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 head-quarters 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.

OPY OF IDENTIFICATION TAG	NAME		(Last) UNIDENTIFI	ED #16)	(Middle)
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AUSE OF DEATH			PLACE OF DE	ATH		·-··
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ATE OF DEATH			DATE OF BUF	NAL		
7/21/44			8/	29/44		
AME OF CEMETERY			LOCATION OF			
y Navy Marine Cenet	ery #5.		Aga	na Guam.		
RAVE MARKER TYPE	PLOT No.	A	ROW NO.	26	GRAVE NO.	
URIED AT SEA (Date)	- 		AREA		! <u></u>	
YPE OF RELIGIOUS CEREMONY HONORS.		_	RELIGION OF	DECEASED		
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OMPLETE FINGERPRINT CHART OF	BOTH HANDS ON REV	/ERSE				
	Yes	Ne Ne				
ST OF PERSONAL EFFECTS FOUND	ON BODY AND DISPO	SITION OF SAME				-
DENTIFICATION TAG BURIED WITH	BODY		IDENTIFICATION	ON TAG ATTAC	HED TO MARKER	
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ERSON REPORTING BURIAL (Name) ^	(Rank or pat	(e) PERSON CONI	UCTING BURI	AL RITES	<u> </u>
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w	unidentified, take rolled ludging. Obtain sharp, o	ESTIMATED HEIGHT ESTIMATED	WEIGHT	COLOR OF ETES	COLOR OF HAIR
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INDEX	8 TO	LAUNDRY MARKS		WEAPON AND SERIAL	No.
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	d impression of fingerprints, clear contrast of inked ridges	(If actual wei	ght and height a	are used, delete estima	ated)
	ssion	Wrap and tie body securely in a bla	anket, pad cove	ring, canvas or other s	uitable substance. Dig grave
	n of	to five feet or in hasty burials, to suffi	icient depth to p	prevent destruction of b	oody or loss of identity. Place
MIDDLE	finge finge	 nly one body in grave. Securely fag and attach to grave marker (when 	asten one ident en body is disi	tification tag to body. Interred or properly re	Remove other identification conded remove and forward
Ë	ed 7	to BuPers, Marine Corps, or Coast	Guard, as indic	cated). If no tag is p	resent, make a notation with
	its.	pencil of identifying data on form in			
	Clea	container which can be made waterti marker. If no tag is available, write			
Г	Cleanse fingers and intervening	suitable means to identify grave as			-
RING	fing	2. LOCATION OF GRAVE: Report	rt burials in esta	ablished cemeteries by	plot, row, and grave number
Ω.		For all other burials, prepare sketch ences, or by reference to prominent			
	spac	complete. Stand at foot of grave fac	ing head to de	termine bodies buried	to the left and right.
-	of all foreign			t	
Ē.		If the body is otherwise unidentified or fir dental conditions in conformity with instruct			 .
ヒハナーモ	natte ot ov	para. 2318 (b) (1) & (2))(1945 Ed. para. 223	4.1 & .2). This mi	ust be accurate.	エアをファエ
m	matter. Roll finger not overlink.	CHARTING EXAMPLE: (Chart Cavities	in BLACK: other	wise use RED)	
<u> </u>	₋│ਨੌ≅ੈ	Tooth No. 1, missing; No. 2, gold inlay and to crown; No. 4, cavity; No. 5, two porcelain or t	wo silver fillings;	No. 3, full gold	
प्र	finge	fixed bridge supplying missing tooth No. 7; N	to. 9, porcelain cro	wn (outlined).	
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випн	include	Missing teeth Nos	1 2 3	111111111111111111111111111111111111111	9 10 11 12 13 14 15 18 14 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(No TP or DC available) UNIDENTIFIED #16 - Cemetery #3

USN

Died: 7/21/44 Buried:8/29/44 Grave 1 - Row 26 - Plot A - #3

(Div Provost Marshall has planes gun numbers)

Ship or Station Attached at Time of Death Date Report Filled Out 16 April 1946

18.4				
Copy of Identification Tag	Name (Last)	(Tirst)	(liiddle)
	UNIDE	enti fiei	# 16	
•	File or Serv	rice No.	Rate or Rank	Branch of Service USN
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	Corps or Res	serve Cla	ssification	Race
Cause of Death		Place o	f Death	
Crash		: • <u>-</u> .		am
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Date of Death		· Date or	Burial	
7/21/44			8/29/44	
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Military Honors .				
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] None		letters, etc	
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Yes				
Complete Fingerprint Chart of on Reverse	f both Hands	Ì	ı	•
Yes V	No			
List of Personal Effects fou	nd on Body ar	d Dispos	ition of Same	
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Identification Tag Buried wi	th Body	Identi	fication Tag	Attached to Harker
	No	1	Ye	
If Identification Tags not p	resent, what	other Id	entification	Data buried and in
What Kind of Container	formation 6	extracte	ed from Cem	etery Records.
IF BURIAL OTHER THAN ESTABLE				
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Cottrell, G. L.		Pfc	2 803	669 2
Body on Right, Name (Last, fi	rst,middle)	Rank o	r Rate File o	or Service No. Grave
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Person Reporting Burial (Nam	ne)(Rate oi	Person	Conducting E	Burial Rites
Rank)				
R.L. RIDOLFI 2d Lt., US		Vonifi	ed and Forwar	-ded
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1. This case Unknown X ______ has been reviewed and the recommendation of the Meld as unidentifiable due to lack of sufficient identifying data is approved.

2. These remains were (buried) in Suam # 3 agann

Ind & 2:50 7 Dec 1948

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCON ZONE APO 900

		25 June 1949
		Date
SUBJECT:	Unidentifiable Remains	
TO :	The Quartermaster Washington 25, D. C. Attn: Memorial Division	
26 Row	The records pertaining to Unknown K- 1 Cem No. 3 Agana, Grave, USMC	, Plot A Guam have
been revi	ewed and it is the opinion of this office	
evidence	is available to establish the identity of	this deceased,
and that	these remains should be classified as unid	lentifiable
	FOR THE COMMANDING OFFICER:	·
1	/fi. B. McNE Captain,	CULAMOS MAR GAC ords Branch

Attch: Form 1044

Ind #5-1

f 4 3t	IDENTI	FICATION	DATA			
REMAINS OF UNKNOWN			* * * * * * * * * * * * * * * * * * * *		2. DATE OF R	E PORT
/ / Will	CHORN I-16				11 Oct /	18
NAME OF CEMETERY		4. PLC	T 5. ROW	6. GRAVE	7. D	ATE OF
					DISINTERMENT	REINTERMEN
Com. 3, Ageme, (States.		26	1	A Mer El	•
-	PHY	SICAL DESCRIPT	LON		<u></u>	
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT		LOR OF HAIR		11. RACE	
777	TIP TIP		UTD		100	D
GIVE DESCRIPTION OF TA	TTOOS OR SCARS ON BODY AND	D/OR SUCH INFO	RMATION OBT	AINED FROM	OTHER SOURCE	5
				•		
Nemo						
Heno						
•	TO WHAT EXTENT?					
TES ENO						
YES NO	TO WHAT EXTENT?					
YES NO WAS BODY MANGLED? YES NO	TO WHAT EXTENT?	MAI F OR MATIONS				
YES NO WAS BODY MANGLED? YES NO		MALFORMATIONS				
YES NO	TO WHAT EXTENT?	MALFORMATIONS				
YES NO WAS BODY MANGLED? YES NO	TO WHAT EXTENT?	MALFORMATIONS				
YES NO WAS BODY MANGLED? YES NO	TO WHAT EXTENT?	MALFORMATIONS			_	•
YES NO	TO WHAT EXTENT?	MALFORMATIONS				•
. WAS BODY MANGLED?	TO WHAT EXTENT?	MALFORMATIONS				•
YES NO. WAS BODY MANGLED? YES NO. DESCRIBE EVIDENCE OF	TO WHAT EXTENT?					•
YES NO. WAS BODY MANGLED? YES NO. DESCRIBE EVIDENCE OF I	TO WHAT EXTENT? HEALED FRACTURES AND BONE OTHING, EQUIPMENT AND PER:	SONAL EFFECTS such notation	FOUND, SHOW should be	made and s	PE, COLOR, SI pecimen forwa	ZE, MARKINGS
YES NO. WAS BODY MANGLED? YES NO. DESCRIBE EVIDENCE OF I	IO WHAT EXTENT? HEALED FRACTURES AND BONE OTHING, EQUIPMENT AND PERS	SONAL EFFECTS such notation	FOUND, SHOW should be	made and s	PE, COLOR, SI pecimen forwa	ZE, MARKINGS rded through
YES NO WAS BODY MANGLED? YES NO DESCRIBE EVIDENCE OF LIST EVERY ITEM OF CL SERVICE, ETC. (If law channels for examinat	OTHING, EQUIPMENT AND PERIOD MAY MAY BE STATED TO THE STATE OF THE STA	SONAL EFFECTS such notation	FOUND, SHOW should be n the area;	made and s	PE, COLOR, SI pecimen forwa	ZE, MARKINGS rded through

Valdentificals by reason of lack of sufficient identifying data.

N. N. N.
E. W. HARRIMAN
Captain, QUE
Operations Officer
ASS, Nambe Some

THE R.

18. T	OOTH CHART	, , , , , , , , , , , , , , , , , , , ,
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 PORCE-LAIN), THUS:	Gold Crown, Porcelain C	rown DDDD
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORGELAIN 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	0000
Side Views	1 1 2 3 4 5	6 7 A Side Viere
TO DO	M MAQQQ	HA LOVER
Side Views 16 15 14 13 12 11 10	9 9 10 11 12 13	14 15 16

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

No teeth. No mandible or maxilla.

Certified true copy:

H. W. HARRIMAN

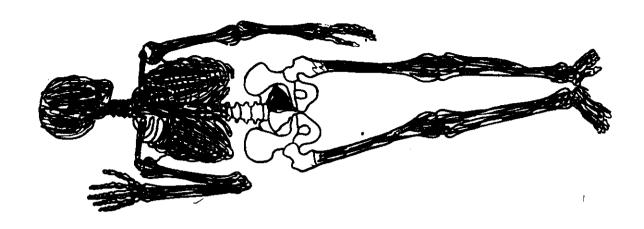
Captain, QMC

Operations Officer

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

Gary D. Pugh

19. BLACK OUT PARTS OF BODY NOT RE



MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 • (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:

21. REMARKS AND ADDITIONAL INFORMATION

Body received in shelter half -- all dry bones. Skull and all major bones missing. Head of both femura, both pieces of bones, 3 vertebrae, one section of rib found. No ID tag found with bedy.

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

ULBRIC E. COMERIX, Captain, CAC

allen 3. 0

SIGNATURE OF MEDICAL OFFICER

	IDENTIF	ICATION, DATA			
REMAINS OF UNKNOWN		· · · · · · · · · · · · · · · · · · ·		2. DATE OF RE	PORT
<i>,</i> ,	maya 2-26			11 Oct 4	<u> </u>
NAME OF CEMETERY		4. PLOT 5. ROW	6. GRAVE	1	TE OF
				DISINTERMENT	REINTERMENT
Com, 3, Aguma, C	Mach	A 26	1	4 Nov 27	-
	PHYS	ICAL DESCRIPTION	<u> </u>	<u> </u>	<u> </u>
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		ll. RACE	
773	77.0	970		925	•
GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/	OR SUCH INFORMATION OBTA	INED FROM	OTHER SOURCES	•
	TO WHAT EXTENT?				
YES NO					
YES NO	TO WHAT EXTENT?		•	•	
YES NO	TO WHAT EXTENT?		•		
YES NO WAS BODY MANGLED? YES NO	IO WHAT EXTENT? EALED FRACTURES AND BONE M	IA LF OR MAT I ONS	•	•	
YES NO WAS BODY MANGLED? YES NO		IA LF OR MAT TONS	•	•	
YES NO WAS BODY MANGLED? YES NO		IA LF ORMAT LONS	•		
YES NO WAS BODY MANGLED? YES NO		IA LF ORMATIONS	•		
YES NO WAS BODY MANGLED? YES NO		IA LFORMATIONS	•	,	
YES NO WAS BODY MANGLED? YES NO		IA LF ORMAT I ONS	•	•	
YES NO WAS BODY MANGLED? YES NO		IA LF ORMAT I ONS	•	•	
WAS BODY MANGLED? YES NO DESCRIBE EVIDENCE OF HI	EALED FRACTURES AND BONE M THING, EQUIPMENT AND PERSO	DNAL EFFECTS FOUND, SHOW such notation should be m	NG THE TY		
YES NO WAS BODY MANGLED? YES NO DESCRIBE EVIDENCE OF HI	EALED FRACTURES AND BONE M	DNAL EFFECTS FOUND, SHOW such notation should be m	NG THE TY		
YES NO WAS BODY MANGLED? YES NO DESCRIBE EVIDENCE OF HI LIST EVERY ITEM OF CLO SERVICE, ETC. (If laun channels for examinati	EALED FRACTURES AND BONE M THING, EQUIPMENT AND PERSO	DNAL EFFECTS FOUND, SHOWI such notation should be n t available in the area)	NG THE TY		

Unidentifiable by reason of lack of sufficient identifying data.

N. W. NARRINAN Coptein, QNC Operations Officer ACRS, Naybe Sens

SCE

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

10

11

12

13

14

15

9

No teeth. No mandible or maxilla.

14

Certified true copy:

15

H. W. HARRIMAN Captain, QUC

10

Operations Officer

12

11

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

Gary D. Pugh

16

"UNKNOWN X-16 _R-26, G-1 19. BLACK OUT PARTS OF BODY NOT MASS BURIAL CERTIFICATE (IF APPLICABLE) 20• (Wherein segregation in whole or parts is impossible) 1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF MUNBER ___DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: 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. Certified true copy: Captain, QMC Operations Officer

WCK

1 CERTIFY THAT 1 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

SISNATURE

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Conerly

f.				DATE	
NAME (Last, First, Middle Initial)	IDENTIFIC ION DENTAL	TRANK		4 NO	W 47
	16				
UNIT	ORGANIZATION	CAUSE OF D	EATH nknown	DATE OF DEATH	
PLACE OF DEATH GUAM	PLACE OF BURIAL Cemetery	# 3 A	gana, Guam	PLOT ROW 26	GRAVE
MISSING TEETH: ALL TEETH MISS FRACTURED OR DISPLACED BY REC AND LABELED THUS:	SING THROUGH EXTRACTION INOT THO EENT WOUNDS) SHOULD BE "X" "D O	DSE TUT	TOP VIEW TOOTH MISSING		DE VIEW
CROWNED TEETH : BLOCK IN SC PORCELAIN, SILVER OR GOLD AND	DLID AND CROWN OF TOOTH ILABEL G) PORCELAIN), THUS :	SOID,	GOLD CROWN , PORCELAIN	I CROWN	
BRIDGE WORK : BLOCK IN SOLIC BRIDGE, GOLD AND PORCELAIN B	O AND CROWN OF TOOTH (LABEL GOL) RIDGEI, THUS :	D	GOLD BRIDGE	7 55	
FILLINGS : DRAW FILLING ON TO AND LABEL GOLD, SHIVER, CEMENT	OOTH AS ACCURATELY AS POSSIBLE (BLO	ICK IN	GOLD FILLING SILVER FILL		
CARIES: (Cevities): OUTLINE LOI SHADE IN THUS:	CATION AND SIZE OF CAVITY,	, 	CAVITY DECAYED	9 04	
	RIGHT 7 6 5 4 3 2 15 14 13 12 11 10 IM OF RELATIVE SIZE AND SHAPE OF PLA Remarks: Entire		LEFT 2 3 4 5 6 D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D	•	SIDE VIEWS UPPER LOWER
SIGNATURE OF OFFICER OR OTHER CELLENCE HO.	PERSON WHO PREPARED DENTAL CHA		ENILIO S. ZAPI	00, 2nd Lt.	, Inf.

F.N.F. PAC Form (9)
Graves Registration

REPORT OF INTERMENT

(Last Name)	(First)	(Initial)	(Seria	1 Num	iber) (Ran	nk) (Organ	ization
		ANM #	3		G uai	m Island	
(Place of death)		(Name o	Cemetery)	(Nam	e or coord	linates of	location
1		26	A				
(Grave Number)		Row Number)	(Plot Numb	ег)	(Religion	, if know	n)
Disposition of ident	ification		Buried with Attached to		_	No 🗌 No 🗌	
Disposition of ident		One	Attached to	mark	er Yes 🗌	No 🗌	y?)
	on tags, w	One that means of	Attached to	mark	er Yes	No	
(If no identificati	on tags, w	One that means of	Attached to	mark	er Yes	No	
(If no identificati	on tags, w	One hat means of	Attached to	mark tion ablis	er Yes are buried	No	rs)
(If no identificati	on tags, w	One hat means of	Attached to identification identific	mark tion ablis	er Yes are buried	No	rs)

tified dead and all ten fingers of unidentified, if possible.

BASE DEPOT REPRODUCTION

THUMB	(Signature of officer of sing burial,		THOME
· · · · · · · · · · · · · · · · · · ·	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.	-	
	MOTE below any identifying clues found, such sa letters, photographs, probable organizat-ion of deceased, etc.:		_
	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, E birthmarks, moles, deformities, etc.:	LEFT HAND	~
ω	the following as possible. HEIGHT: APPARENT NATIONALITY: COLOR OF HAIR: RACE COLOR OF HAIR: RACE IS TOOTH CHART ATTACHED?		m
4	IF DECEASED UNIDENTIFIED TAKE THOSE YOU CAN, And fill in as many of TAKE THOSE YOU CAN, And fill in as many of		4

T-			RESTRIC	red (
WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		7	PORT OF INT 30-1810 and A	- 4		DATE	OF REPORT	
Imprint Identification		aible. Section 1.—IDI	ENTIFICATION.		_ ,			-
DO NOT T	TYP#	NAME (Last, Aret		Bo;	+	↓	AL No.	
REPORT OF DISINTERNAL	nt	GRADE	ORG	ANIZATION	<u>· · · · · · · · · · · · · · · · · · · </u>	BRAN	CH OF SERV	ICE
		RACE	RELI	GION		IF OTHER THE NAME OF C	IAN U.S. DE	AD, GIVE
PLACE OF DEATH		CAUSE OF DEATH	<u> </u>			DATE	OF DEATH	
Guana?			Unknown					
EMERGENCY ADDRESSEE (I	Vame, relation	uskip, and address)				:		
WERE SUBSTITUTE TAGS PA			SAME					
Section 2.—BURIAL. If o NAME, NUMBER, COORDINA Competany	ITES, AND LO	AGAINA . (ISLA		map coordinates on	refer se .			
DATE OF BURIAL	HOUR		ud, blankel, or name of	other) TYPE OF	GRAVE	PLOT No.	ROW: No.	GRAVE N
				MARKE	К	A	26	1
WAS THIS A REBURIAL? (Yes or No)	IF A REB	URIAL, INDICATE HAME, N	UMBER, COORDINATE	S OF PREVIOUS CEMET	ERY, AND I	OCATION OF G	RAVE:	GRAVE
TYPE OF RELIGIOUS	PERSON (CONDUCTING BURIAL RIT	ES IF II	DENTIFICATION TAGS	NOT USED,	DESCRIBE ID	NTIFICATIO	N DATA A
CEREMONY			Col	RIMINERS BURIED WIL	,, 6001,			
IDENTIFICATION TAG BURI	1	IDENTIFICATION TAG A						

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.

RANK

RANK

Pre

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

Cottrell, George L. Jr.

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

Technico J. Espital

Beginning of Row

SIGNATURE OF PERSON PREPARING REPORT

ORGANIZATION

TESC

ORGANIZATION

BALLIO S. ZAPIGO, 2nd, Lt., Inf.

SERIAL NO.

SERIAL No.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

803669

GRAVE No.

GRAVE No.

RESTRICTED

	Section 3.—UNIVENTIFIED	DEMAINS			
LEFT	INSTRUCTIONS: (a) Great care will be mains. Fill in anatomic social security number; planes vehicles and tan	pe taken to record al characteristics position of body for ks.	below, and any other of all clusters are the control of the control of all clusters are the control of the cont	es, and tanks; and serial	ch as shoe size, numbers of air-
LEFT RING FINGER	accomplished if one or m	COLOR OF EYES	coLOR OF HAIR	BIRTHMARKS, SCARS, OR	
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CLU	LAUNDR'	! / MARKS	WHERE BODY WAS BURIED	OR FOUND
LEFT INDEX FINGER	FILLINGS	SILVER FILL	ING	3 2002	
Тнимв	CAVITIES	CAVITY OPECA	Y 6 7 7 7 7 8 7 7 7 8 7 8 7 8 7 8 7 8 7 8	STATE TO STA	255 2007
RIGHT	MISSING TEETH	TOOTH MISS	D IAGRAM	REPRESENTS THE MOUTE	H WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	PORCELAIN GOLD CRO		LOWER STANDARD	3) 14) 13) 12
RIGHT MIDDLE PINGER	FURNISH SKETCH AND MAP	REFERENCE AND COX	ORDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED	O CEMETERY
RIGHT RING FINGER	REMARKS:	on of Remail	net Only myte	recovered are	both polylo
LITTLE FINGER		vertebras,		of rib, and the	

			·						
	IDENTI	IFICAT	ION D	ATA					
REMAINS OF UNKNOWN	/		7				2. DA	E OF RE	PORT
UNKNOWN X-16							- 2	5 Jun	
NAME OF CEMETERY		4	. PLOT	5.	ROW'	6. GRAVE	7.		TE OF
							DISIN	ERMENT	REINTERMENT
Cem No. 3, Ag	ana, Guam		A		26	1			
	PHY	YSICAL DES	SCR LPT 10	ON O		<u> </u>	<u> </u>	-	<u> </u>
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	<u> </u>	0 COLO		HAIR		11. RA	CE	
υTD	UTD	İ	7	ΙT.	D		1	Jnknow	ms
EGIVE DESCRIPTION OF A	NY OFFICIAL IDENTIFICATION	ויא טאטט או	ІІЛ МЕМА	IIIO					
	N	ONE							
	ប	TD							
. WAS BODY BURNED?	TO WHAT EXTENT?	<u> </u>							
T YES TO NO									
. WAS BODY MANGLED?	TO WHAT EXTENT?	,							
YES X NO									
. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE	MALFORM/	AT IONS						
		JUNE							
	<u></u>		.						
7. LIST EVERY ITEM OF C	LOTHING, EQUIPMENT AND PE	RSONAL EF	FECTS F	OUND,	SHOW	ING THE I	PE, LU	10K, 51	(E, MAKKINGS,
SERVICE, EIG. (IF IE	tion when facilities are	. 3 80 11 110	LHLION	a nou i	0 00	mage and a	pec see	n .orwa	rato through

MONE

"BY REASON OF LACK OF SUPERCIENT IDENTIFYING DATA"

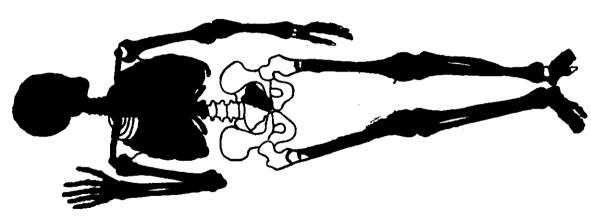
0 1-45-

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

No loose teeth present with remains.

THEY REASON OF LAW WOLLD BENTIFYING DATA

JAMES J. McDERMOTT Laboratory Officer, CIP



20 •	MASS BURIAL (Wherein segregation	CERTIFICATE (IF AF in whole or parts	PLICABLE) is imposs	ible)			
! CERTIFY THAT THE GROUP ROOF THE FOLLOWING ANATOMICA		S OF	_DECEDENTS B	BASED ON THE	PRESENCE (DF ONE	OR MOR
			SIGNATURE OF	MEDICAL OF	FICER	<u>-</u>	

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

"UNIDENTIFICABLE"

"BY REASON OF LACK OF SUPFICIENT 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

SIGNATURE

James J. M. Lewoll.

THE HARLY GRADE, RAM ON DESTRICT, RAD ONGRAPIENT

JAMES J. LoderMOTT Laboratory Officer, CIP

	VOENTIFIC	CATION D	ATA	Ó		
1. REMAINS OF UNKNOWN					2. DATE OF RE	
3. NAME OF CEMETERY	IOWN X-16	Til. BLOT	T- 500	16 00445	11 Oct 4	<u> </u>
). NAME OF CEMETERS		4. PLOT	5. ROW	6. GRAVE	7. DA	TE OF
					DISTRIENMENT	ME INTERMENT
Cem. 3, Agana, Gu	· ·	A	26	1	4 Nev 47	<u> </u>
		L DESCRIPTION				
8., ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11. RACE	
UTD	UTD		UTD		UTD	,
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOUN	ND WITH REMA	INS			
						i e
13.61VE DESCRIPTION OF TATE	OOS OR SCARS ON BODY AND/OR	SUCH INFORM	IAT LON ORT	AINED EROM	OTHER SOURCES	
TOTAL DESCRIPTION OF TREE	OUS ON SCARS ON BODY ENDYON	30CH THE ON	וטט אוטו נאי	4 INCO TROM	OTHER SUBRCES	
None						
•						
L4. WAS BODY BURNED?	TO WHAT EXTENT?	·				
YES A NO	·					
5. WAS BODY MANGLED?	TO WHAT EXTENT?			_		
YES X NO						
	ALED FRACTURES AND BONE MALF	PORMATIONS				
*Y						
None						
	HING, EQUIPMENT AND PERSONAL					
channels for examination	lry marks are indistinct sucl on when facilities are not av	n notation : vailable in	the area)	mede end s	pecimen vorwar	aea intougn
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Unidentifiable	by reason of lack of	suificle	nt id en i	llying	uata	
		-				
					, .	

W. W. Wauman H. W. HARRIMAN Captain, QMC Operations Officer AGRS, Marbe Zene

GPO-O-47 - 754879

WCK

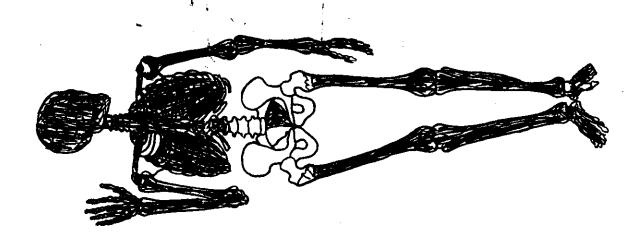
10		T/	OOTH CHART	7 //			
18.	,	<u> </u>	T	TOP VIEW	<u> </u>	SIDĖ VIEW	
	eeth missing through e) Ced By recent wounds)		- 6	TOOTH MISSING	5	· ·	Ø
	DCK IN SOLID AND CROWN GOLD AND PORCELAIN), TH		1 ~ ~	WN PORCELAIN GROW			
	(IN SOLID AND CROWN (RCELAIN BRIDGEI, THUS:	OF TOOTH (LABEL GOLD	9	GOLD BRIDGE	5		0
FILLINGS: DRAW FILLII IN AND LABEL GOLD, S	NG ON TOOTH AS ACCUR SHEVER, CEMENT), THUS:	ately as possible (bloc)	GOID FILLI	NG SILVER FILLING			0
CARIES (Cavities): OL THUS:	itline location and siz	E OF CAVITY, SHADE IN	CAVITY	DECAYED	606		0
SIDE VIEWS TOP VIEWS SIDE VIEWS 16	RIGHT 7 6 5 DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	4 3 2 0		2 3 4 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		POP DOD POP 16	SIDE VIEWS
WITH THE WORD, "C	RAW DIAGRAM OF RELATIVE LASP." YeeH			TH ATTACHED AND INDI			

OMC FORM 18 MAR 47 1044a *

Eighth Army Printing Plant Bonnyald 4370

Ulder E. Conerly, Captain, T.C.

19. BLACK OUT PARTS OF BODY NOT RESERVE



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

SIGNATURE OF MEDICAL OFFICER

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<u>ncin</u>

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ULDRIC E. CONERLY, Captain, CAC

Ullin E. Cenny