

/bpm

Interred 26 April 1950
L 5 38 Ft. McKinley

DISINTERMENT DIRECTIVE

1

Cursetmark

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6322 81578

DATE

20 04 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-10					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGANA NO. 3, GUAM	A	19	7	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-10				21 April 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
21 April 1950	PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL P NICHOLS	<i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
RAYMOND H TANGHAY DATE 21 Apr 50 BY Sgt 1c, BA	L. W. RICHARDSON, M/Sgt., RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*not
6/9/69
L. W. Richardson
Reported*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

U S MILITARY CEMETERY

KIND OF CONVEYANCE
TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

Guerrero
APR 26 1950

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6002 2170

20 04 50
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN I - 20

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

UNAF CEMETERY AREA NO. 3, GUAM

A

20

7

7701
CODE

80
DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY
FT. W. MEADE, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

REMAINS

MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF INSPECTOR

FILE RECORDS ANNOTATED
DATE 4/20/50
NAME [Signature] BR. MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS

Incl #15

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

2. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

6. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

7. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

LC *Bess*

1

H803 H
R/S
F/S
F 61

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6322 00000		DATE 15 11 47 DAY MONTH YEAR		
NAME <i>UNKNOWN</i>				SERIAL NUMBER X-000010		RANK		ARM 3
CEMETERY GUAM NO 3 AGANA						DATE OF DEATH 0 0391 63 CODE DIST. PT.		
PLOT A	ROW 19	GRAVE	COUNTRY 7 MARIANAS			CAUSE OF DEATH 6		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUAM NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000010	RANK Unk	DATE OF DEATH 15 Aug 44	DATE DISTINTERRED 9 Dec 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USMC	RELIGION Unk	IDENTIFICATION VERIFIED BY U E CONERLY, Capt USMC NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasted.	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET DATE 13 Aug '48 BY V R WILLIAMS, Emb	CASKET SEALED BY C L MATTHEWS, Emb	EMBALMER (Signature) <i>J E Speer</i>
CASKET BOXED AND MARKED DATE 13 Aug '48 BY P MABAZZA	SHIPPING ADDRESS VERIFIED BY J E MORRIS, Clerk	

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

F. J. De Groodt
SEP 1 1949
F J DE GROODT, Capt CMP
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	US MAUSOLEUM (SAIPAN MI)	TO	PORT STORAGE OFFICER (SAIPAN MI)
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		JOHN H. LOTT, Maj CMP			
DATE	13 Aug 48	DATE	13 Aug 48	SIGNATURE OF RECEIVER	
2. SHIPPED		FROM	AGRS PORT (SAIPAN, M.I.)	TO	Transport Commander
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	6 Oct. 48	DATE	6 Oct. 48	SIGNATURE OF RECEIVER	
3. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	
4. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	
5. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	
6. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	
7. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	
8. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	
9. SHIPPED		FROM	USAF DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		ROBERT G. SNOWDEN, 1st Lt. Inf.			
DATE	10 Oct 48	DATE	10 Oct 48	SIGNATURE OF RECEIVER	

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-10				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Com. 3, Agaña, Guam		4. PLOT 2A	5. ROW 19	6. GRAVE 7	7. DATE OF DISINTERMENT REINTERMENT 5 Nov 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UID	9. ESTIMATED HEIGHT 5' 5-3/4"	10. COLOR OF HAIR UID	11. RACE UID
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


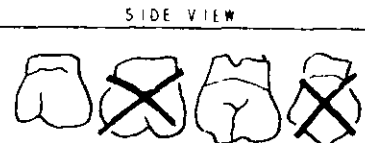






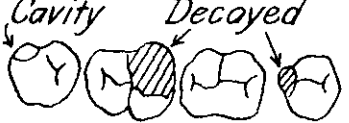

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

A pair of shoes, one hunting knife case and one kit with knife and plier enclosed with remains.

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Z.
H. W. HARRIMAN
 Captain, OMC
 Operations Officer
 AGRS, Marine Corps

JRO

19. TOOTH CHART		
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
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:		

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

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

Certified true copy: *H. W. Harriman*
 H. W. HARRIMAN
 Captain, QMC
 Operations Officer

Marion C. Teague

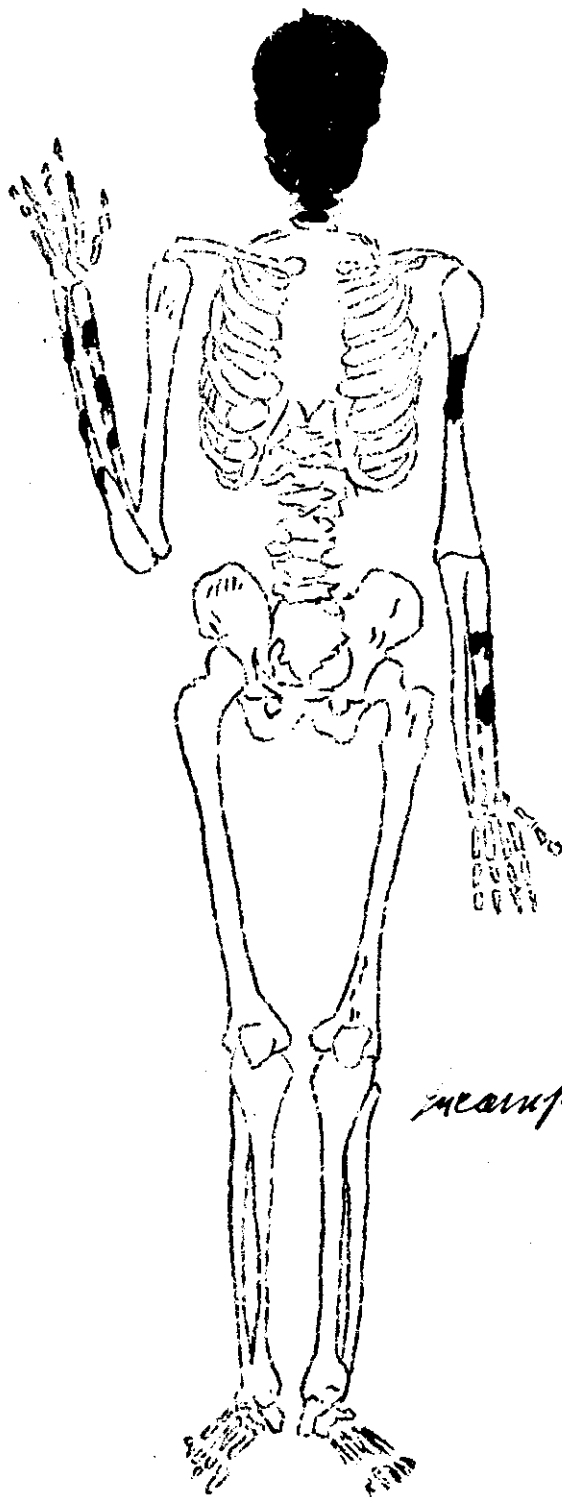
/s/ Uldric E. Conerly, Capt., T.O.

(Name)

(Rank)

(Ser. No.)

(Br of Sv)



incomplete Skeleton

SKELETAL CHART

RESTRICTED

WD OMC Form 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 6 Nov 47
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Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center; width: 150px; margin: 10px auto;"> REPORT OF DISINTERMENT </div>	Section 1.—IDENTIFICATION	
	NAME (Last, first, middle initial) UNKNOWN # 10 Box # 58	
	GRADE	SERIAL No.
	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guam	CAUSE OF DEATH Unknown	DATE OF DEATH
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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)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

One hunting knife case and one kit with knife and pleyer found and enclosed with remains, wrapped in shalter half.

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 3 Agana, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				A	19	7

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Knight, Irwin L	RANK Pfc	SERIAL No. 456656	ORGANIZATION USMC	GRAVE No. 8
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Rieh, Gerald M	RANK Cpl	SERIAL No. 323750	ORGANIZATION USMC	GRAVE No. 6
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SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico J. Espital</i> TEODORICO J. ESPITAL	SIGNATURE OF GRS OFFICER VERIFYING REPORT <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.

STATION 100

RESTRICTED

RESTRICTED

Section 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.

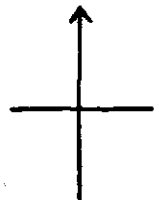
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

Condition of Remains: Left humerus, left radius and right radius, right ulna are broken. Skull is missing.

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 _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNIDENTIFIED #10	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USMC
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH USW-KIA	PLACE OF DEATH Guam
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH 7/21/44	DATE OF BURIAL Temp Burial 9th Cem. Reinterred 6/15/44
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NAME OF CEMETERY Army Navy Marine Cemetery #3.	LOCATION OF CEMETERY Agana Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 19	GRAVE NO. 7
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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
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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) Knight, L.L.	RANK OR RATE PFC	FILE OR SERVICE NO. 456656	GRAVE NO. 8
BODY ON RIGHT. NAME (Last, first, middle) Rich, G.M.	RANK OR RATE Cpl.	FILE OR SERVICE NO. 323750	GRAVE NO. 6

PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt, USMCR.	(Rank or rate)	PERSON CONDUCTING BURIAL RITES J. L. ...
--	----------------	--

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED J. L. ... L.N. ... Col., USMC-Ass MGRS. ...
---	--

(Name) (Rank) (Title)

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. _____

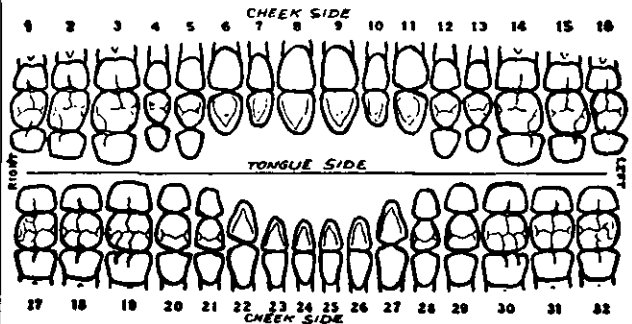
Occlusion (Type of) _____

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

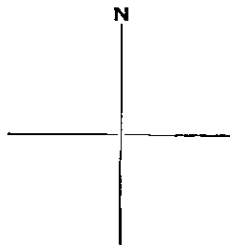
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



1. This case Unknown I -10 has
been reviewed and the recommendation of the Field as
unidentifiable due to lack of sufficient identifying
data is approved.

2. These remains were (^{buried} ~~transferred~~) in

Guam + 3 again

Ind & fld

7 Dec 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-10				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agana, Guam	4. PLOT AAA	5. ROW 19	6. GRAVE 7	7. DATE OF	
				DISINTERMENT	REINTERMENT
				5 Nov 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 5-3/4"	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

A pair of shoes, one hunting knife case and one kit with knife and plier enclosed with remains.

Unidentifiable by reason of lack of sufficient identifying data.

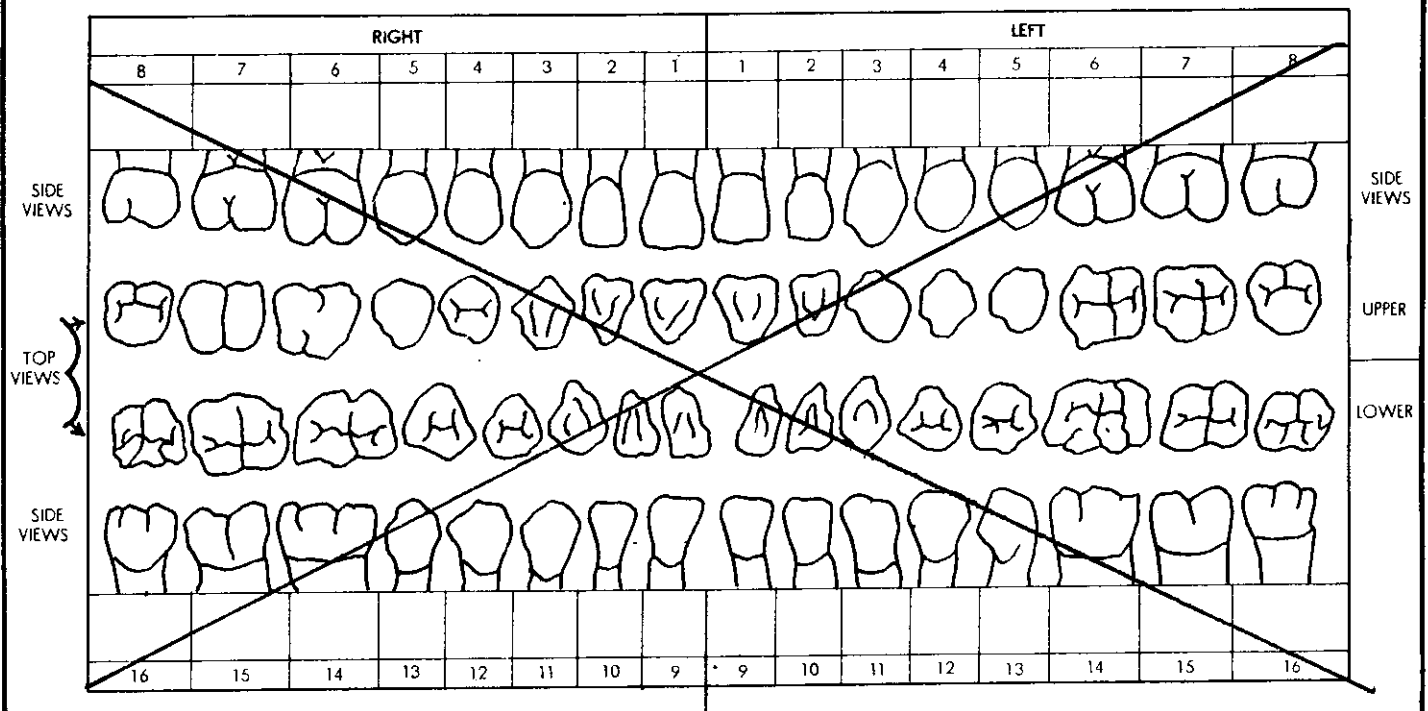
H. W. Harrieman
H. W. HARRIEMAN
 Captain, QIC
 Operations Officer
 AGRS, Marbo Zone

JRO

X-10

18. TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		
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."

Marion S. ...

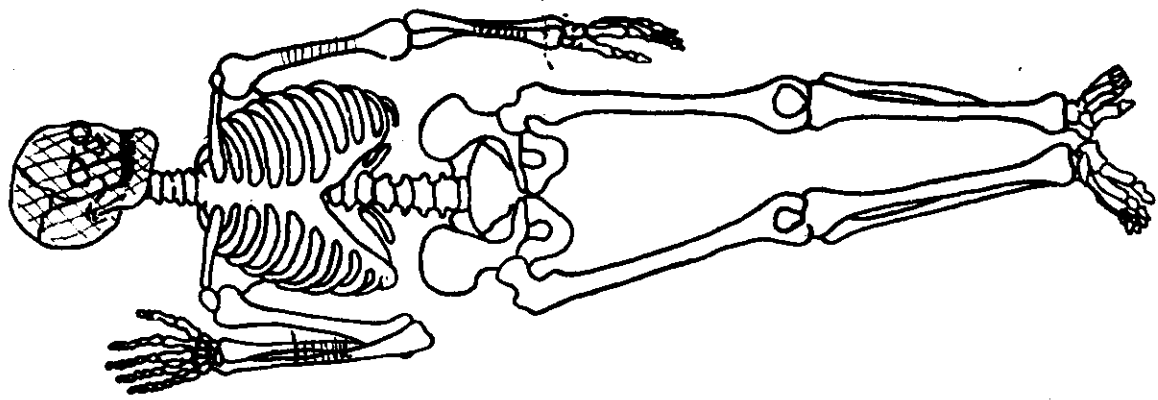
Uldric E. Conerly
 ULDRIC E. CONERLY, Capt., T. C.

UNKNOWN X-10

P-X, R-19, G-7

Cem 3, Agana, Guam

19. BLACK OUT PARTS OF BODY NOT COVERED



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

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Fracture of left humerus, radius; right ulna and radius. One hunting case and one knit with knife and plier. Embossed plate: Unknown X-9, P-1, R-19, G-7 15 Aug 44. Skull completely missing.

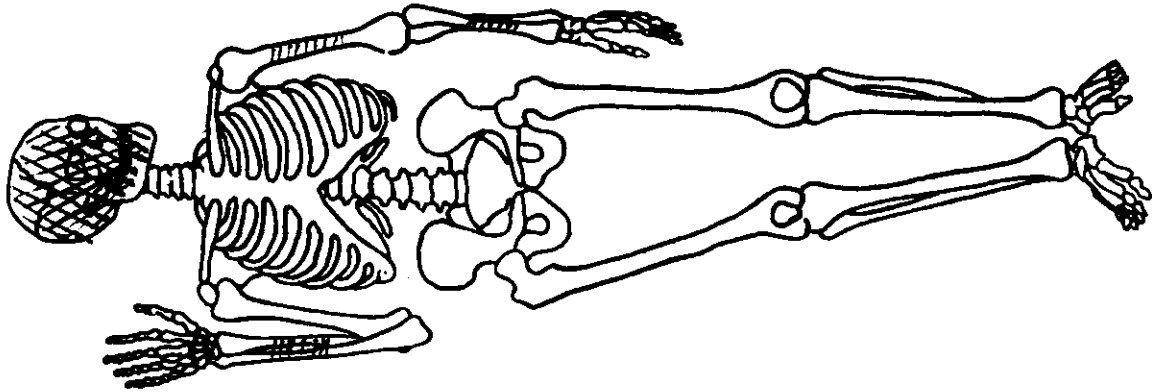
JRO

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
ULDRIC E. CONERLY, Captain, CAC

SIGNATURE
Uldric E. Conerly

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
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21. REMARKS AND ADDITIONAL INFORMATION

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JRO

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

ULDRIC E. COBERLY, Captain, CAC

Uldric E. Cobery

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNIDENTIFIED X-20				2. DATE OF REPORT 11 Oct 48		
3. NAME OF CEMETERY Gen. J. Agana, Guam		4. PLOT AAA	5. ROW 2 A	6. GRAVE 7	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT WT	9. ESTIMATED HEIGHT 5' 9-3/4"	10. COLOR OF HAIR WTD	11. RACE WTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

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<input type="checkbox"/> YES <input type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

A pair of shoes, one hunting knife case and one kit with knife and plier enclosed with remains.

Unidentifiable by reason of lack of sufficient identifying data.

N W H
N. W. HARRISMAN
 Captain, OMC
 Operations Officer
 AHS, Marine Zone

JBO

18.	TOOTH CHART	
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
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:		

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

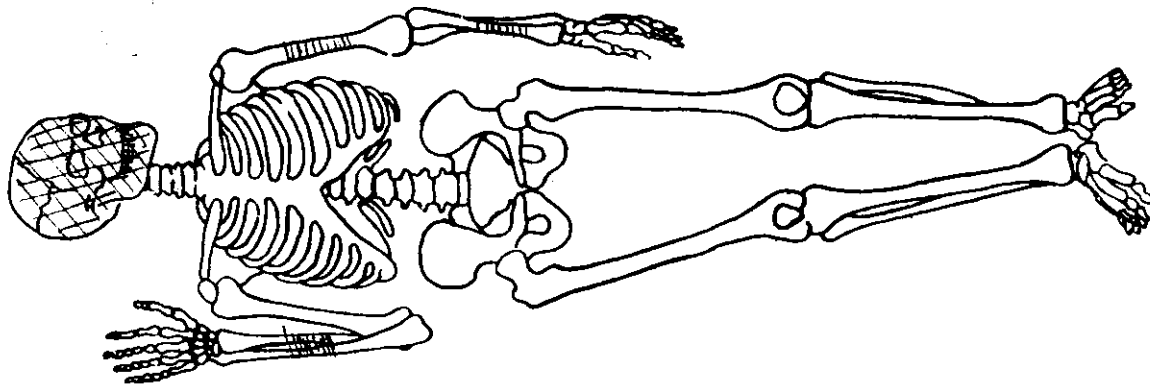
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Certified true copy:
H. W. Harrison
H. W. HARRISON
 Captain, USN
 Operations Officer

Marion C. Teague

/s/ Uldric E. Conerly, Capt., T.O.

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Fracture of left humerus, radius; right ulna and radius. One hunting case and one knit with knife and plier. Embossed plate: Unknown X-9, P-1, R-19, G-7 15 Aug 44. Skull completely missing.

Certified true copy:

H. W. Harriman
 H. W. HARRIMAN
 Captain, QMC
 Operations Officer

JRO

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

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Conerly

UNKNOWN X-10

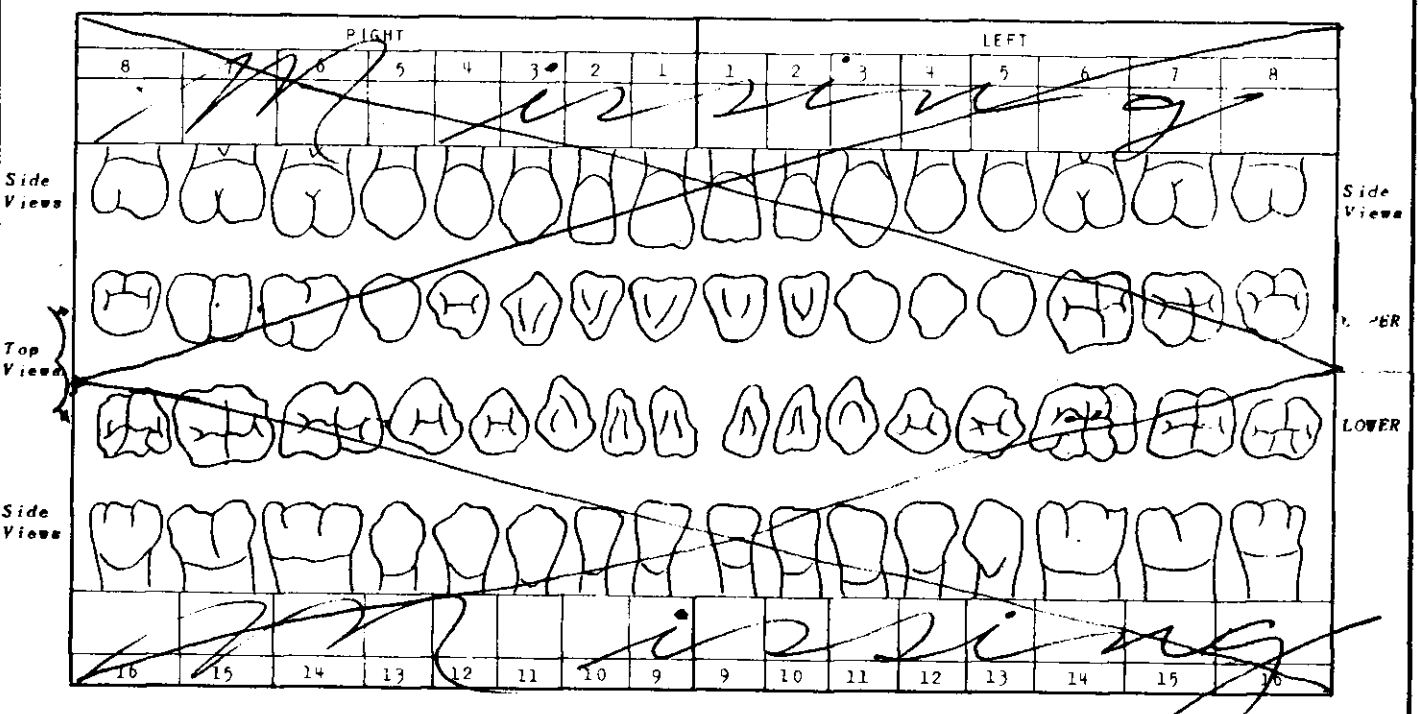
GUAM #3 AGANA Cem

P-A, B-19, A-1

13 Aug 48

18. TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THIS:</p>	<p>TOP VIEW</p> <p>← Tooth Missing →</p>	<p>SIDE VIEW</p>
	<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THIS:</p>	<p>Gold Crown, Porcelain Crown</p>
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THIS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THIS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THIS:</p>	<p>Cavity, Decayed</p>	



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."

[Handwritten signature]
 OMC FORM 1041a
 18 MAR 47

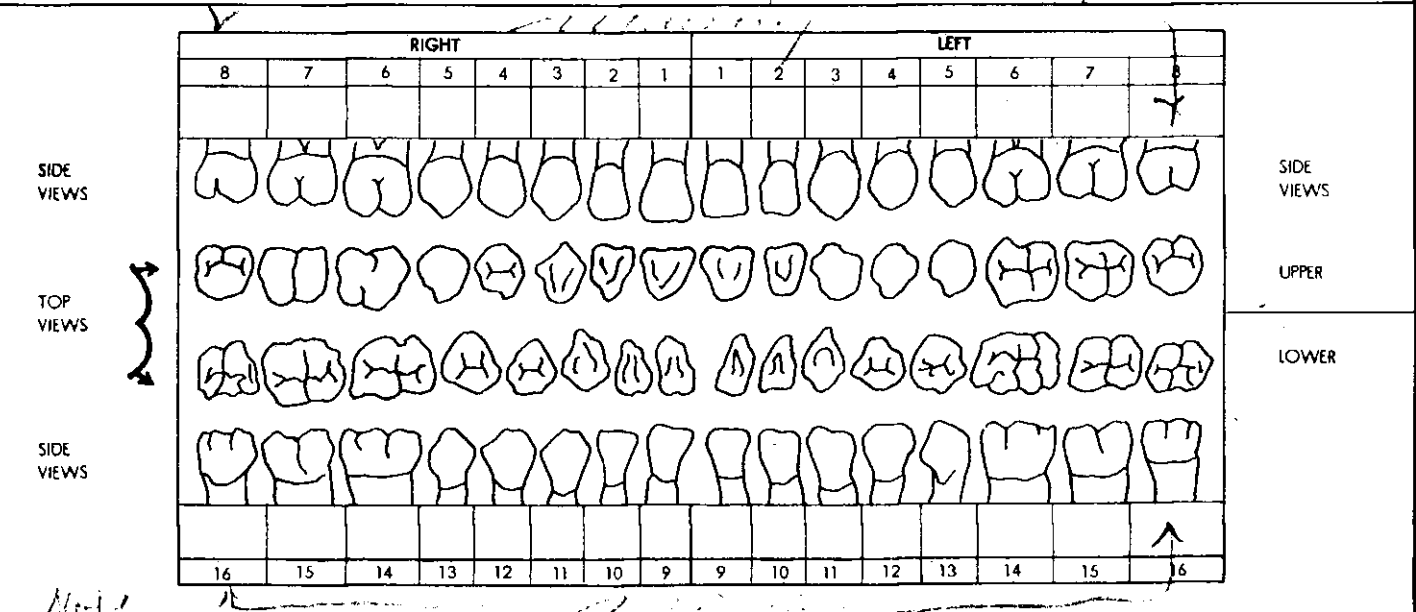
[Handwritten signature]

IDENTIFICATION DENTAL CHART

DATE **5 Nov 47**

NAME (Last, First, Middle Initial) UNKNOWN #10		RANK		SERIAL NUMBER		
UNIT	ORGANIZATION	CAUSE OF DEATH Unknown		DATE OF DEATH		
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery # 3 Agana, Guam			PLOT A	ROW 19	GRAVE 7

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



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."

Remarks: Entire mandible and maxilla and teeth missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>Lawrence Ho</i> LAWRENCE HO, Capt., D.C.	VERIFIED BY GRS OFFICER <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
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