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# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. 2nd (Musc.) Eluan #1 X2, X3, X4, X9, X10

SYNOPSIS AND DATES

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NEW CLASSIFICATION 293 Unk (Asin) Guam #1 12

10/5/50

## RECLASSIFICATION SHEET

QMC Form 857 (Revised 6-27-42)

16-20400-1 W. S. GOVERNMENT PRINTING OFFICE

ONCOM 293 GRS, Fer East

SUBJECT: Unidentifiable Hemains

TO:

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

- 1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 20 January 1950, subject: Unidentifiable Remains.
- 2. This Office concurs in the classification of Unknowns X-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

Unknown X-9, Cemetery #1, Asan, Guam

#### STATEMENT

The name "HOFFMAN" which appears on attached papers has been checked against Navy, Marine, and Army casualties of that name with negative results.

William M. Galasso, Investigator

The name "HOFFMAN" has been checked with Army casualties but a casualty by that name could not be associated with subject remains at this time.

Clarence C. Salser
Identification Section

9 March 1950

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# HEADQUARTERS FHILCOM ZONE AMERICAN GRAVES REGISTRATION STEED NO

19 Jan. 1950 Date

SUBJECT: Unidentifiable Remains

TO : The Guartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-9, Plot A, Row 2, Grave 13, USMC Cemetery #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:

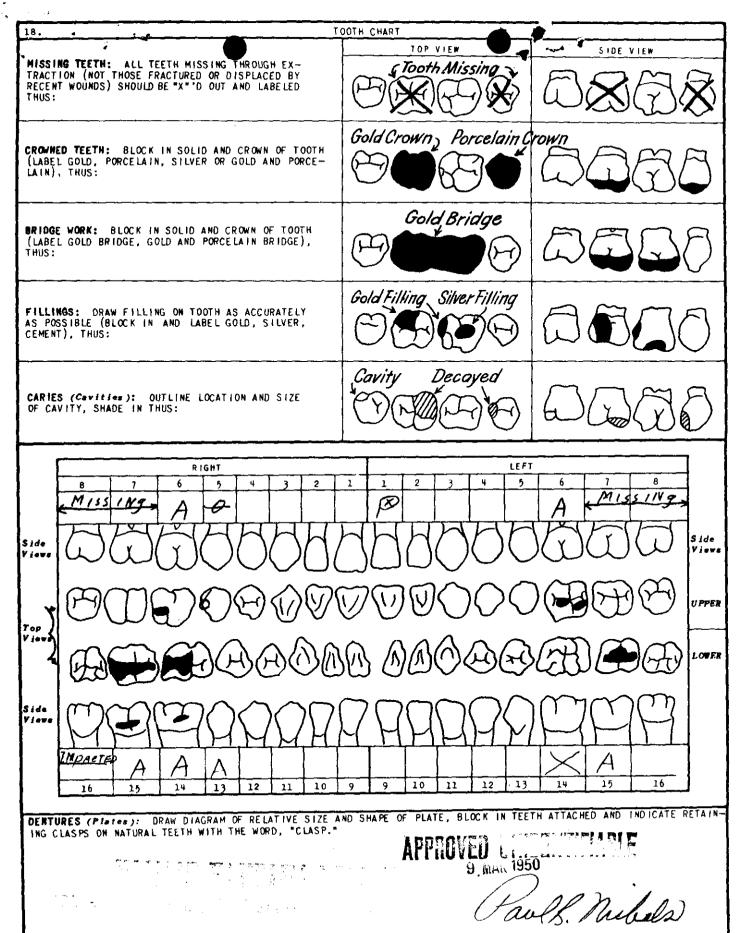
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Chief, Alcords Branch

Attch: Form 1044

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PAUL R. NICHOLS Chief, Ident. Section

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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 Jave A. Michaels

LOG JEW DISINTERMENT DIRECTIVE DIRECTIVE NUMBER DATE SECTION A --6320 00000 10 48 15 NAME AND BURIAL LOCATION OF DECEASED DAY NAME SERIAL NUMBER GRADE RACE RELIGION 794, UNKNOHNK-000009 б Q 0 CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS GUAN 1 MARIANAS IS 7701 80 CODE DIST. CTR. SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE DECISION) SECTION C - DISINTERMENT AND IDENTIFICATION NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED UNKNOLI K-9 Unknown **Unknown** 21 Jul 44 11 Dec 47 IDENTIFICATION TAG ON RELIGION ORGANIZATION IDENTIFICATION VERIFIED BY Ud Conerly, Capt. 2.0. REMAINS UNKNOWN Unknown MARKER MARKE AND TITLE SECTION D - PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL ONDITION OF REMAINS Nature of shroud undetermined Skeletal femains, incomplete OTHER MEANS OF IDENTIFICATION mortuary Plate MINOR DISCREPANCIES (Prepare Report QMC Form 1194a for major discrepancies.) None REMAINS PREPARED AND PLACED DATE 22 Sept 40 CASKET SEALED BY C R Vanderbilt, Emb. CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY E Kellj i Chelofsky, Clerk I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

DATE 22 Sept 48 BY

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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RECORD OF CUSTODIAL TRANSFER

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CROWNED TEETH: BLOCK IN SO PORCELAIN, SILVER OR GOLD AND	LID AND CROWN OF TOOTH (LABEL PORCELAIN), THUS :	GOID,	GOLD CROWN ) PORCELA	IN CROWN		
BRIDGE WORK; BLOCK IN SOLID BRIDGE, GOLD AND PORCELAIN BRI	AND CROWN OF TOOTH (LABEL GO	סוס	GOLD BRIDGE	(P)		
FILLINGS: DRAW FILLING ON TOO AND LABEL GOLD, SILVER, CEMENT)	OTH AS ACCURATELY AS POSSIBLE (BL., THUS:	OCK IN	GOLD FILLING SILVER FIL	TIME		100
CARIES: (Covition): OUTLINE LOC SHADE IN THUS:	ation and size of Cavity,	,	CAVITY DECAYED			
SIDE VIEWS  TOP VIEWS  SIDE VIEWS  16	<del></del>		100000 1000000000000000000000000000000		8  9  9  16  16	SIDE VIEWS UPPER LOWER
TEETH WITH THE WORD, "CLASP."						
Remarks	: Portion conta	in <b>in</b> g F	1-6, R-7, R-8,	L-7, 8	& L-8 n	issing.
			LE B OLEW & BERTHAN THE BOTTOM	,		
SIGNATURE OF OFFICER OR OTHER	PERSON WHO PREPARED DENTAL C		IFIED BY GRS OFFICER			
F. HO. Ca	pt. D.C.		E. S. ZAPICO.	2nd Li	t. Inf	

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

403

Num d - 601 (3-45)				bate Rep	ort	
Ship or Station Attached at Time of Death						5 April 1946
ppy of Identification Tag.	Name (	Last)	(7,	irst)	(	inddle)
	File or Serv	UNIDENTI	FIED #2			
	File or Serv	ice No,	Rate o	r Rank	Branch	of Service,
	Corps or Res	anva Cla	ecifica	tion	USI Race	
	Corps of Res	101 10 010		,		
ause of Death		Place o	of Death			A ANDREAS OF THE PARTY OF THE P
GSW-KTA Jame of Next of Kin (If Known	1)	Address	Guam of Nex	t of Kir	ı (If Kı	own)
Date of Death	Territoria de la composição de la compos	Date of	Burial	. <u> </u>		y - y - y - y - y - y - y - y - y - y -
7/21/44			7/23/W			
Name of Cemetery		Locatio	on of Ge	ometery		
Army Navy Marine Cemeter Grave Marker Type	r#1 Plot No.	Row No.	Asan, C	uam.	Crave	No.
	1	1	2		13	
Cross Buried at Sea (Date)	-	Area				
Type of Religious Ceremony	The second s	Reliĝi	on of De	eceased		daniman ngangan katan mga ngangan ng mga mara
Military Honors						gan algebragher (palation)by talvelgende von d der Gregor (producelle desiries velle)
Identification Tags found on	Body None	used t	o ident	ication ify body s, etc.)	(Idenbi	her means fication
Complete Dental Chart on Rev Yes	erse _No		elia de el	السائدة المائدة الما		
Complete Fingerprint Chart of			9 MA			March 1916
on Remoree	No				·	المستعمرين
List of Personal Effects for		d Dispos	ition o	f Same		-
			På solå o	on Thomas	tachod:	to Harker
Identification Tag Buried wi		identi	TICHULO		oacnea	No neirei
	No	other Te	Ronticio	Yes	eta buri	
If Identification Tags not what Kind of Container	present, What	Opiter, To	(3110.L1 IC	COLOIL DO	, <b>, , ,</b> , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •
Information extracte						
IF BURIAL OTHER THAN DSTABLE REVERSE	ISHED CELETERY	, FURNIS	SH SKETO	H AMD E	AP REFER	ences on
Body on Left, Name (Last,fi	rst, middle)	Rank o	or Rate	File or	Sorvice	No. Grave
Hajbowicz, F.J.		Ср		451 4		14
Body on Right, Name (Last, f	irst <sub>e</sub> middle)	Rank	or Rate	File or	Service	No. Graves
Katz. B. Person Reporting Burial (Nan Rank)	me)(Rate or	PEC		505 59 cting Bu		es
R.L. RIDOLFI, 2nd Lt., U			ر مشکر میشود. در مشکر میشود در مشکود میشود می			
In Reburial, Give Location				Forwarde		
Burial		L. N	UTZ-C	ol., USM	C-Assit (Lank)	Chief of Sta

		RESTI	RICTED				
WD QMC FORM 1042 (Rev. I Apr. 1945)		REPORT OF	INTERMEN	T	DATE OF	REPORT	
(Rev. I Apr. 1945) (Supersedes GRS Form 1)		(AR 30-1810 a			1	2 Hoy	47
Imprint Identification T	ag If Possible.	Section 1.—IDENTIFICATION	<del></del> _		1	<del></del>	
DO NOT TY	P.E.	NAME (Last, first, middle initial)			SERIAL I	to.	
( 10 d		UNIDEN TIFIE	D #9	Box # :	245		
PARPORT OF	_ \	GRADE	ORGANIZATION		BRANCH	OF SERVIC	E
/ K DISINTERN	ENT O				ं   ए	ismc	
(1)		RACE	RELIGION		IF OTHER THAN NAME OF COU	U. S. DEAL NTRY	), GIVE
PLACE OF DEATH	· 	CAUSE OF DEATH	<u> </u>		DATE OF	DEATH	
Ouam	•	Unk	nown			21 Jul	Ly 44
EMERGENCY ADDRESSEE (Na	me, relationship, a	<u></u>			<u></u>	<del>-</del>	
·	•	·					
		Les up reco FOUND ON DODY	DECORPE MEANS	OF IDENTIFICATION (1	6 13 18 a 3 . 6 T . 1		
IDENTIFICATION TAGS FOUN (1, \$, or none)	D ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION (I	, nutaentijoed, jaa t	n section 2 d	n receipe)
)	one		APPR	OVED LIVE		er ا الميا	
WERE SUBSTITUTE TAGS PRO	WIDED?(Yes or no	Cross ta	g		- [ 4   [ ] [ ] [ ] [ ] [ ]	72 AM	
	io.			<b>₽</b> ##87 10 °			۰. یع
LIST PERSONAL EFFECTS FOR	<u> </u>	D DISPOSITION OF SAME					
TAO BUC	es ener i	ocket comb four	M Charles	ou water a wa			
Section 2.—BURIAL If of	her than in esta	blished cometery, furnish sket	h and map ocore	dinates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATIO	N OF CEMETERY					
	49	Acon Anom					
DATE OF BURIAL	ery #1	BURIED IN (Shroud, blankel, or	name of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
23 July 44				MARKER	7.	2	13
WAS THIS A REBURIAL?	IF A REBURIAL	I INDICATE NAME, NUMBER, COOR	DINATES OF PREV	IOUS CEMETERY, AND L	OCATION OF GRA	VE	<u> </u>
(Yes or no)						ROW No.	GRAVE No.
TYPE OF RELIGIOUS	PERSON CONDU	ICTING BURIAL RITES	IF IDENTIFICAT	TION TAGS NOT USED.	DESCRIBE IDENT	FIFICATION	DATA AND
CEREMONY			CONTAINERS	BURIED WITH BODY			
			_				
IDENTIFICATION TAG BURIE BODY (Yes or no)		NTIFICATION TAG ATTACHED TO ARKER (Yes or no)					
DODY BURIED ON OFCERCED	LECT NAME (Z.		RANK	SERIAL NO.	ORGANIZATION	GRAVE	E No.
BODY BURIED ON DECEASED	LETI, NAME IDE	u, pros, made retide)	, AAAA				
John, Fre	ink H.		Cpl	451450	USMC	R	14
BODY BURIED ON DECEASED	RIGHT, NAME (L	ast, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAV	E No.
Kats, Ber	rnard		Pre	505593	USMC	R	12
SIGNATURE OF PERSON PRE	PARING REPORT	D8.40		GRS OFFICER VERIFY	NG REPORT		
1	derin	/ / · · · //	Correct T	O S. ZAPIC	0. 2nd L	<b>.</b> T	nt_
TEO	DORICO F	SSPITAL	PETITI	U D. ARTIU	· , zus u		

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

<del></del>		Section 3.—UNIDENTIFIE	D REMAINS			<b>J</b>		
2. 1 • C. 2.	LEFT LITTLE FINGER	instructions:  (a) Great care will mains. Fill in anaton social security number	Il be taken t nical charact; position of	o record the n teristics below f body found i	r, and any other n airplanes, vehic	clues under "Oth les, and tanks; and	ntity of unidentified re- er," such as shoe size, d serial numbers of air- gers and thumbs in the e condition of each and	
	<b>₽</b> ⊏ }——————		coLor of		n accordance with ured. OR OF HAIR	s. Imprint all fingers and thumbs in the an be secured, the condition of each and a diagram below. Tooth chart will not be		
<del>-:</del> -		WEAPON AND SERIAL NO.		LAUNDRY MAR	KS	WHERE BODY WAS	BURIED OR FOUND	
	LEFT MIDDLE FINGER	OTHER IDENTIFICATION C	LUES		<u>-</u>	1		
	LEFT INDEX FINGER	FILLINGS	ę eu	VED EULIMA			·	
<del></del>	LEFT THUMB	CAVITIES		VER FILLING LD FILLING -CAVITY -DECAYED	4 کره			
	, 	MISSING TEETH	700	TH MISSING	- 3			
	RIGHT THUMB	CROWNED TEETH		TELAIN CROWN	3731	REPRESENTS THE	MOUTH WIDE OPEN	
•	RIGHT INDEX FINGER	BRIDGE WORK		-GOLD BRIDG	15	LOWER LOWER	) 15 14 0 13 0 12	
	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAR	REFERENCE	AND COORDINA	TES FOR BURIAL IN	OTHER THAN ESTAB	O 11	
	RIGHT RING FINGER	REMARKS:			·	•		
	RIGHT LITTLE FINGER	Condit:	lon of and d	Remains letached	s Right from hea	head frac id. Right	tured. Ma→ tibin b#eken	

### REPORT OF BURIAL NAVMED-401 (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		REPORT 15 April 1940.			
COPY OF IDENTIFICATION TAG	NAME	(Last) (First)	(Middle)			
	l t	NIDENTIFIED #9				
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE			
	CORPS OR RESERVE CLASSIF	ICATION .	USMC			
	CORPS OR RESERVE CLASSIF	ICATION	RACE			
CAUSE OF DEATH		PLACE OF DEATH				
GSW-KIA		Guen				
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF KIN (I	f known)			
DATE OF DEATH		DATE OF BURIAL 7/23/44				
NAME OF CEMETERY		LOCATION OF CEMETERY				
Army Navy Marine Cer	metery #1.	Asan Guam.				
GRAVE MARKER TYPE	PLOT No.	ROW NO.	GRAVE No.			
Cross	A	2	13			
BURIED AT SEA (Date)		AREA				
TYPE OF RELIGIOUS CEREMONY		RELIGION OF DECEASED				
Military H	onors.					
IDENTIFICATION TAGS FOUND ON E		IF NO IDENTIFICATION TAGS. Of (Identification cards, letters, etc.)	THER MEANS USED TO IDENTIFY BODY			
1	2 NONE					
COMPLETE DENTAL CHART ON REV			1 2 2 Land & Bill Experience			
COMMITTE FINACEDERINE CHART OF	Yes No	S MAT 1950				
COMPLETE FINGERPRINT CHART OF	Yes No	<b>5</b> ₹	ROS INTA			
LIST OF PERSONAL EFFECTS FOUND	D ON BODY AND DISPOSITION OF SAME	<u> </u>				
IDENTIFICATION TAG BURIED WITH	BODY	IDENTIFICATION TAG ATTACHE	D TO MARKER			
	Yes No		Yes No			
	SENT, WHAT OTHER IDENTIFICATION D					
/Nameuer:	rwar a rambed ou oere.)	Information extracte	d from Cemetery Records			
IF BURIAL ATUE	O THAN FETADI ICUEN OFMETERS	/ FURNISH SVPTOH AND READ BY	TERRITORS ON REVERSE			
- IF BURIAL OTHE	R THAN ESTABLISHED CEMETERY	, FORNISH SKEICH AND MAP RI	EFERENCES ON REVERSE			
		ied on Either Side				
BODY ON LEFT. NAME (Last, first, n	niddle)		OR SERVICE NO. GRAVE NO.			
BODY ON RIGHT NAME (Last, first,	E de la companya de l		1450 14			
DUDT ON RIGHT. NAME (Last, pret)	· interace;		OR SERVICE NO.   GRAVE NO.			
PERSON REPORTING BURIAL (Nam	(Rank or p		0010			
			. 21			
R.L. RIDOLFI 2dlt. IN REBURIAL GIVE LOCATION OF	PREVIOUS BURIAL	VERIFIED AND FORWARDED	W.			
	/	m	James 1			
		L.M. UTZ-Col., US	MC-ABOY Chy S-MARINE CARE			
		(Name)	(Rank) (Title)			
	···		16-43683-1			

	)	<u>₹</u>				<del> </del>			
	r\	When unidentifi without smudging.	1. IDENTIFICATION, PREPARATI	ON OF BODY	, BURIAL AND MAS	RKINGS OF GRAVES OF			
	. ≠	Š.	ISOLATED BURIALS. Have body						
	THUMB	žž	four (4) sets of fingerprints of all a						
	- <del>2</del> 5 ∤	e in in	ESTIMATED HEIGHT   ESTIMATED	WEIGHT	COLOR OF EYES	COLOR OF HAIR			
	_	ng. enti	\{						
		og	BIRTHMARKS, SCARS, OR TATTOOS		<u> </u>				
	ŗ	btai							
•	I	ed, take rolled Obtain sharp,	Time and the pure						
	INDEX	70	LAUNDRY MARKS		WEAPON AND SERIAL N	<b>5</b> .			
	×			·	<u> </u>				
	ļ	impr	(If actual weig	ht and height a	ire used, delete estimat	ed)			
	—- į	ression of fingerprints, contrast of inked ridges				·			
	r :	it on	Wrap and tie body securely in a bla	nket, pad cover	ring, canvas or other sui	table substance. Dig grave			
	7	5 of 1	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						
	MIDDLE	100							
	ברי ברי	ked	tag and attach to grave marker (whe						
	'"	rid:	to BuPers, Marine Corps, or Coast G pencil of identifying data on form in						
	<del></del> i	ges.	container which can be made watertig						
	7	2≥d	marker. If no tag is available, write is						
	Ŀ	inse	suitable means to identify grave as a						
	2	Cleanse fingers c	2 LOCATION OF GRAVE Passed	huriale in acto	hlished cemetaries bu -	dat your and arous			
	RING	enir	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 refer-						
	-	S of	ences, or by reference to prominent,						
		of all foreign g space. Do	complete. Stand at foot of grave fac						
	ĺ	e or							
	_ 「	Dog:	If the hody is otherwise unidentified or find	zernrints unahtain	ahia chart tha	•			
	חודר								
	7	matter. Roil not overink	para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.						
	in	erin	CHARTING EVALUE E. (Chart Caulting i	- BLACK: 045		脚ででの脚			
	ļ	× 2	CHARTING EXAMPLE: (Chart Cavities i Tooth No. 1, missing; No. 2, gold inlay and tw						
		1	crown; No. 4, cavity; No. 5, two porcelain or te	mporary fillings; N	las. 6, 7, 8, gold 🗀 🕒				
	ح. ح.	finger	fixed bridge supplying missing tooth No. 7; No.	o. 9, porcelain crow	n (outlined).	_			
	₹	ಕ			CHEEK SIDE				
	ВМОНТ	include	Missing teeth Nos.	_ 1 2 3	4 5 6 7 8 9	10 11 12 13 14 15 18			
	ā	эде		_  ێ۬ڔٳێڔٳ؊	HHHHHH	MUHHHHH H			
	(	crease	Occlusion (Type of)		J222227				
					$XX \boxtimes \emptyset $				
	- T	9	Malposed teeth (Describe)		TONGUE SID				
	70	first	, , , , , , , , , , , , , , , , , , , ,	5000	700	20000			
	INDEX	흐	Removable appliances		HHHM	$^{\circ}$			
	₽!	. <del>.</del>	Removable appliances			にてては日日日			
		nt through	Other defeate	二 どうじん					
			Other defects	J7 18 1	19 20 21 22 23 24 25 2	26 27 28 29 36 31 32			
	77	180°	Dame also	COMPARISON	WITH DECEASED NAVMED	H-4 (DENTAL RECORD) REVEALS			
	- 1	9	Remarks	-1 (-	<b>└</b> ~₹	ר־ד			
	₫	=		POSITIVE	IDENTITY SOME RESEM	IBLANCE NO RESEMBLANCE			
	MIDDLE	inked		(Signature	of dental examiner)	(Rank or rate)			
	."	surface		(5.4)	oj deimat examener)	(Italik of fate)			
	[	ace	[						
	]	.							
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	חזור	motion				ì			
and the second second	m ∤.	3 ∦	· · · · · · · · · · · · · · · · · · ·	•		,			
		<u> </u>							
REPORT OF BURIAL (Back	) [	MVAP	ED-601 (3-45)		18-43693-1 10	U. S. GOYERNMENT PRINTING OFFICE			

F.M.F. PAC Form (9) Graves Registration

REPORT OF INTERMENT

UNIDENTIFIED #9

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

A N & M #1

Guam Island (Name of Cemetery) (Name or coordinates of location)

(Grave Number)

(Last Name)

(Place of death)

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

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\_

Disposition of identification tags: One Buried with body Yes 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)

No

No 🗀

BODY BURIED ON LEFT

BODY BURIED ON RIGHT\_\_\_\_\_

(Name)

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

(Ser. No.) (Rank)

(Ser. No.) (Rank) (Org) (Grave No.)

(Org) (Grave No.)

BASE DEPOT REPROSHICTION

ТНІМВ	nosted of fice of prison of signature of office of person (.1situd gniftoger		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 organization of deceased, etc.:		
2	(If possible, have medical personnel take a tooth chart)  In space below, locate and describe any scars, a birthmarks, moles, deformities, etc.:	LEFT HAND	7
ω`	the following as possible.  HEIGHT: APPARENT NATIONALITY:  MEIGHT: RACE  COLOR OF HAIR: RACE  IS TOOTH CHART ATTACHED?		٣
4	IF DECEASED UNIDENTIFIED TAKE THOSE YOU GAN, And fill in as many of TAKE THOSE YOU GAN, And fill in as many of		4