

/bpm

Interred 26 April 1950
L 6 38 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

Carl R. H. Mark

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 81580

DATE
20 04 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 25					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGANA NO. 3, GUAM	A	28	15	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 DISTINTERRED
UNKNOWN X - 25				21 Apr '50
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 21 Apr 50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS

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

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., FA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file not 6/9/50

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

NAME OF CONVOYER

TRUCK

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

APR 26 1950

Goodman

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

PREPARED BY DPHILCOM
DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

0000 0000

20 04 50
DAY MONTH YEAR

NAME
UNKNOWN I - 25

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY
WALTON CEMETERY ACORN NO. 3, OMAHA

PLOT
A

ROW
20

GRAVE
15

DISPOSITION OF REMAINS
7701 00
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. W. BELLEVILLE, 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)

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.

NAT
FILE
RECORDS ANNOTATED
SIGNATURE OF AGRS IN SECTION
MAIL ROOM MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS

found 4/11

RECORD OF CUSTODIAL TRANSFER

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
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	

Handwritten notes and stamps:
 RECEIVED
 DATE
 NAME

DISINTERMENT DIRECTIVE

1

HDB
RVS
F30
T 1
F 82

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
29, UNKNOWN

SERIAL NUMBER
X-000025

RANK
0

ARM
3

CEMETERY
GUAM NO 3 AGANA

DATE OF DEATH
0 0391 63
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
A 28 15 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-000025 Unk Unk 9 Dec 47

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS USMC Unk U E CONERLY, Capt TC
 MARKER 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

MINOR DISCREPANCIES / None

ANGELL

REMAINS PREPARED AND PLACED IN CASKET
DATE 13 Aug '48 BY H E CONNELL, Emb

CASKET SEALED BY H E CONNELL, Emb EMBALMER (Signature)

CASKET BOXED AND MARKED B G MELTON SHIPPING ADDRESS VERIFIED BY

DATE 13 Aug '48 BY E KELLY F W COLEMAN, Clerk

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

HERSCHELL G GUY, 1Lt INE
SIGNATURE OF GRS INSPECTOR

FILE
SEP 1 1948

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	US MAUSOLEUM (SAIPAN MI)	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>John H. Lott, Maj CMP</i>	DATE	13 Aug 48
TO		PORT STORAGE OFFICER (SAIPAN MI)							
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	13 Aug 48	TO	PORT STORAGE OFFICER (SAIPAN MI)						
2. SHIPPED		FROM	PORT STORAGE OFFICER (SAIPAN, M.I.)	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	6 Oct 48
TO		TRANSPORT COMMANDER	USAT DALTON VICTORY						
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	6 Oct 48	TO	TRANSPORT COMMANDER						
3. SHIPPED		FROM	USAT DALTON VICTORY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	6 Oct 48
TO		AGS MAUSOLEUM							
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	10 Oct 48	TO	AGS MAUSOLEUM						
4. SHIPPED		FROM	USAT DALTON VICTORY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	10 Oct 48
TO		AGS MAUSOLEUM							
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	10 Oct 48	TO	AGS MAUSOLEUM						
5. SHIPPED		FROM	USAT DALTON VICTORY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	10 Oct 48
TO		AGS MAUSOLEUM							
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	10 Oct 48	TO	AGS MAUSOLEUM						
6. SHIPPED		FROM	USAT DALTON VICTORY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	10 Oct 48
TO		AGS MAUSOLEUM							
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	10 Oct 48	TO	AGS MAUSOLEUM						
7. SHIPPED		FROM	USAT DALTON VICTORY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	10 Oct 48
TO		AGS MAUSOLEUM							
NAME OF CONVOYER									
SIGNATURE OF RECEIVER									
DATE	10 Oct 48	TO	AGS MAUSOLEUM						

Robert G. Snowden, Jr., Capt. FA

Robert G. Snowden
 OCT 10 1948

1. This case Unknown X - 25 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) *si*

Guam #3 yara

Ind & P.C.

7 Dec 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: UNKNOWN X-25				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agana, Guam	4. PLOT A	5. ROW 26	6. GRAVE 15	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
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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

None

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

One pair of GI shoes size $9\frac{1}{2}$ EE.


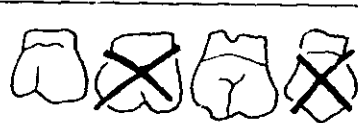






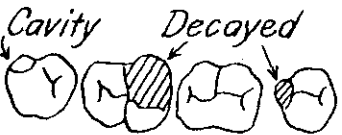
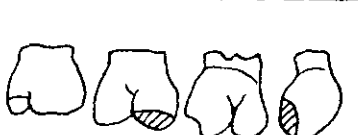
Unidentifiable by reason of lack of sufficient identifying data.

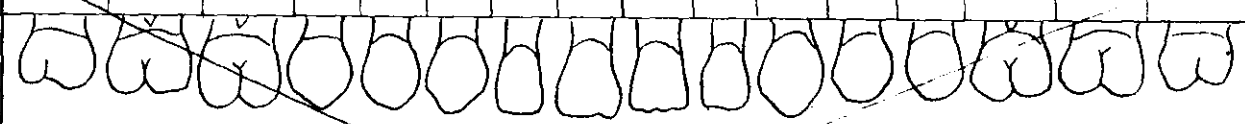
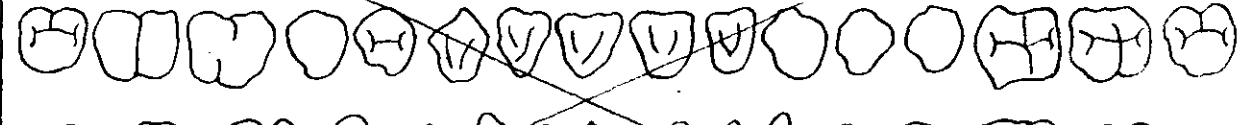
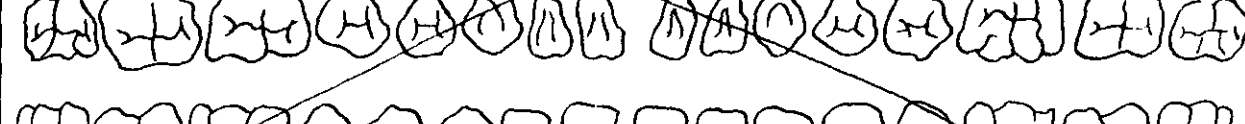
H. W. Larkin
H. W. LARKIN
 Captain, QMC
 Operations Officer
 AGRS, Marbo Zone

WCK

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" 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																	Side Views
Top Views																	Top Views
Side Views																	Side Views
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

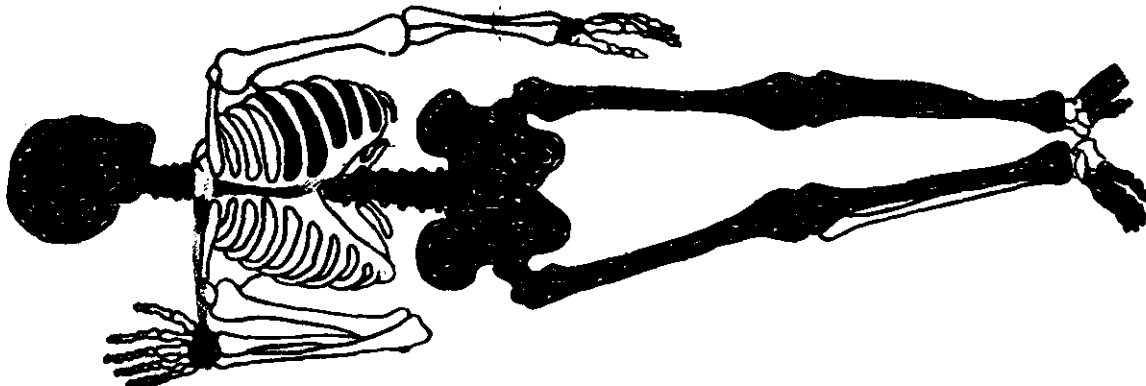
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth - No mandible or maxilla.

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

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

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
NUMBER
 OF THE FOLLOWING ANATOMICAL PARTS:

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body received in shelter half, all dry bones. Skull and most major bones were missing. Height determined from right humerus, radius and fibula. One pair of GI shoes -- size 9 $\frac{1}{2}$ EE found and returned with body. No identification tag found.

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

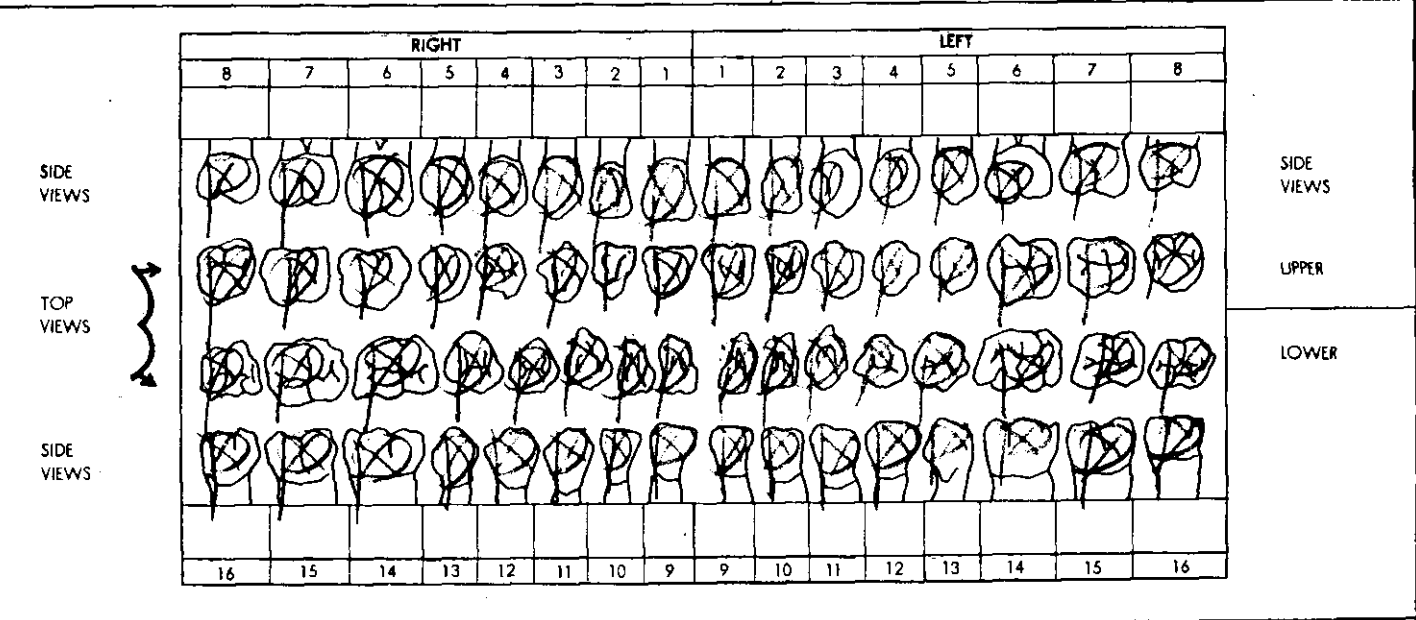
ULDRIC E. CONERLY, Captain, CAC

IDENTIFICATION DENTAL CHART

DATE **4 Nov 47**

NAME (Last, First, Middle Initial) UNKNOWN #25		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH Unknown		DATE OF DEATH
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery #3 Agaña, Guam	PLOT A	ROW 28	GRAVE 15

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	

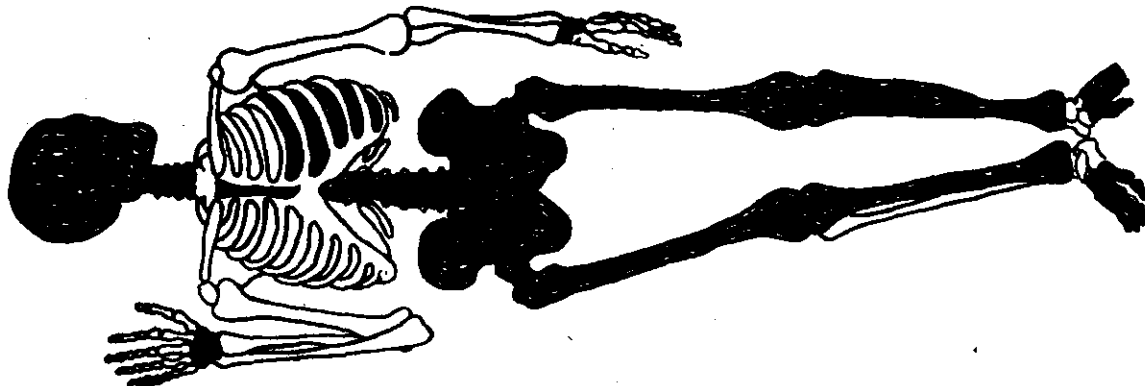


dentures (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Entire mandible and maxilla 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.
---	--

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. Skull and most major bones were missing. Height determined from right humerus, radius and fibula. One pair of GI shoes -- size 9 1/2 found and returned with body. No identification tag found.

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
ULBRIC E. CONERLY, Captain, CAS

SIGNATURE
Ulbric E. Conerly

RESTRICTED

FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN #25

OK

Box # 33

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)

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

15

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 5114

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

UNKNOWN X-26

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

16

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

UNKNOWN X-24

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

USN

14

SIGNATURE OF PERSON PREPARING REPORT

EMILIO E. COSTALES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Emilio S. Zapico

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.


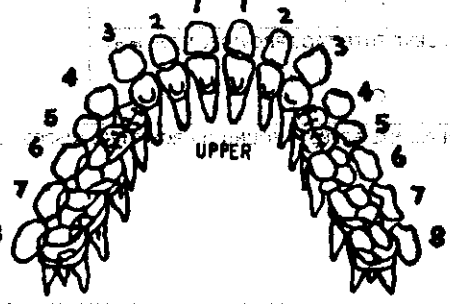

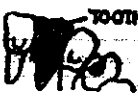


INSTRUCTIONS:

(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.

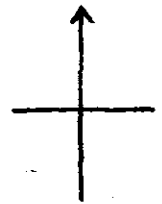
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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: Entire head and both femur, tibia and left fibula missing. Pelvic and sacrum also missing. All bones found were piled in one place in the grave, Grave was thoroughly searched.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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

16 April 1944

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	UNIDENTIFIED #25		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USMC
CORPS OR RESERVE CLASSIFICATION		RACE	

CAUSE OF DEATH	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	DATE OF BURIAL 9/14/44
---------------	---------------------------

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. 28	GRAVE NO. 15
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BURIED AT SEA (Date)	AREA
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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) Unidentified #26	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 16
BODY ON RIGHT. NAME (Last, first, middle) Unidentified #24	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 18 14

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

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UZZ-Col., USMC-Ass't Chief of Staff G-1.
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(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL

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. _____

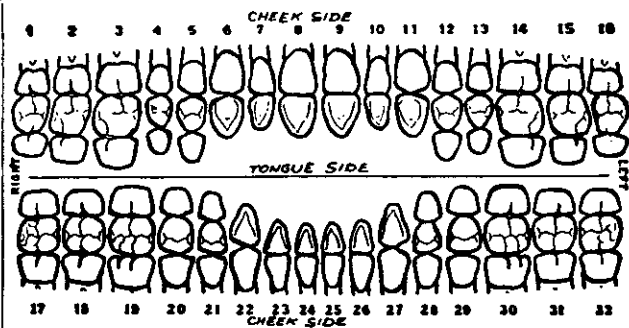
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

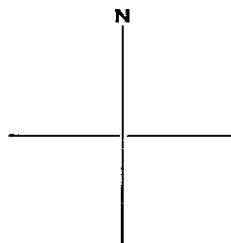


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING


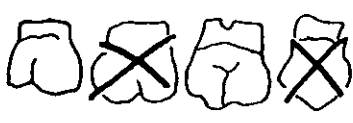
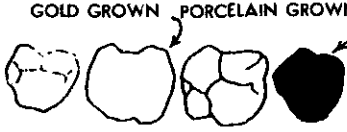





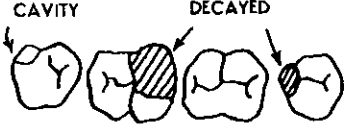

R. LITTLE

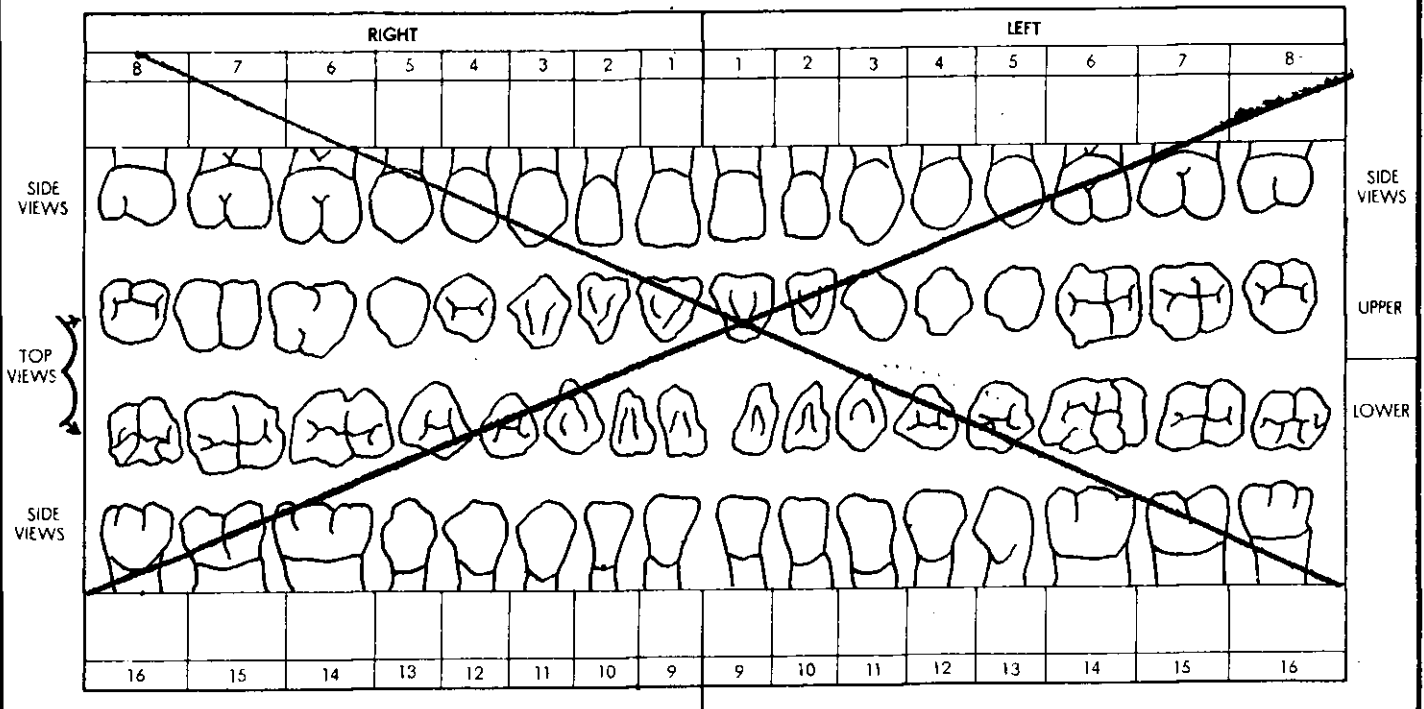
When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

X-25

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:		



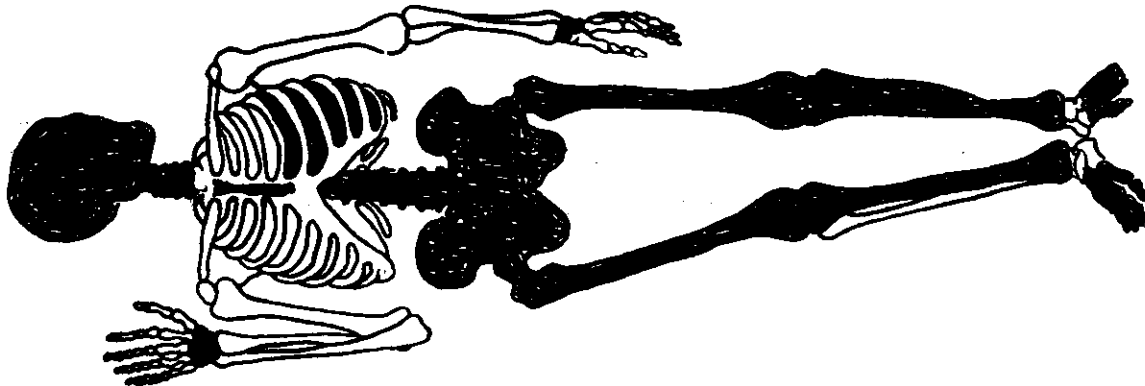
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth. - No mandible or maxilla.

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

Gary Pugh

19. BLACK OUT PARTS OF BODY NOT NUMBERED



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. Skull and most major bones were missing. Height determined from right humerus, radius and fibula. One pair of GI shoes -- size 9 1/2 found and returned with body. No identification tag found.

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

WALTER E. CONNELLY, Captain, GAG

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN 2-05				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Com. 3, Agaña, Guam		4. PLOT A	5. ROW 20	6. GRAVE 15	7. DATE OF DISINTERMENT 4 Nov 47
					REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT WT	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR WT	11. RACE WT
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

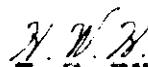
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

One pair of GI shoes size 9 1/2.

Unidentifiable by reason of lack of sufficient identifying data.

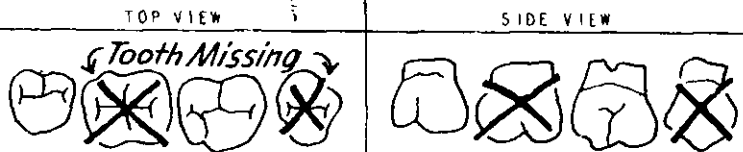

H. W. HARRIMAN
 Captain, USN
 Operations Officer
 AHS, Marine Base

WCK

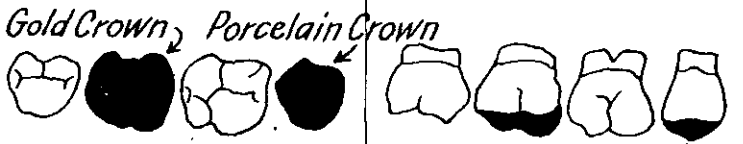
18.

TOOTH CHART

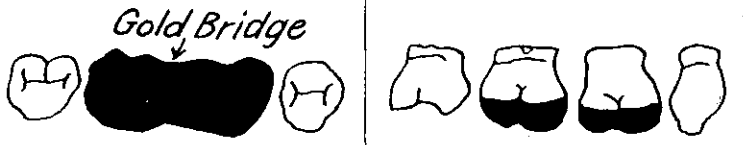
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



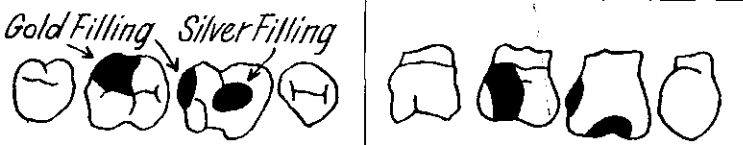
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



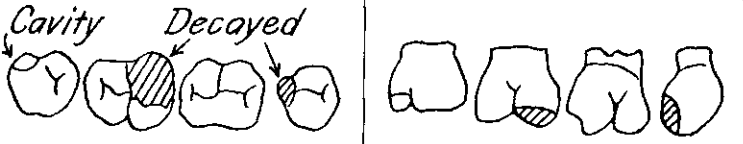
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 mandible or maxilla.

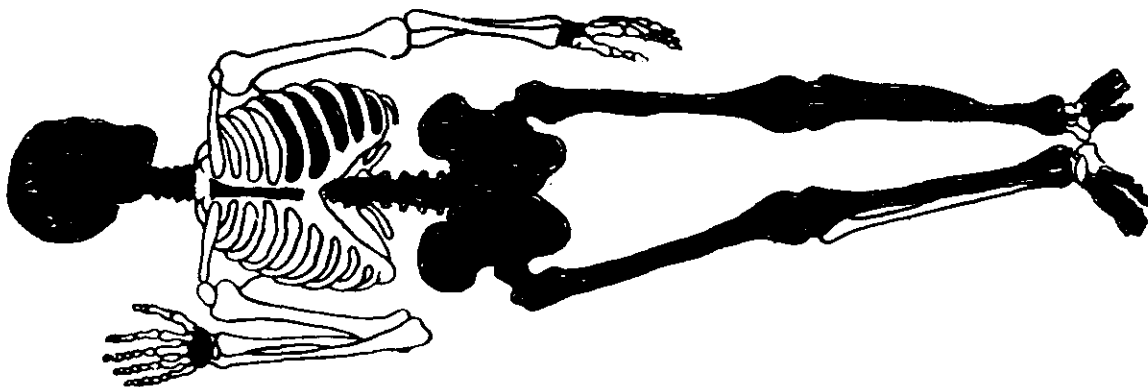
Certified true copy: *H. W. Harriman*

H. W. HARRIMAN
Captain, OMC
Operations Officer

Gary D. Pugh

/s/ Uldric E. Conerly, capt., T.G.

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

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Certified true copy:

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

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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-25			2. DATE OF REPORT 11 Oct 48		
3. NAME OF CEMETERY Gen. 3, Agona, Guam	4. PLOT A	5. ROW 28	6. GRAVE 15	7. DATE OF	
				DISINTERMENT	REINTERMENT
				4 Nov 47	

PHYSICAL DESCRIPTION

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

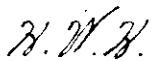
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

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H. W. HARRIMAN
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 Operations Officer
 AGRS, Marbo Zone

WEX