

REPORT OF BURIAL

NAVMED-891 (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) UNIDENTIFIED #16 (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USN Helicat Pilot.
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH 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 7/21/44	DATE OF BURIAL 8/29/44
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NAME OF CEMETERY Army Navy Marine Cemetery #3.	LOCATION OF CEMETERY Agana Guam.
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GRAVE MARKER TYPE Cross.	PLOT NO. A	ROW NO. 26	GRAVE NO. 1
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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) Cottrell, G.L.	RANK OR RATE PFC	FILE OR SERVICE NO. 803669	GRAVE NO. 2
BODY ON RIGHT. NAME (Last, first, middle) No one buried here	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt, USMCR.	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. DTZ-Col., USMC -Asst. Quar. Master (Name) (Rank) (Title)		

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	

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

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

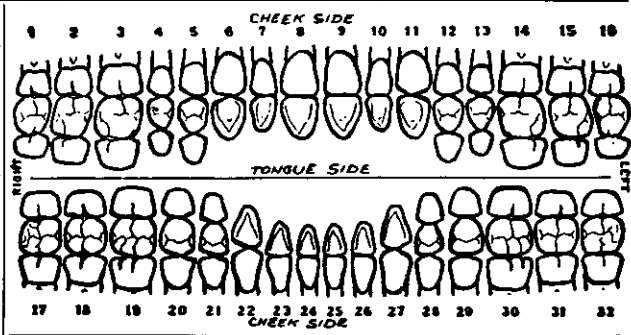
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

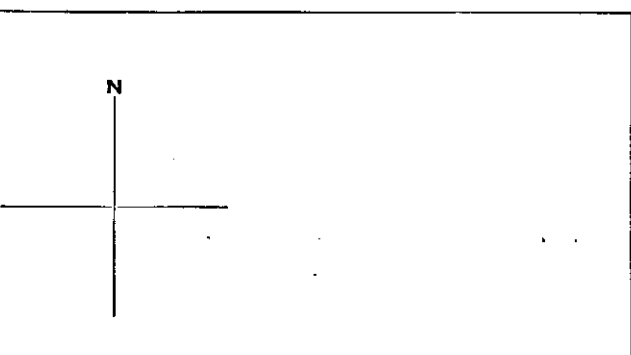
Remarks _____



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)



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

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

(No FP or DC available)

UNIDENTIFIED #16 - Cemetery #3

USN

Died: 7/21/44 Crash

Buried: 8/29/44

Grave 1 - Row 26 - Plot A - #3

(Div Provost Marshall has planes gun numbers)

REPORT OF BURIAL
Navmed - 601 (3-45)

Ship or Station
Attached at Time of Death

Date Report
Filed Out **16 April 1946**

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED # 16		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		Race

Cause of Death 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 7/21/44	Date of Burial 8/29/44
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Name of Cemetery Army Navy Marine Cemetery #3	Location of Cemetery Agana Guam
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Grave Marker Type Cross	Plot No. A	Row No. 26	Grave No. 1
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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 Complete Dental Chart on Reverse ___ Yes ___ No Complete Fingerprint Chart of both Hands on Reverse <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no Identification tags, other means used to identify body (Identification cards, letters, etc.)
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List of Personal Effects found on Body and Disposition of Same

Identification Tag Buried with Body <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Identification Tag Attached to Marker Yes No
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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) Cottrell, G. L.	Rank or Rate Pfc	File or Service No. 803669	Grave 2
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Body on Right, Name (Last, first, middle) No one buried here	Rank or Rate	File or Service No.	Grave
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Person Reporting Burial (Name) (Rate or Rank) R.L. RIDOLFI 2d Lt., USMCR	Person Conducting Burial Rites
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In Reburial, Give Location of Previous Burial	Verified and Forwarded L.N. UTZ-Co1, USMC Ass't Chief of Staff G-1 (Name) (Rank)
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10 10 71 SB

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6322 00000

DATE: 15 10 48

DAY MONTH YEAR

NAME: 275 UNKNOWN

SERIAL NUMBER: X-000016

GRADE: []

ARM: 0

RACE: 0

RELIGION: 6

CEMETERY: GUAM NO 3 MARIANAS IS

PLOT: A

ROW: 26

GRAVE: 1

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)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: []

SERIAL NUMBER: []

GRADE: []

DATE OF DEATH: []

DATE DISTINTERRED: []

IDENTIFICATION TAG ON: REMAINS MARKER

ORGANIZATION: UNKNOWN

RELIGION: []

IDENTIFICATION VERIFIED BY: []

NAME AND TITLE: []

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: []

CONDITION OF REMAINS: []

OTHER MEANS OF IDENTIFICATION: []

CANCELLED

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: [] BY: []

CASKET SEALED BY: [] EMBALMER (Signature): []

CASKET BOXED AND MARKED: [] SHIPPING ADDRESS VERIFIED BY: []

DATE: [] BY: []

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

SIGNATURE OF AGS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

SEP 1 1949

75

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

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

/ebc

Interred 2 March 1950
C 7 94 Ft. McKinley

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

1

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 81090

DATE
17 02 50
DAY MONTH YEAR

NAME: UNKNOWN X - 16 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY AGANA NO. 3, GUAM PLOT: A ROW: 26 GRAVE: 1 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: X - 16 SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: 21 Feb 50

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: RELIGION: 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:

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 21 Feb 50 BY: PAUL R NICHOLS
CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature): *Paul R Nichols*
PAUL R NICHOLS

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt., RA

DATE: 21 Feb 50 BY: RAYMOND H TANGUAY, Sgt 1c 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
FILE
RECORDS AND STATISTICS
DATE: 24 Apr. 1950
NAME: G. Kyle
R & R BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	US Military Cemetery
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			
1950		MAR 2			
2. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			
3. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			
4. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			
5. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			
6. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			
7. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER		NAME OF CONVOYER			
DATE		SIGNATURE OF RECEIVER			

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6322 23090

17 02 50
DAY MONTH YEAR

NAME: UNKNOWN I-16 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY AGANA NO. 3, GUAM PLOT: A ROW: 26 GRAVE: 1 DISPOSITION OF REMAINS: 7701 66 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. WM. MCINWELLY, 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: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE: [REMAINS/MARKER]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS: OTHER MEANS OF IDENTIFICATION:

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY: CASKET SEALED BY: EMBALMER (Signature)

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE BY:

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CASKET DELIVERY

RECORD OF CUSTODIAL TRANSFER

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

1. This case Unknown X -16 has
been reviewed and the recommendation of the Field as
unidentifiable due to lack of sufficient identifying
data is approved.

2. These remains were (^{buried}
~~transferred~~) in
Guam # 3 again

*Ind & DIED
7 Dec 1948*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

25 June 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 16, Plot A,
Row 26, Grave 1, USMC Cem No. 3 Agana, Guam have

been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. B. MCNEMAR
Captain, GIC
Chief, Records Branch

Atch: Form 1044

Inc #5'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN 2-16				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agaña, Guam	4. PLOT A	5. ROW 26	6. GRAVE 1	7. DATE OF	
				DISINTERMENT 4 Nov 47	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT WTB	9. ESTIMATED HEIGHT WTB	10. COLOR OF HAIR WTB	11. RACE WTB
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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)

One enameled plate: Unknown 16- USN- P1 R26 G-1 29 Aug 44

Unidentifiable by reason of lack of sufficient identifying data.

H. W. H.
H. W. HARRISAN
 Captain, QMS
 Operations Officer
 APOB, Marine Base

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

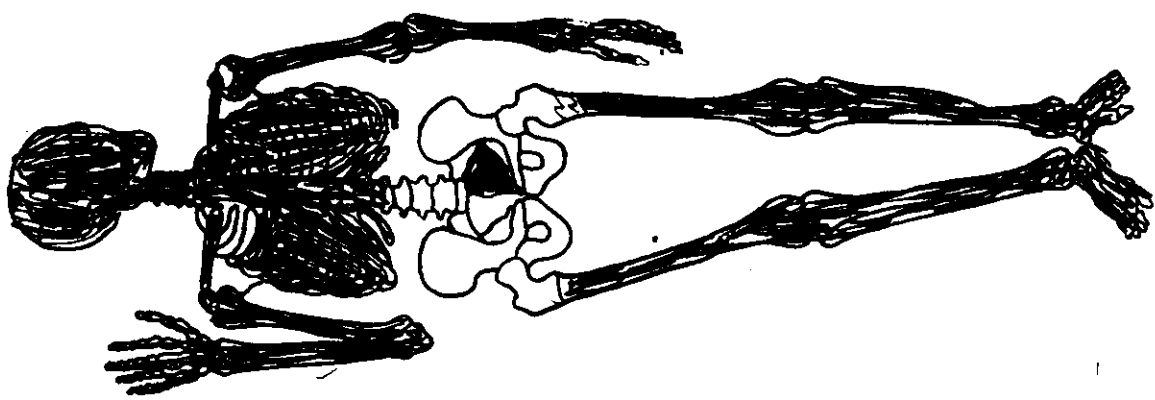
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Gary D. Pugh Operations Officer /s/ Uldric E. Conerly, Capt., T.C.



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 all major bones missing. Head of both femurs, both pieces of bones, 3 vertebrae, one section of rib found. No ID tag found with body.

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. CONERY, Captain, CAC	SIGNATURE <i>Ulbric E. Conery</i>
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IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-16				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Com. 3, Agaña, Guam	4. PLOT A	5. ROW 26	6. GRAVE 1	7. DATE OF	
				DISINTERMENT 4 Nov 47	REINTERMENT

PHYSICAL DESCRIPTION

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

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

One embossed plate: Unknown 16- UNN- P1 R26 G-1 29 Aug 44

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Z.
H. W. HARRISAN
Captain, GSC
Operations Officer
AGCS, Marine Base

WCE

18. TOOTH CHART

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

Certified true copy:

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

Gary D. Pugh

Operations Officer

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

IDENTIFICATION DENTAL CHART

DATE

4 Nov 47

NAME (Last, First, Middle Initial)

UNKNOWN # 16

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

Unknown

DATE OF DEATH

PLACE OF DEATH

GUAM

PLACE OF BURIAL

Cemetery # 3 Agana, Guam

PLOT

A

ROW

26

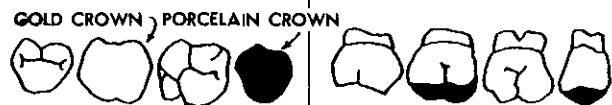
GRAVE

1

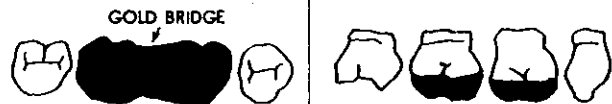
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



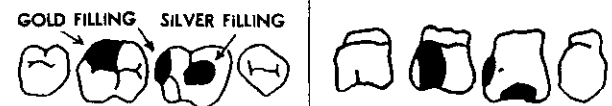
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



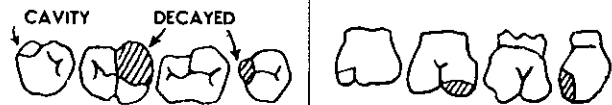
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

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.

REPORT OF INTERMENT

UNIDENTIFIED #16

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

ANM #3

G uam Island

(Place of death)

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

1

26

A

(Grave Number)

(Row Number)

(Plot Number)

(Religion, if known)

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

RESTRICTED

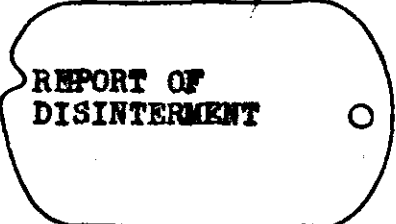
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

4 Nov 47

Imprint Identification Tag if Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN # 16		Box # 45
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guam	Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)
None	
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 Agaña, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				A	26	1

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Cottrell, George L. Jr.	Pfc	803669	USMC	2

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Beginning of Row				

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Theodorico J. Espital</i> Theodorico J. Espital	<i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.

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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


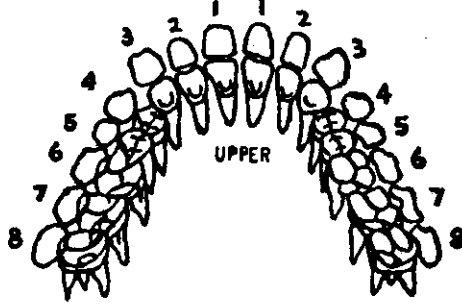
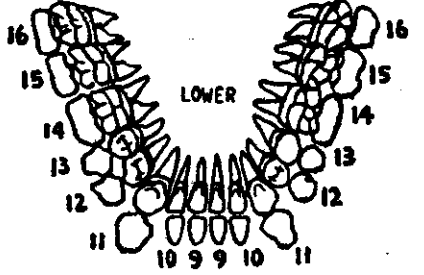




INSTRUCTIONS:

(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.

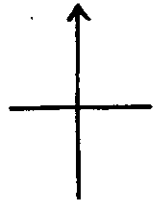
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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: Only parts recovered are both pelvic bones, three vertebrae, 1 broken part of rib, and the broken head of both femurs.**

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-16				2. DATE OF REPORT 25 June 49		
3. NAME OF CEMETERY Cem No. 3, Agana, Guam		4. PLOT A	5. ROW 26	6. GRAVE 1	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE Unknowns
-------------------------------------	-------------------------------------	-----------------------------------	-----------------------------

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

UTD

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)

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 5-2

TOOTH CHART

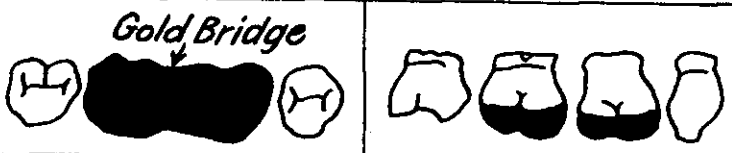
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



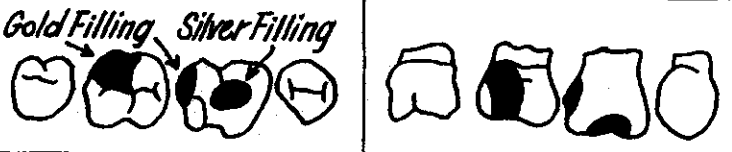
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



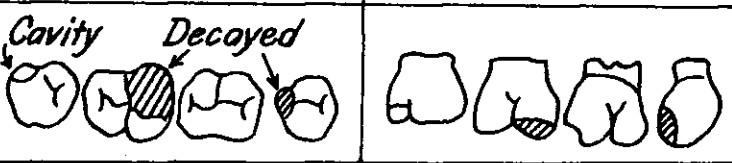
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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			
		M	X	X	I	L	L	A			M	I	S	S	I	N	G	
Side Views								Side Views										
Top Views								Top Views										
UPPER								UPPER										
Side Views								Side Views										
LOWER								LOWER										
		M	A	N	D	I	B	L	L			M	I	S	S	I	N	G
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 loose teeth present with remains.

"UNIDENTIFIABLE"

BY REASON OF LACK OF POSITIVE IDENTIFYING DATA

James J. McDermott Laboratory Officer, CIP

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 ROI, identification tags or personal effects found with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-16				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agana, Guam		4. PLOT A	5. ROW 26	6. GRAVE 1	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)

One embossed plate: Unknown 16- USN- P1 R26 G-1 29 Aug 44

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Harriman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbe Zone

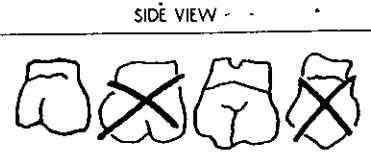
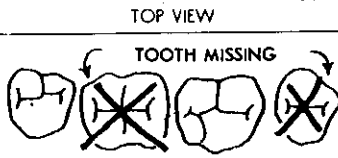
WCK

X-16

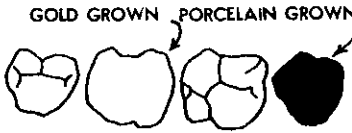
18.

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:



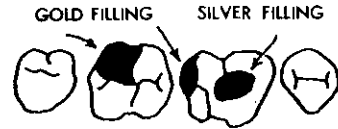
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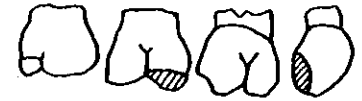
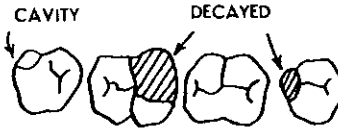
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FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



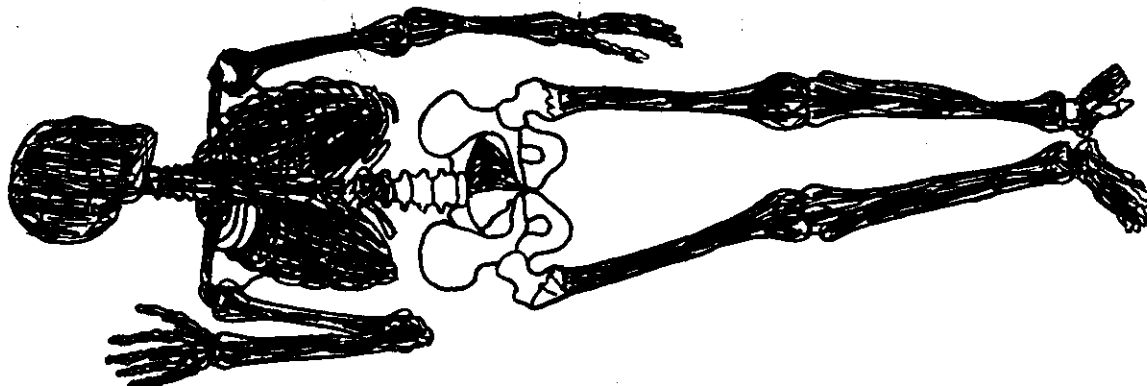
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS								SIDE VIEWS							
UPPER								UPPER							
LOWER								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Uldric E. Conerly
ULDRIC E. CONERLY, Captain, 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
 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 all major bones missing. Head of both femurs, both pieces of bones, 3 vertebrae, one section of rib found. 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

ULDRIC E. CONERLY, Captain, CAC