

141

H 803
R 4
7/12 7 18

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6322 00000	DATE 15 11 47 DAY MONTH YEAR	
NAME ES UNKNOWN		SERIAL NUMBER X-000021	RANK	ARM 3
CEMETERY GUAM NO 3 AGANA		DATE OF DEATH		DISPOSITION OF REMAINS
0	0391	63		CODE DIST. PT.
PLOT A	ROW 28	GRAVE 3	COUNTRY MARIANAS	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000021	RANK Unk	DATE OF DEATH Unknown	DATE DISINTERRED 9 Dec 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USMC	RELIGION Unk	IDENTIFICATION VERIFIED BY ULORIC E. CONERLY, Capt, TC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Nature of shroud undetermined	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary plate	ANGELLED
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 13 August 48 BY H. E. CONNELL, Emb	EMBALMER (Signature) B. G. MELTON <i>B. G. Melton</i>
CASKET SEALED BY H. E. CONNELL, Emb	SHIPPING ADDRESS VERIFIED BY F. W. COLEMAN, Clerk
CASKET BOXED AND MARKED	
DATE 13 Jul 48 BY B. KELLY	

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

FILE
SEP 1 1948
Herschell G. Guy
HERSCHELL G. GUY, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

/bpm

Interred 26 Apr 1950
L 3 38 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

Caremark

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 81579

DATE
20 04 50
DAY MONTH YEAR

NAME: UNKNOWN X-21
SERIAL NUMBER: [blank]
GRADE: [blank]
ARM: [blank]
RACE: [blank]
RELIGION: [blank]

CEMETERY: USAF CEMETERY AGANA NO. 3, GUAM
PLOT: A
ROW: 28
GRAVE: 3
DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-21
SERIAL NUMBER: [blank]
GRADE: [blank]
DATE OF DEATH: [blank]
DATE DISTINTERRED: 21 April 1950

IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION: [blank]
RELIGION: [blank]
IDENTIFICATION VERIFIED BY: PAUL R NICHOLS
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: [blank]

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 21 April 1950 BY: PAUL R NICHOLS

CASKET SEALED BY: PAUL R NICHOLS
EMBALMER (Signature): *Paul R. Nichols*
PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY
DATE: 21 Apr 50 BY: Sgt 1c, RA
SHIPPING ADDRESS VERIFIED BY: 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: [blank]

*File 6/9/50
Philcom
Report*

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MATSOLEUM	TO	U S MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	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	

Delivered
APR 26 1950

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6322 0377

DATE

20 04 50
DAY MONTH YEAR

NAME
UNKNOWN I - 22

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY
WALF CEMETERY AGAIN NO. 3, GERM

PLOT
A

ROW
20

GRAVE
3

DISPOSITION OF REMAINS
7702 00
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
FT. MI, WASHINGTON, P. I.**

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

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)

DATE BY
CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
RECORDS ANNOTATED
DATE 6/2/50
NAME [Signature]
BR. MEM. DIV.

Incl #16

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO

NAME OF CONVOYER

UNNOTATED

DIA.

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

2. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

3. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

4. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

5. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

6. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

7. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

1. This case Unknown X - 21 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 a 3 years

Ind E 22d

7 Dec 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-21				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agana, Guan		4. PLOT A	5. ROW 28	6. GRAVE 3	7. DATE OF DISINTERMENT REINTERMENT 4 Nov 47

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

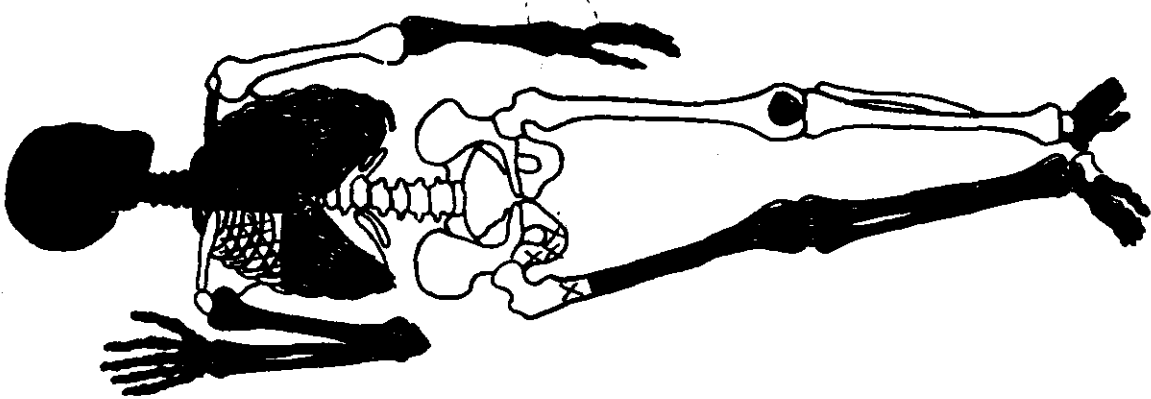
1 embossed plate found with body.
1 triangular piece of metal also found and returned with body.

Unidentifiable by reason of lack of sufficient identifying data.

N. W. Hauman
H. W. HARKIMAN
Captain, QIC
Operations Officer
AGRS, Marbo Zone

WCK

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 _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body received in shelter half, all dry bones. Entire skull and most major bones with the exception of the right femur, tibia, fibula and humerus missing. Height determined from the above named bones. No ID tag found with body.

WCK

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
WILDRIC E. CONERLY, Captain, CAC

SIGNATURE
Wilder E. Conerly

IDENTIFICATION DENTAL CHART

DATE

4 Nov 47

NAME (Last, First, Middle Initial)

UNKNOWN # 21

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

GUAM

PLACE OF BURIAL

Cemetery #3 Agaña, Guam

PLOT

A

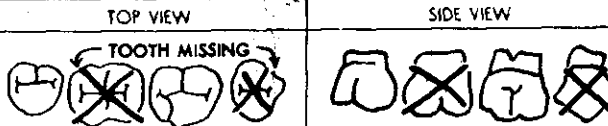
ROW

28

GRAVE

3

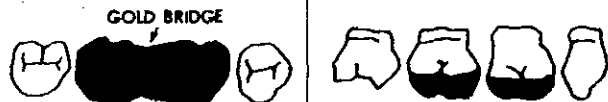
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



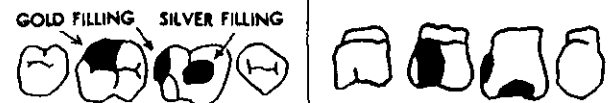
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



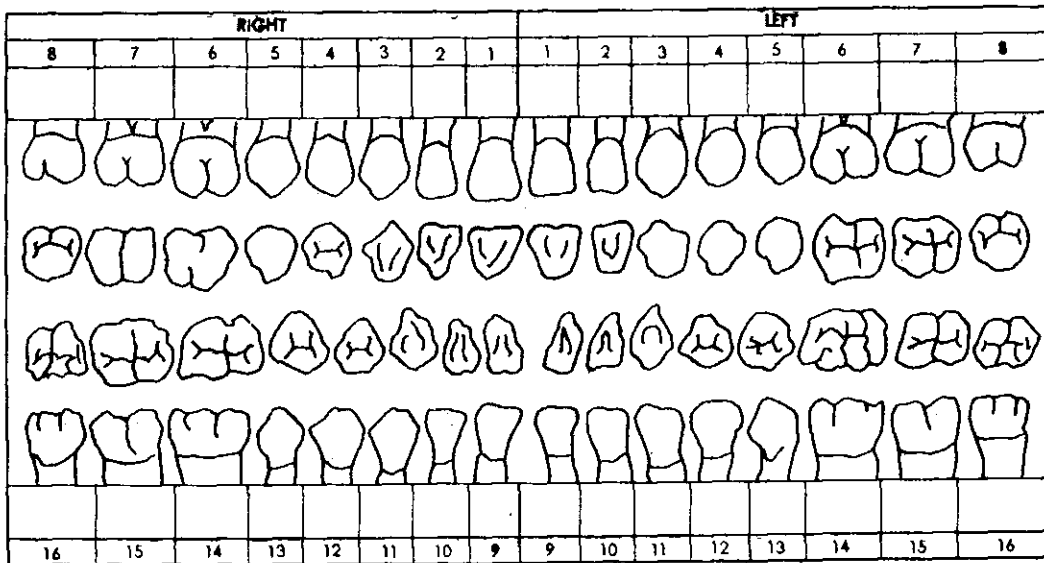
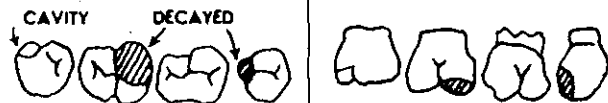
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

Remarks: Entire mandible and maxilla missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

Lawrence H.

LAWRENCE HO, Capt., D.C.

VERIFIED BY GRS OFFICER

Emilio S. Zapico

EMILIO S. ZAPICO, 2nd Lt., Inf.

X 21

(Name)

(Rank)

(Ser. No.)

(Br of Sv)



11 portions of fractured ribs

8 vertebrae present

Skeletal Remains Incomplete

Corrected
SKELETAL CHART added 13 Aug 45

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

4 Nov 47

Imprint Identification Tag if Possible.
DO NOT TYPE

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN #21

Box #21

SERIAL No.

GRADE

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

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

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

28

3

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

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

STATION 51A

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

May, Charles V.

RANK

SEA1

SERIAL No.

8225683

ORGANIZATION

USN

GRAVE No.

4

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Templin, Lawrence E.

RANK

CM3

SERIAL No.

6154839

ORGANIZATION

USN

GRAVE No.

2

SIGNATURE OF PERSON PREPARING REPORT

EMILIO E. COSTALES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

EMILIO S. ZAPICO, 2nd Lt., Inf.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

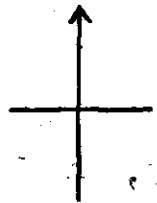
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS: Skull, maxilla, mandible, right scapula, humerus, ~~radius~~ radius, ulna, left radius and ulna, right tibia and fibula missing, right femur broken and lower part missing. Right pelvic broken. Few fragments of ribs and vertebrae recovered. Remainder missing.

REPORT OF BURIAL

NAVMED-801 (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 16 April 1946.

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	UNIDENTIFIED #21		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USMC
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH Accidental	PLACE OF DEATH Guam;
-------------------------------------	--------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH 9/9/44	DATE OF BURIAL 9/11/44
--------------------------------	----------------------------------

NAME OF CEMETERY Army Navy Marine Cemetery #3.	LOCATION OF CEMETERY Agana Guam.
--	--

GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 28	GRAVE NO. 3
-----------------------------------	----------------------	----------------------	-----------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Military Honors.	RELIGION OF DECEASED
---	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Body was identified at time of burial by Lt. VARNER of 4th Amph Trac Bn., as the body of FOSTER, W. (n), 2nd Lt., but a letter from III Amph. Corps said it is not enough to identify body because of condition of body at time of burial.. body was blown up in
 IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE
accident while fishing with TNT. Information extracted from Cemetery Records

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) May, V.C.	RANK OR RATE S/C	FILE OR SERVICE NO. 822-56-83	GRAVE NO. 4
BODY ON RIGHT. NAME (Last, first, middle) Templin, L.E.	RANK OR RATE CM3C	FILE OR SERVICE NO. 615-48-39	GRAVE NO. 2

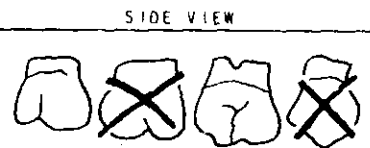
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMCR. R.L. Ridolfi	PERSON CONDUCTING BURIAL RITES
--	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ-Col., USMC-Ass't Chief of Staff G-1.
---	--

18.

TOOTH CHART

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:



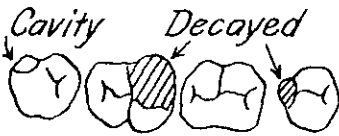
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

No Teeth. No Maxilla or Mandible.

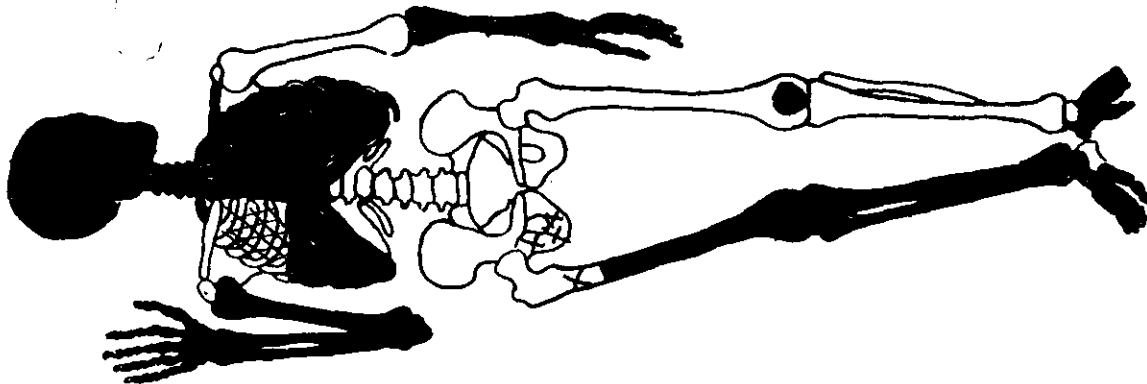
Certified true copy:

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

Harry Gunderman

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

Body received in shelter half, all dry bones. Entire skull and most major bones with the exception of the right femur, tibia, fibula and humerus missing. Height determined from the above named bones. No ID tag found with body.

Certified true copy:

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

WCK

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-21				2. DATE OF REPORT 11 Oct 48			
3. NAME OF CEMETERY Cem. 3, Agaña, Guam			4. PLOT A	5. ROW 28	6. GRAVE 3	7. DATE OF 4 Nov 47	
		DISINTERMENT		REINTERMENT			

PHYSICAL DESCRIPTION

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

None

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

1 embossed plate found with body.
1 triangular piece of metal also found and returned with body.

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Z.
H. W. HARRISAN
Captain, QMC
Operations Officer
AGS, Marine Base

WCK

18.

TOOTH CHART

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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."

No Teeth. No Maxilla or Mandible.

Certified true copy:

H. W. Harriman

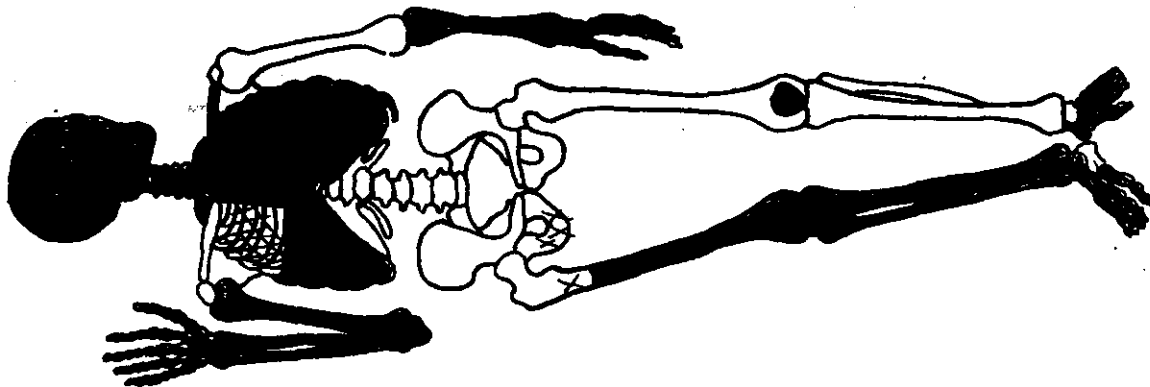
H. W. HARRIMAN
Captain, QMC

Operations Officer

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

Harry Gunderman

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body received in shelter half, all dry bones. Entire skull and most major bones with the exception of the right femur, tibia, fibula and humerus missing. Height determined from the above named bones. No ID tag found with body.

WCK

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

WEDRIC E. CONERLY, Captain, CAC

Wedric E. Conerly

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-41				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agaña, Guam		4. PLOT A	5. ROW 26	6. GRAVE 3	7. DATE OF DISINTERMENT 4 Nov 47
				REINTERMENT	

PHYSICAL DESCRIPTION

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

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

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YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

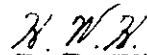
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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