of Deceasei		b	_			17	02	50	
/add	NAME A	NO BURIAL LUCA	IIUN UF DEGEASE		RIAL NUME		<b>81.104</b> GRADE	ARM	DAY	MONT	H YEAR	
UNION	OWN	X - 40				,						
CEMETERT				l_	PLOT	ROW	GRAVE		DISPOSIT	ION OF	REMAINS	
USAF CEMET	ery a	SAN NO. 1,	GUAM		1	20	29		7701	1	80 DIST. CTR.	
			SECTION	- UU - 1	-						D131. CTR.	
NAME AND ADDRESS					NAME AL	ID ADDRES	S OF NEXT OF R	(IN				
UNITED ST.		MILITARY O	EMETERY	<del></del>		(BY AD	MINISTRAT	IVE DE	CISION	r)		
NAME	<del></del> -		SECTION C —			IDENTIFIC	<u> </u>		ATE DISTIN	ITERRED		
			OFFINE HOMBER		,,,,,,,	)A,E ()   D						
UNKNOWN  IDENTIFICATION TAG		40 ORGANIZATION				ELIGION	IDENTIÈ	CATION VI	23 Fe	b !!	50	
E REMAINS		OKOZINIZATION			[	1101014	PAU	L R N	ICHOL	S		
MARKER		<del> </del>	CCOTION O DE	YEDADA *101	U OF BEN	LUG FOR AL		almer	N	AME AN	D TITLE	
NATURE OF BURIAL			SECTION D — PF			OF REMAI		·			<del></del>	
	S	helter H	១។ ជ			S	keletal					
MINOR DISCREPANCIE	S (Prep	pare Discrepan	cy Report QM0	C Form 1	194a for .	major dis	screpancies.)			_		
REMAINS PREPARED A	ND PLAC	ED IN CASKET										
DATE 23 F	eb '	50	ВУ	PAUL		<del>/</del>			<b>_</b>			
CASKET SEALED BY				E	MBALMER	(Signaly	Tu	heil	/ •			
	PAUL	R NICHO	LS		PAU	LRN	ICHOLS					
CASKET BOXED AND A		RAYMOND Sgt lc.	H TANGUA	1		NDDRESS VE	CHARDSO	N 14/9	Søt.	RΔ		
l hereby	certify 1	hat all the fo	regoing operat	ions were							pervision	
and that the re	eport a	bove is correct	<b>.</b>		Ľ.	V. KI	CHARDS OF A	N, M/S		RA	<del>,</del>	
REMARKS AND SPECIA	L INSTRU	CTIONS	· · · · · · · · · · · · · · · · · · ·				MAD	<u>r</u>				
							Fil RE: Dani Mani	E LOS AS	PATATI VI P			
QMC FORM 1194	1											

# RECORD OF CUSTODIAL TRANSFER

FROM

01

SIGNATURE OF SHIPPER	3TA0	SIGNATURE OF RECEIVER	31AC					
KIND OF CONVEYANCE		NAME OF CONVOYER						
FROM		O1						
	HS 'L							
SIGNATURE OF SHIPPER	BIAG	SIGNATURE OF RECEIVER	<b>JTA</b> d					
KIND OF CONVEYANCE		NAME OF CONVOYER	· · · · · · · · · · · · · · · · · · ·					
FROM		OT .	· · · · · · · · · · · · · · · · · · ·					
	e shipped							
SIGNATURE OF SHIPPER	3TAQ	SIGNATURE OF RECEIVER	31AQ					
KIND OF CONVEYANCE		NAME OF CONVOYER						
FROM								
	P' SHII	5bED						
<b>77</b> ( 110 10 17 17 17 17 17 17 17 17 17 17 17 17 17	∃TAQ_	SIGNATURE OF RECEIVER	31AQ					
SIGNATURE OF SHIPPER	3170	SCHATIBE OF DECEIVED	3140					
KIND OE CONAEAVACE	<u> </u>	NAME OF CONVOYER						
FROM		01						
	HHS '>							
SIGNATURE OF SHIPPER	37A0	SIGNATURE OF RECEIVER	DATE					
KIND OF CONVEYANCE		NAME OF CONVOYER						
JAN DE CONKENDE								
FROM	3. SHIF	10 dad	<del></del>					
SIGNATURE OF SHIPPER	DATE.	SIGNATURE OF RECEIVER	DATE					
KIND OF CONVEYANCE		NAME OF CONVOYER						
FROM	]	03qq						
		Carecotonash res	0001					
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	0961 7 8					
THUCK		NAME OF CONVOYER						
KIND O'S CONNEXANCE  WORD O'S CONNEXANCE		US MILITARY CEMETERY						
	J							

# **HEADQUARTERS** FHILCOM ZONE A ERICAN GRAVES REGISTRATION SERVICE

19	Manuary	1950
	Date	

SUBJECT: Unidentifiable Remains

TO

: The Quartermaster Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X- 40, Plot 1, Row 20 , Grave 29 , USMC Cem #1, Asan, Guam 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 un-APPROVED UNIDENTIFIABLE identifiable. FEB 2 3 1950

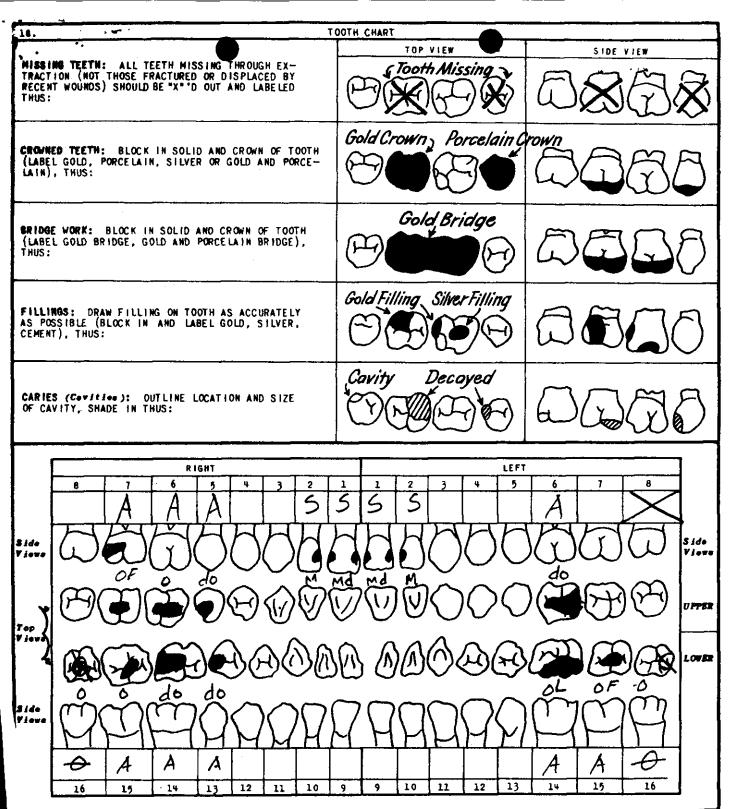
FOR THE COMMANDING OFFICER:

Captain, QaC

Chief, Records Branch

Attch: Form 1044

	IDENTIFICA	TION D	ATA		<del></del>	
,	IDENTIFICA	I I UN U	AIA			
1. REMAINS OF UNKNOWN UNKNOWN X-4	40 USMC				2. DATE OF RE	
3. NAME OF CEMETERY	+O 03MC	4. PLOT	5. ROW	6. GRAVE	T	uary 1950
J. NAME OF CEMETER		7. PLUI	2. KUW	O. GRAVE	7. DA'	<u> </u>
CEM #1, ASAN (	III 454	1	20	29		
OHM // ± , HOM	d 0 1111.					
<del> </del>	PHYSICAL C	L DESCRIPTIO	)N	<u> </u>	1	<u> </u>
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT		R OF HAIR		11. RACE	
UTD	UTD		U.	PD	UNI	K
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOUND	WITH REMA	1 NS		·	
STO STE						
NONE				•		
11						
13.GIVE DESCRIPTION OF TATE	OOS OR SCARS ON BODY AND/OR SU	ICH INFORM	IATION OBTA	LINED FROM	OTHER SOURCES	
NONE						
14. WAS BODY BURNED?	TO WHAT EXTENT?					
TES TENO	· · · · · · · · · · · · · · · · · · ·					
15. WAS BODY MANGLED?	TO WHAT EXTENT?	<del></del> -			•	
□ YES □ <b>3</b> ( NO						
16. DESCRIBE EVIDENCE OF HE	ALED FRACTURES AND BONE MALFOR	MATIONS				
						,
į.	FONE					
17 LIST EVERY ITEM OF CLOT	HING, EQUIPMENT AND PERSONAL E	FFECTS FO	UND SHOW	NG THE TY	PE COLOR \$17	E MARKINGS
SERVICE, ETC. (If lound)	ry marko are indictinct such r	notation a	hould be a	ede and s	pecimen forward	ded through
channels for examination	n when facilities are not avai	ilable in	the area)			
	NONE					
	11 01111					
	The second secon	OF ENDINE	3 300	44 × 61		
		. B	* / ;	77		
,				•		
		• Si	111 11			ļ



ENTURES (Pietom): ORAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-NG CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

1. 1.100g (A. ) 1. 12 (A. )

PAUL R. NICHOLS

Chief, Identification Sec.

19. BLACK OUT PART'S OF BODY NOT RECOVERED 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: No identification tags, burial bottle, personal effects or other means of identification found with remains. SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION 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 TYPEO NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION SIGNATURE PAUL R. NICHOLS aul R. Muhala Chief. Identification Sec.

QMC FORM 1044b

OMC FORM REV 11 FEB 48 1194

# RECORD OF CUSTODIAL TRANSFER

	7			
і. СИЎТИВЕ ОЕ ЗНІРРЕЯ	_	***	NEW TOTAL (O. EVALVA (O. C.	
PARTITION OF SHIPPER	vu <sub></sub>	- 11E	SIGNATURE OF RECEIVER	3TAQ
IND OF CONVEYANCE			NAME OF CONVOYER	<del> </del>
WOW			OT	
<del></del>	<del></del>	IHS 'L	0399	<del></del>
MONATURE OF SHIPPER		·	N# 14#3#N 10 7V0   K100	
	vuj	31/	SIGNATURE OF RECEIVER	3TAG
IND OF CONVEYANCE		·	NAME OF CONVOYER	<del></del>
WQ8		er shi	01	
<u> </u>	7	ins 3	Ų jac	<del></del>
REPRES OF SHUTANER	٧a	3T.	SIGNATURE OF RECEIVER	∃TAQ
IND OF CONVEYANCE			NAME OF CONVOYER	
BOW		IHS 'S	O1	
MENATURE OF SHIPPER	۷a	31,	SIGNATURE OF RECEIVER	3TAG
IND OF CONVEYANCE			NAME OF CONVOYER	<del></del>
КОМ			OI	
		IHS 'V	0346	
				Í
IGNATURE OF SHIPPER	¥a	37,	SIGNATURE OF RECEIVER	DATE
IND OF CONVEYANCE			NAME OF CONVOYER	
ком		<u> </u>	oi	
		3. SHIF		
IGNATURE OF SHIPPER	να	31.	SIGNATURE OF RECEIVER	31AQ
IND OF CONVEYANCE		<u> </u>	NAME OF CONVOYER	<del></del>
BOW			Oī	
<del></del>		7. SHII	obED	
IGNATURE OF SHIPPER	٧٥	31	SIGNATURE OF RECEIVER	DATE
IND OF CONVEYANCE			NAME OF CONVOYER	
		<del> </del> -		<del></del>
КОМ		1. SHI	O1	<del></del>

•	. •• • · · · ·	DENTIFICATION DENTA	L CHART		DATE	17 No	v 47
NAME (Last) First, M		40	RANK		SERIA	L NUMBER	
UNIT	214 4121 1	ORGANIZATION	CAUSE OF DE	ATH <b>known</b>	DATE	OF DEATH	
PLACE OF DEATH		PLACE OF BURIAL			PLOT	ROW 20	GRAVE 29
-	Guam	Cemetery #	19 ASKII9	TOP VIEW		<u> </u>	E VIEW
	SFLACED BY RECEI	ng through extraction (not t nt wounds) should be "x" 'd		TOOTH MIS	SING		多位的
		LID AND CROWN OF TOOTH (LABE) PORCELAIN), THUS :	L GOLD,	GOLD CROWN) PORC	ELAIN CROV		
BRIDGE WORK : B BRIDGE, 'GOLD AND		and crown of tooth (label G dge), thus :	OID	GOLD BRIDG	E FO		
FILLINGS : DRAW AND LABEL GOLD,		OTH AS ACCURATELY AS POSSIBLE (B. THUS :	OCK IN	GOLD FILLING SILVE	R FILLING		300
CARIES : (Cavities) SHADE IN THUS :	: OUTLINE LOC	ation and size of Cavity,	·	CAVITY DECA	YED (	600	
SIDE VIEWS  TOP VIEWS  SIDE VIEWS  DENTURES (Plates):	8 7 C C C C C C C C C C C C C C C C C C		PLATE, BLOCK IN T	2 3 4 5  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D  D D D  D D D  D D D  D D D  D D D  D D D  D	6 7		SIDE VIEWS  UPPER  LOWER
TEETH WITH THE WO							
SIGNATURE OF OFFI	CER OR OTHER	PERSON WHO PREPARED DENTAL C	CHART VERIFIE	D BY GRS OFFICER		<u> </u>	
2	. 4		-	MILIO S. ZA	al report	6	
L.	HO, Car	ot., D.C.	I	MILIO S. ZA	PÍCO,	2nd Lt.	, Inf.

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4472

		REST	RICTED			
WE'OMC FORM 4042 (Rev. 1.Apr. 1945)		REPORT OF	INTERME	NT	DATE	OF REPORT
(Supermedel GRS Form 1)		(AR 30-1810 a		•••	,	17 Nov 47
Imprint Identification	Tag If Possible.	Section 1.—IDENTIFICATION			<u> </u>	
DO NOT T	YPE	NAME (Last, first, middle initial)	<u></u>	· · · · · · · · · · · · · · · · · · ·	SERIA	l No.
PERME	V	UNIKNOWN #	40	Box # 3	A Company	
3 3 TOMA	<u> </u>	GRADE	ORGANIZATIO		BRAN	CH OF SERVICE
( × × 6 / ·	0			•		
\ BISINTE	Kneht /	Plot		<del></del> -		USAG
		RACE	RELIGION		NAME OF C	AN U.S. DEAD, GIVE OUNTRY
PLACE OF DEATH		CAUSE OF DEATH	-		DATE	OF DEATH
. 0	UR.M.	Unknown				
EMERGENCY ADDRESSEE (N	ame, relationship, a	nd address)			<del></del>	<del></del>
					•	ANTE C
IDENTIFICATION TAGS FOUR	ND ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION (	f unident(fied, fi	I in section 3 on reserve)
(1, 2, or none)				,	•	· · · · · · · · · · · · · · · · · · ·
	Hone	_	DDDDOVEI	UNIDENTIF	IIDE	
WERE SUBSTITUTE TAGS PR	OVIDED?(Yes or no)	H			IAULE	
	No		rep	23 1950		
LIST PERSONAL EFFECTS FO	UND ON BODY AN	D DISPOSITION OF SAME				•
Section 2.—BURIAL, It of	her than in estal	olished cometery, furnish sketc	ch and map coo	rdinates on reverse.		
NAME, NUMBER, COORDINA	TES, AND LOCATIO	N OF CEMETERY				
	Cemete	ry # 1. Asan. G	ua.m			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or		TYPE OF GRAVE MARKER	PLOT No.	ROW No. GRAVE No.
na B.a 44					7	20 29
31 Jul 44 WAS THIS A REBURIAL?	IF A REBURIAL.	INDICATE NAME, NUMBER, COOR	DINATES OF PRE	VIOUS CEMETERY, AND I	LOCATION OF G	
(Yeg of no)					PLOT No.	ROW No.   GRAVE No.
The of Delicious	PERSON CONDIT	CTING BURIAL RITES	LIF IDENTIFICA	ATION TAGS NOT USED	DESCRIBE IDE	NTIFICATION DATA AND
TYPE OF RELIGIOUS CEREMONY	PERSON CONDU	OTING BONIAL INSES	CONTAINERS	BURIED WITH BODY		
			_			
IDENTIFICATION TAG BURII BODY (Yes or no)		TIFICATION TAG ATTACHED TO RKER (Yes of no)	}	•		
BODY BURIED ON DECEASE	D LEFT, NAME (Las	it, first, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	ON GRAVE No.
Labor.	Alphonse	J.	Pfe	439664	USMC	R 30
BODY BURIED ON DECEASE			RANK	SERIAL NO.	ORGANIZATI	ON GRAVE No.
		_ <b>~</b>	0-3	374881	USEC	R 28
Ander SO SIGNATURE OF PERSON PR	n, Arthu	1 11 -1-10	Cpl SIGNATURE C	F GRS OFFICER VERIFY		<u> </u>
STORY OF LAND AND AND AND AND AND AND AND AND AND	doice	1. Copylas		his I. Fagin	ers	• • • •
	DORICO J	. ESPITAL	ETIL	10 8. ZAPI		
DISTRIBUTION OF REPO	RT: Signed origing GRS Officer. Co.	ing! for U.S. and allied dead, online for retention in theater as	signed original in prescribed by a	and one copy for enem heater commander.	y dead, to the	Guartermaster General

### RESTRICTED

	Section 3.	DENTIFIED	REMAIN	$\overline{z}$					13
LEFT LIFE	INSTRUCT (a) Green mains. Fill social secur	FIONS: reat care will I II in anatomic rity number;	be taken cal charac position o	to record cteristics lof body for	below, and und in airp	d any other o planes, vehicl	for the future id clues under "Od les, and tanks; as s. Imprint all fi an be secured, the diagram below.	ther,'' such as s nd serial numbe	hoe size, rs of air-
LET RING FINGER	every tooth accomplishe HEIGHT	will be indicated if one or n	ated on the		hart in accore secured.			Tooth chart w	
	WEAPON AND	SERIAL NO.		LAUNDRY	/ MARKS	<del></del>	WHERE BODY WA	AS BURIED OR FOU	INĐ
LEFT MIDDLE FINGER	OTHER IDENT	TIFICATION CLU	JES					:	10
LEFT INDEX FINGER	FILLINGS	s :	D/s	LVER FILL	ING IG		2 0 0	2	
LEFT THUMB	CAVITIES	,		CAVITY	Y	5 6 7 8	DA A A		7
RIGHT THUMB	MISSING		The second	OOTH MISSIN		- VM	REPRESENTS TH	<del>20</del> 0.	OPEN 16
RIGHT INDEX FINGER	BRIDGE W	ior K		GOLD B	IN .	15 (V 14) 13		) 14 13 12	
RIGHT MIDDLE FINGER	FURNISH SKET	TCH AND MAP I	REFERENCE	AND COOF	RDINATES FO	OR BURIAL IN	OTHER THAN ESTA	BLISHED CEMETER	?Y
RIGHT RING FINGER	REMARKS:		. ··						<del>-</del>
LITTLE FINGER	Riti	Condit:	ion o left	e Rem Seapu	ains: la fr	Right actur <b>ed</b>	tibia f	ractur <b>e</b> d.	•

## 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—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.

COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(.	Middle)
		UNDDENTIFIED			
	FILE OR SERVICE		<u>"                                    </u>	BRANCH OF S	SERVICE
	1			US	MC
	CORPS OR RESER	VE CLASSIFICATION		RACE	
AUSE OF DEATH		1 PLACE OF DE	ATH	1	
.,•					
GSW-KIA		Guan.			
AME OF NEXT OF KIN (If known)		ADDRESS OF	NEXT OF KIN (If kno	own)	
DATE OF DEATH		DATE OF BUR	RIAL		
		z,tz	<b>*</b> 7/31/44		
AME OF CEMETERY		LOCATION OF	CEMETERY		
rmy Navy Marine Cem	etery #1.	Asa	n Guem.		
GRAVE MARKER TYPE	PLOT NO.	ROW NO.	20	GRAVE NO.	
BURIED AT SEA (Date)	I	AREA			
YPE OF RELIGIOUS CEREMONY		RELIGION OF	DECEASED		<u>.                                      </u>
Military Honors	<b>)</b> .				
DENTIFICATION TAGS FOUND ON B	3ODY		FICATION TAGS, OTHE	R MEANS USED T	O IDENTIFY BODY
1	2	NONE		seather M	TITLADIT
COMPLETE DENTAL CHART ON REV	ERSE		<b>APPROVED</b>	UNIUEN	IITIADLE
	Yes	No	EFR	23 1950	
COMPLETE FINGERPRINT CHART OF		<u>-</u> ¬ \	LFD	•	
	Yes	Ne		<u>-</u>	
IST OF PERSONAL EFFECTS FOUND	S ON BODY AND DISPOSITION	ON OF SAME			
		LIBERTIE	ON TAG ATTACHED TO	O MARKER	
DENTIFICATION TAG BURIED WITH	BODY	_ IDENTIFICATE			_
DENTIFICATION TAG BURIED WITH	Yes [	No IDENTIFICATI		Yes	Ne Ne
	Yes	No	DODY AND IN WHAT K	·	
FIDENTIFICATION TAGS NOT PRES	Yes	No	_	·	
F IDENTIFICATION TAGS NOT PRES	Yes	No FICATION DATA BURIED WITH E	_	·	
F IDENTIFICATION TAGS NOT PRES	Yes [ SENT. WHAT OTHER IDENTIFE  Ation extracted	No FICATION DATA BURIED WITH E	ords	CIND OF CONTAIN	NER
F IDENTIFICATION TAGS NOT PRES	Yes ESENT. WHAT OTHER IDENTIFE ATION EXTRACTED	reation data buried with a from Cemetery Rec	ords	CIND OF CONTAIN	NER
F IDENTIFICATION TAGS NOT PRES INFORME IF BURIAL OTHE	Yes ESENT. WHAT OTHER IDENTIFE ATION EXTRACTED	no Fication data Buried with E	Ord B	CIND OF CONTAIN	NER
Informe  IF BURIAL OTHE	Yes ESENT. WHAT OTHER IDENTIFE ATION EXTRACTED (CONTROL OF CONTROL	reation data buried with a from Cemetery Recommendate Section 1. The complete section is a section of the complete section 1.	CH AND MAP REFE	RENCES ON R	EVERSE
Informe  IF BURIAL OTHE  BODY ON LEFT. NAME (Last, first, m	Yes ESENT. WHAT OTHER IDENTIFE ATION EXTRACTED (CONTROL OF CONTROL	reation data buried with a from Cemetery Recommendate Section 1. The complete section is a section of the complete section 1.	CH AND MAP REFE	RENCES ON R	EVERSE  GRAVE NO.
INFORME  IF BURIAL OTHE  BODY ON LEFT. NAME (Last, first, m. L. O. O.V., A. J., BODY ON RIGHT. NAME (Last, first,	Yes  SENT. WHAT OTHER IDENTIFY  ATION EXTRACTED  ER THAN ESTABLISHED (  middle)  middle)	FICATION DATA BURIED WITH E  From Cemetery Rec  CEMETERY, FURNISH SKET  Bodies Buried on Either Side  RANK OR RI  PFC	CH AND MAP REFE	SERVICE NO.	EVERSE  GRAVE NO.
INFORME  IF BURIAL OTHE  BODY ON LEFT. NAME (Last, first, m. L. O. O.V., A. J., BODY ON RIGHT. NAME (Last, first,	Yes  SENT. WHAT OTHER IDENTIFY  ATION EXTRACTED  ER THAN ESTABLISHED (  middle)  middle)	FICATION DATA BURIED WITH E  From Cemetery Rec  CEMETERY, FURNISH SKET  Bodies Buried on Either Side  RANK OR RA  PFC  RANK OR RA  CPL	CH AND MAP REFE	SERVICE NO.	GRAVE NO.  GRAVE NO.
BODY ON LEFT. NAME (Last, first, m)  ACOV AJ.  BODY ON RIGHT. NAME (Last, first, m)  ANDERSON AJ.  PERSON REPORTING BURIAL (Name)  R.L. RIDOLFI, 2dlt.	Yes  SENT. WHAT OTHER IDENTIFY  ATION EXTRACTED  FR THAN ESTABLISHED (  middle)  middle)  we)  USMCR.R.L.R.	FICATION DATA BURIED WITH E  from Cemetery Rec  CEMETERY, FURNISH SKET  Bodies Buried on Either Side  RANK OR RA  PFC  RANK OR RA  CPL	CH AND MAP REFE	SERVICE NO.	GRAVE NO.  GRAVE NO.
INFORME  IF BURIAL OTHE  BODY ON LEFT. NAME (Last, first, m  LA DOV-AJ.  BODY ON RIGHT. NAME (Last, first, m  AND CYSON AJ.  PERSON REPORTING BURIAL (Name  R.L. RIDOLFI, 2dlt.	Yes  SENT. WHAT OTHER IDENTIFY  ATION EXTRACTED  FR THAN ESTABLISHED (  middle)  middle)  we)  USMCR.R.L.R.	FICATION DATA BURIED WITH E  From Cemetery Rec  CEMETERY, FURNISH SKET  Bodies Buried on Either Side  RANK OR RA  (Rank or rage)  PERSON CON	CH AND MAP REFE	SERVICE NO.	GRAVE NO.  GRAVE NO.
IF IDENTIFICATION TAGS NOT PRES  INFORME  IF BURIAL OTHE  BODY ON LEFT. NAME (Last, first, m  Labor, A.J.  BODY ON RIGHT. NAME (Last, first, m)  Andarson, A.J.  PERSON REPORTING BURIAL (Name)	Yes  SENT. WHAT OTHER IDENTIFY  ATION EXTRACTED  FR THAN ESTABLISHED (  middle)  middle)  we)  USMCR.R.L.R.	FICATION DATA BURIED WITH E  From Cemetery Rec  CEMETERY, FURNISH SKET  Bodies Buried on Either Side  RANK OR RA  (Rank or rage)  PERSON CON	CH AND MAP REFE	SERVICE NO.	GRAVE NO.  GRAVE NO.

16-43683-1

**Q**-

٤	1		
	DISTRUCTIONS	FOR	w

г. Тнимв	1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES of ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, to 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
	So LAUNDRY MARKS WEAPON AND SERIAL NO.
NO EX	acine College
	(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 grates to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity.
L MIDDLE	enly 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 we pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other availance.
r	marker. If no tag is available, write identifying data on marker. When pegs are not available, use of suitable means to identify grave as a military grave.
RING	marker. If no tag is available, write identifying data on marker. When pegs are not available, use of suitable means to identify grave as a military grave.  2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave numbers of 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, accurately complete. Stand at foot of grave facing head to determine bodies buried to the left and right.
ר. נודדנב	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).
ТНОМВ	Missing teeth Nos.
	Occlusion (Type of)
<b>,</b> zi	Malposed teeth (Pescribe)
Z DEX	Removable appliances
	Other defects  Other defects
₽. MIDDLE	Remarks  COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEA
<u> </u>	(Signature of dental examiner) (Rank or rate)
R. RING	N Record Impression
R. LITTLE	n of same motion

(Serial Number) (Rank) (Organization)

(Last Name)

(Grave Number)

REPORT OF INTERMENT

(Initial)

1811411011	К
דיאידי באוחד ביד בידי	#40

	_	 	 	
UNIDENTIFIED	#40			

(First)

	.A N & M #1	Guam Island
(Place of death)	(Name of Cemetery) (Na	me or coordinates of location
29	201	

Disposition of identification tags:	One Buried with body Yes No
APPRIVATION TO THE PROPERTY OF THE PARTY OF	One Attached to marker Yes No

(If no identification tage, what means of identification are buried with body?) FEB 2 a 1500

```
(If no identification tags, but identity definitely established, give particulars)
BODY BURIED ON RIGHT
```

(Ser. No.) (Rank) (Org) (Grave No.) (Name) BODY BURIED ON LEFT

(Row Number) (Plot Number) (Religion, if known)

(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.

BWIIHT	(Signature of offication person reporting burial.)		THUMB
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		
	NOTE below any identifying clues found, such as letters, photographs, probable organizat- ion of deceased, etc.:		P-4
2	birthmarks, moles, deformities, etc.: U	HAND	
	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars,	LEFT	7
<b>ن</b> ى	12 TOOTH CHART ATTACHED?  COLOR OF HAIR: RACE  COLOR OF EYES: NUMBER OF RIFLE:  LEUNDRY MARKS:  LEUNDRY MARKS:		m
	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.		
	IE DECEVEED ANIDENTIFIED		4

Navmed -601(3-45)COPY te Report Ship or Stration 11ed Out 15 Apr 46 Attached at Time of I (liiddle) Capy of Identification Tag Name (Last) (First) UNIDENTIFIED #40 File or Service No. Rate or Rank Branch of Service USMC Corps or Reserve Classification Race Place of Death Cause of Death GSW-KIA Guam Address of Next of Kin (If Known) Name of Next of Kin (If Known) Date of Burial Date of Death 7/31**/\$**4 Location of Cemetery Name of Cemetery Asan Guam Army Navy Marine Cemetery #1 Grave Marker Type Grave No. Plot No. Row No. 29 1 20 Cross Area Buried at Sea (Date) Religion of Deceased Type of Religious Ceremony Military Honors Identification Tags found on Body If no Identification Tags, other means used to identify body (Identification []2 cards, letters, etc.) Complete Dental Chart on Reverse Yes Complete Fingerprint Chart of both Hands on Reverse No Yes Hist of Personal Effects found on Body and Disposition of Same

Identification Tag Buried with Body

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 CHEETERY, FURNISH SKETCH AND HAP REFERENCES ON REVERSE

Labor, A.J. PFC 439664 30
Body on Right, Name (Last, first, middle) Rank or Rate File or Service No. Grave
Anderson, A.J. Cpl 374881 28

Person Reporting Burial (Name) (Rate of Rank)

Body on Left, Name (Last, first, middle)

(Name)(Rate o. 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 Ass't Chief of Stf (Name) (Early) (Fire G-1

Rank or Rate File or Service No. Grave