

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF BURIAL ✓

NAVMED-601 (9-48)

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) UNIDENTIFIED #28 (First) (Middle)
	FILE OR SERVICE NO. RANK OR RATE BRANCH OF SERVICE USN
	CORPS OR RESERVE CLASSIFICATION RACE

CAUSE OF DEATH plane Crash.	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 12 Nov. 1944.
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NAME OF CEMETERY Army Navy Marne Cemetery #3.	LOCATION OF CEMETERY Agana Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 32	GRAVE NO. 8
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY Military Honors.	RELIGION OF DECEASED
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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 #32	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 9
BODY ON RIGHT. NAME (Last, first, middle) Walsh, A.	RANK OR RATE PFC	FILE OR SERVICE NO. U.S.A.	GRAVE NO. 7
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMC	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ-Col., USMC (Name) (Rank)	JAMES R. LANE (Title)
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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.	

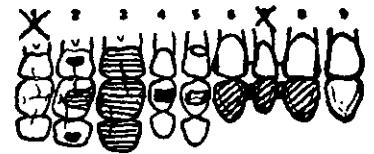
(If actual weight and height are used, delete estimated)

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.

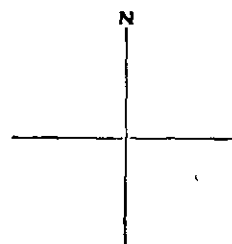
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. 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:
	<input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) (Rank or rate)



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. 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

UNIDENTIFIED # 28 - Cemetery #3

USN

Died Plane Crash
Buried 12 Nov 44
Grave 8 - Row 32 - Plot A

(Probably of SB2C-1. Serials No. as follows:
Radio Transmitter #4278-A - Type COL-52286.
Number 21 found on landing gear flap. Sperry
mark 4 automatic pilot #648515. Antanea #
11010. Receiver tuning head #23253 - type
CRV. 20 mm. Barrel #88274. Only 7 teeth of
lower jaw found, plane found at target area
445-X

C O P Y

C O P Y
REPORT OF INTERMENT

UNIDENTIFIED # 28

(Last Name)	(First)	(Initial)	(Serial Number)	(Rank)	(Organization)
(Place of death)	(Name of Cemetery)		(Name or coordinates of location)		
8	ANG # 3		Guam Island		
(Grave Number)	32	A	(Religion, if known)		
	(Row Number)	(Plot Number)			

Disposition of identification tags: One Buried with body Yes No
 One Attached to marker Yes No

(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars)

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

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

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT:

WEIGHT:

LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a

tooth chart)

In space below, locate and describe any scars,

birthmarks, moles, deformities, etc.:

NOTE below any identifying clues found, such

as letters, photographs, probable organization

of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH

OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

/bpm

Interred 29 March 1950
F 15 107 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl H. Mark
CARL H. H. MARK
Cemetery Superintendent
SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

PREPARED BY PHILCOM

DIRECTIVE NUMBER

6322 81187

DATE

29 03 50
DAY MONTH YEAR

NAME

UNKNOWN I - 26

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGANA NO. 3, GUAM

PLOT

A

ROW

32

GRAVE

8

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. W. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-28

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

29 March 1950

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 March 1950 BY PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

Paul R. Nichols
PAUL R NICHOLS

CASKET BOXED AND MARKED

DATE 29 Mar 50 BY

RAYMOND H TANGUAY
Sgt.lc., 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



NAT

FWD

DATE ASSOCIATED

BY

26 Apr 50

NAME

Jalook

R. R. RR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	U S MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF RECEIVER	<i>W. J. ...</i>	DATE	APR 3 1950
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
8. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	
9. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF RECEIVER		DATE	

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED _____		DIRECTIVE NUMBER 6522 01107	DATE 20 03 50 DAY MONTH YEAR		
NAME UNKNOWN I - 20	SERIAL NUMBER _____	GRADE _____	ARM _____	RACE _____	RELIGION _____
CEMETERY WAFF CEMETERY AREA NO. 3, GUAM	PLOT A	ROW 32	GRAVE 8	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. MEADE, 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 <input type="checkbox"/> REMAINS <input type="checkbox"/> 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 _____	EMBALMER (Signature) _____
CASKET SEALED BY _____	SHIPPING ADDRESS VERIFIED BY _____
CASKET BOXED AND MARKED _____	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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file 5-24-50
 Philcom
 Report

Incl # 21

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	

MTM

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6322 00000	DATE 15 10 48
		DAY MONTH YEAR

NAME 293 UNKNOWN X	SERIAL NUMBER -000028	GRADE	ARM 0	RACE 0	RELIGION 6
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CEMETERY (GUAM NO 3) MARIANAS IS	PLOT A	ROW 32	GRAVE 8	DISPOSITION OF REMAINS 7701 80
				CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET SEALED BY	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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

SEP 1 1948

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RECORD OF CUSTODIAL TRANSFER

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950


Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 28, Plot A,
Row 32, Grave 8, USMC Cem #3, Agana, Guam, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. E. McNEER
Captain, QAC
Chief, Records Branch

Atch: Form 1044

1. This case Unknown X - 28 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
Burial # 3 of area

Ind 5
Ind 7 Dec 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-25				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Com. 3, Agana, Guam	4. PLOT A	5. ROW 32	6. GRAVE 8	7. DATE OF DISINTERMENT REINTERMENT 4 Nov 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UFD	9. ESTIMATED HEIGHT UFD	10. COLOR OF HAIR UFD	11. RACE UFD
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

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

None

Unidentifiable by reason of lack of sufficient identifying data.

N. W. B.
N. W. HARRISAN
Captain, QMS
Operations Officer
AMS, Marine Zone

WSE

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><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>		<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
					<i>Missing</i>											
<p><i>Side Views</i></p> <p><i>Side Views</i></p>																
<p><i>Top Views</i></p> <p><i>Top Views</i></p>																
<p><i>Side Views</i></p> <p><i>Side Views</i></p>																
<i>A</i>	<i>A</i>	<i>A</i>				<i>Chipped</i>	<i>PD</i>		<i>Missing</i>							
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."

Maxilla missing.

Mandible fractured and missing from right 10 to left 16.

#10 Right crown fracture

Certified true copy: *H. W. Harriman*

H. W. HARRIMAN

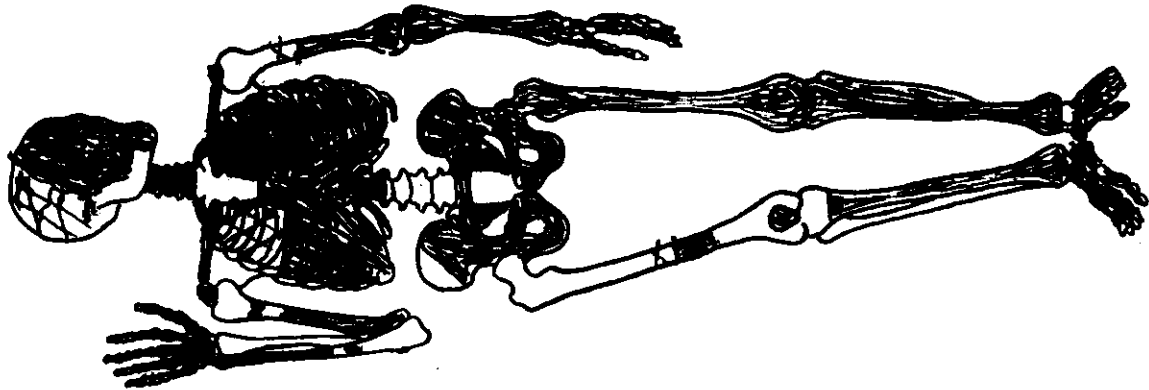
Captain, QMC

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 _____ 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. Fragments of skull and portions of bones received impossible to estimate height. Articles listed on attached card not received at CIP. No clothing or any clue found. No ID tag found with body. One section of right femur -- 8 1/2" long received at CIP and returned with remains.

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

Uldric E. Conerly

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN I-28				2. DATE OF REPORT 11 Oct 48			
3. NAME OF CEMETERY Com. 3, Agaña, Guam			4. PLOT A	5. ROW 32	6. GRAVE 8	7. DATE OF 4 Nov 47	
					DISINTERMENT	REINTERMENT	

PHYSICAL DESCRIPTION

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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

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

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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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Unidentifiable by reason of lack of sufficient identifying data.

N. W. H.
N. W. HARRISMAN
Captain, USMC
Operations Officer
AGCS, Marine Zone

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>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
					Missing										
Side Views															
Top Views															
Side Views															
A	A	A				Chipped				Missing					
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."

Maxilla missing.

Mandible fractured and missing from right 10 to left 16.
10 Right crown fracture

Certified true copy: *H. W. Harriman*
H. W. HARRIMAN

Captain, OMC
Operations Officer

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

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 _____ 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. Fragments of skull and portions of bones received impossible to estimate height. Articles listed on attached card not received at CIP. No clothing or any clue found. No ID tag found with body. One section of right femur -- 8½" long received at CIP and returned with remains.

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 DENTAL CHART

DATE

3 Nov 47

NAME (Last, First, Middle Initial)

UNKNOWN #28

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

Unknown

DATE OF DEATH

PLACE OF DEATH

Guam

PLACE OF BURIAL

Cemetery #3 Agaña, Guam

PLOT

ROW

GRAVE

A

32

8

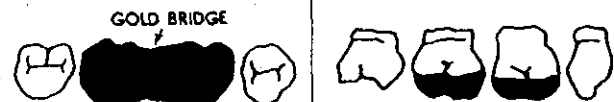
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



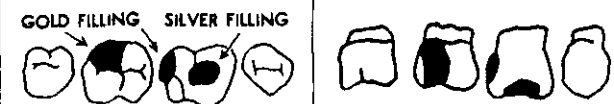
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



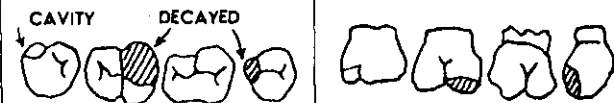
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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															
UPPER															
LOWER															
7	A	A						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."

REMARKS: R-10 1/2 Incisor surface of crown fractured. Portion containing R-9, L-9, L-10, L-11, L-12, L-13, L-14, L-15, and L-16 Missing. Entire maxilla missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

Lawrence Ho
LAWRENCE HO, Capt., D.C.

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

Ship or Station
Attached at Time of Death

Date Report
Filed Out 16 April 1946

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED # 28		
	File or Service No.	Rate or Rank	Branch of Service
			USN
	Corps or Reserve Classification		Race

Cause of Death	Place of Death
Plane Crash	Guam

Name of Next of Kin (If Known)	Address of Next of Kin (If Known)
--------------------------------	-----------------------------------

Date of Death	Date of Burial
	12 Nov 1944

Name of Cemetery	Location of Cemetery
Army Navy Marine Cemetery #3	Agana Guam

Grave Marker Type	Plot No.	Row No.	Grave No.
Cross	A	32	8

Buried at Sea (Date)	Area
----------------------	------

Type of Religious Ceremony	Religion of Deceased
Military Honors	

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 ___ Yes ___ 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 Yes No
---	---

If Identification Tags not present, what other Identification Data buried and in What Kind of Container

Information extracted from Cemetery Records.

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Body on Left, Name (Last, first, middle)	Rank or Rate	File or Service No.	Grave
Unidentified # 32			9

Body on Right, Name (Last, first, middle)	Rank or Rate	File or Service No.	Grave
Walsh, A.	Pfc	USA	7

Person Reporting Burial (Name) (Rate or Rank)	Person Conducting Burial Rites
R.L. RIDOLFI, 2d Lt., USMCR	

In Reburial, Give Location of Previous Burial	Verified and Forwarded L. N. UTZ, Col., USMC Ass't Chief of Staff, G-1 (Name) (Rank) (Title)
---	---

RESTRICTED

WD GRS 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 #28

Box # 11

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

USMC

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Guam

CAUSE OF DEATH

Unknown

7

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 2 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 Agaña, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

Cross

A

32

8

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)

No

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

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

Unknown I-32

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

USMC

9

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

Walsh, Ambrose

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Pfc

32635496

USA

7

SIGNATURE OF PERSON PREPARING REPORT

Teodorico J. Espital

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.


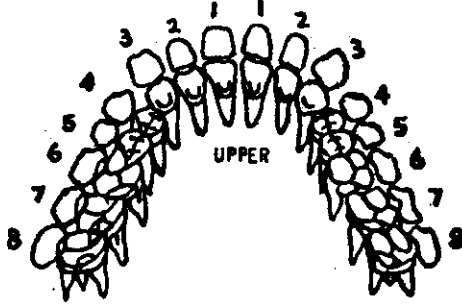




INSTRUCTIONS:

(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.

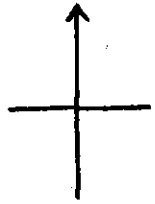
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.</p> <p>LOWER</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: Condition of Remains: Two broken right femurs, two broken humerus, broken left ulna, left radius, right half mandible and few fragments of skull and small bones recovered.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-28				2. DATE OF REPORT 21 January 1950		
3. NAME OF CEMETERY Cem #3, Agana, Guam		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		A	32	8	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

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

N O N E

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

N O N E

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)

N O N E

UNIDENTIFIABLE

TOOTH CHART

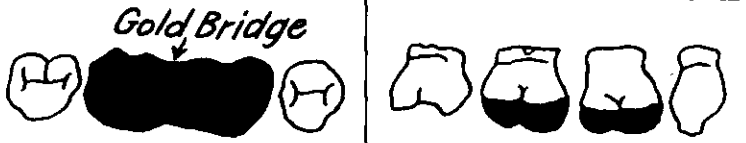
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



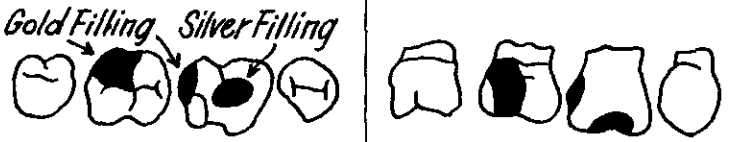
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



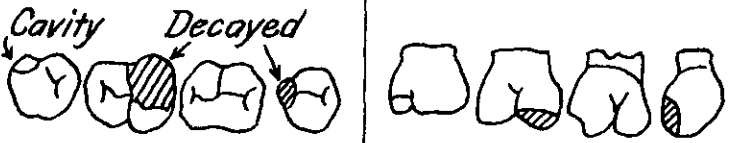
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

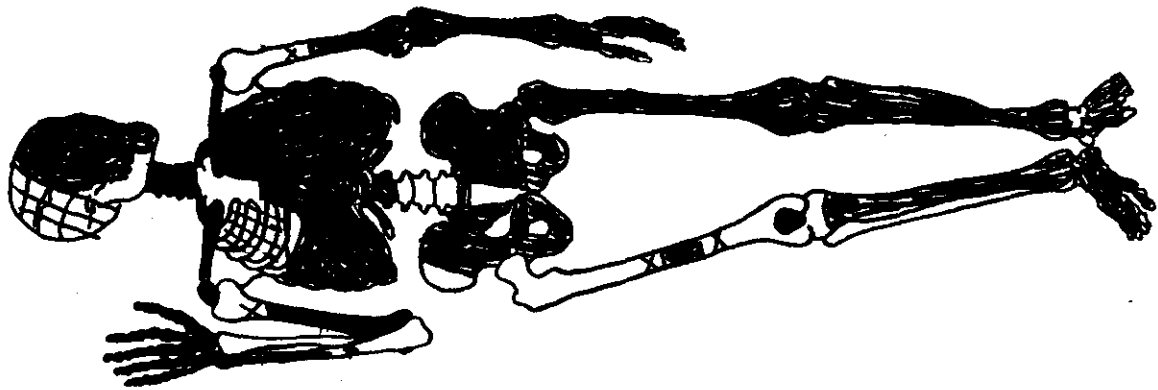


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Mandible</i>								<i>Missing</i>							
Side Views															
UPPER															
LOWER															
Side Views															
<i>A</i>	<i>A</i>	<i>A</i>					<i>X</i>								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Paul R. Nichols
PAUL R. NICHOLS
Chief, Identification Section

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

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-28				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Gen. 3, Agana, Guam		4. PLOT A	5. ROW 32	6. GRAVE 8	7. DATE OF DISINTERMENT 4 Nov 47
REINTERMENT					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	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)

None

Unidentifiable by reason of lack of sufficient identifying data.

H W Haurman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbo Zone

X-28

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:	TOOTH MISSING 	
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 	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
						<i>Missing</i>											
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	<i>H</i>	<i>H</i>	<i>H</i>				<i>Fr</i>			<i>Missing</i>							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

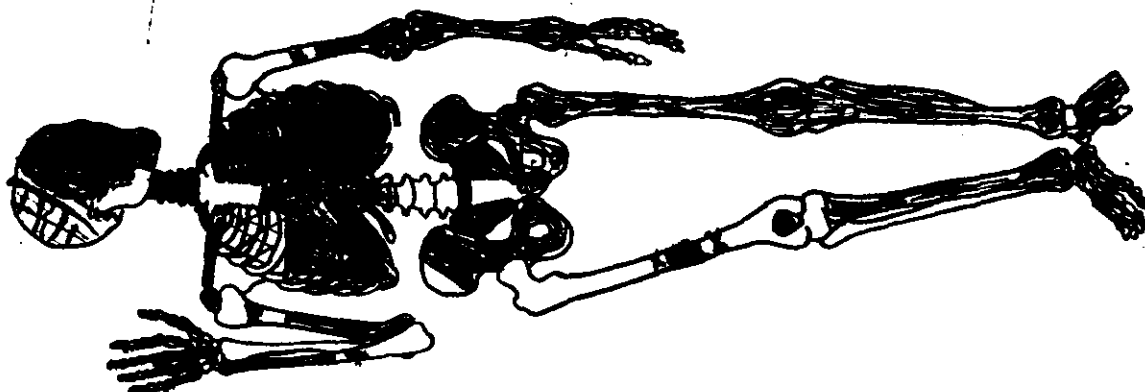
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla Missing
Mandible Fractured + missing From Right 10 To left 16
#16 Right crown Fracture

Henry H. [Signature]

Ulrich E. Conerly
 ULDRIC E. CONERLY, Capt. A. 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. Fragments of skull and portions of bones received impossible to estimate height. Articles listed on attached card not received at CIP. No clothing or any clue found. No ID tag found with body. One section of right femur -- 8½" long received at CIP and returned with remains.

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