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and that the report above is correct.  F. W. Richardson, M/Sgt., RA  SIGNATURE OF AGRS INSPECTOR  REMARKS AND SPECIAL INSTRUCTIONS  PAGE 107		<u> </u>	<del></del>					<u> </u>		<del></del>		
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DATE CASKET SEALED BY			BY	EMBA	LMER	Signatur	<del>6</del> )		<del></del>	
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1 hereby and that the i			foregoing operations vect.	were col	nducte					ate supervision
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has been reviewed and the recommendation of the Field as unidentifiable due to lack of sufficient identifying data is approved.

2. These remains were (transferred) 4

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	IDENTIFICA	TION D	ATA	•				
1. REMAINS OF UNKNOWN 🧀 🖫					2. DATE OF RE	PORT		
TNKNO	ŴN X-21				11 Oct /	ø		
3. NAME OF CEMETERY	PPLY GE, Auch	4. PLOT	5. ROW	6. GRAVE		TE OF		
	to grand Ngar	1207	) • NON	O. GILATE	DISINTERMENT			
# * *								
Cem. 3, Agana, Gu	ar	A	28	3	4 Nov 47			
_	PHYS ICAL I	DESCRIPTION	·					
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR			11. RACE			
UTD	5' <b>1</b> 0"	5' 10" UTD U						
12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS								
•								
None								
14-110								
13.GIVE DESCRIPTION OF TATT	OOS OR SCARS ON BODY AND/OR SI	JCH INFORMA	TION OST	AINED FROM	OTHER SOURCES			
						1		
None					•			
110110								
						!		
14. WAS BODY BURNED?	TO WHAT EXTENT?							
	TO WHAT EXTENT.							
YES X NO	,							
15. WAS BODY MANGLED?	TO WHAT EXTENT?							
	YES X NO							
16. DESCRIBE EVIDENCE OF HE	ALED FRACTURES AND BONE MALFOR	ZMAT LONS						
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37	+							
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channels for examinatio	n when facilities are not ava	ilable in t	he area)		,			
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N. W. Markiman
H. W. HARKIMAN
Captain, QLC
Operations Officer
AGRS, Marbe Zene

WCK

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."

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Thomas Indone

ULDRIC E. CONFRIN. Capt. T. C.

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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

HIDRIC E. CONERLY, Captain, CAC

allen

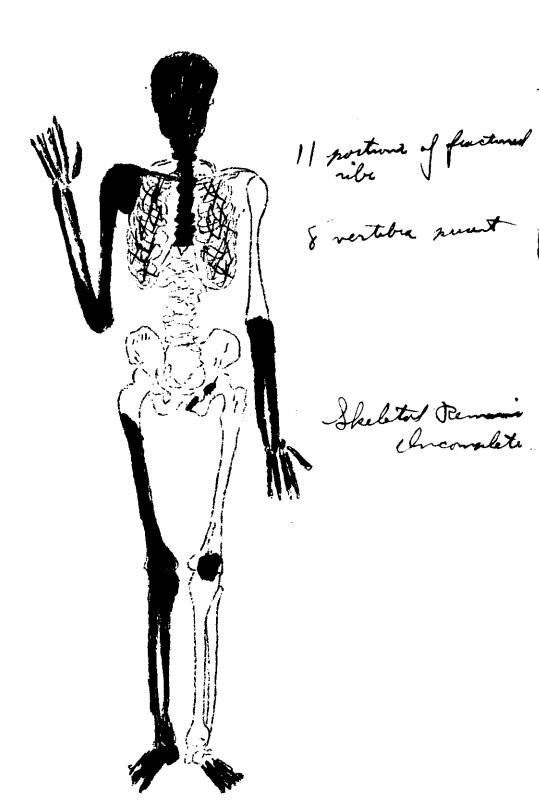
Course

• •	1	DENTIFIC ON DEN	ITAL CHART		DATE	4 Nov	47
MAME (Last, First,		# 21	RANK		SERIA	L'NUMBER	
UNIT	NKNOWN .	ORGANIZATION	CAUSE OF	DEATH	DATE	OF DEATH	
PLACE OF DEATH	<u> </u>	PLACE OF BURIAL	- #3 A	gana, Quam	PLOT	1 Row 28	GRAVE 2
- CORRE	<del>`</del>	- Come o	44 1 1 A	TOP VIE	<u> </u>		VIEW
	ISFLACED BY RECE	NG THROUGH EXTRACTION (N NY WOUNDS) SHOUID BE ''?		<del></del>	MISSING		
		LID AND CROWN OF TOOTH PORCELAINI, THUS:	(LABEL GOLD,	COUD CROWN ) PC	DRCELAIN CROV		
BRIDGE WORK: BRIDGE, GOLD AN		AND CROWN OF TOOTH ILA DGEI, THUS:	<b>B</b> EL GOLD	GOLD 8	RIDGE		
FILLINGS : DRAW AND LABEL GOLD		OTH AS ACCURATELY AS POSSI , THUS :	BLE (BLOCK IN	GOLD FILLING SH	LVER FILLING		
CARIES : (Cavities SHADE IN THUS :	a): Outline loc	ATION AND SIZE OF CAVITY,		CAVITY DE	CAYED	606	
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SIDE VIEWS	WG	5000	)HAD	8000	1000	00	SIDE VIEWS
TOP VIEWS	DO			7000	)(H)(	DO	UPPER
) VIEWS	BE	DED (190	<u> </u>	)DO & &	ATT (	DAD	LOWER
SIDE VIEWS	99		7777	APAS	117	74	
	I <u></u>		1 10 9 9	10 11 12 1		5 16	
DENTURES (Plates) TEETH WITH THE V		M OF RELATIVE SIZE AND SHAF	E OF PLATE, BLOCK II	N TEETH ATTACHED AND	INDICATE RETAI	NING CLASPS OF	N NATURAL
	Re	marks: Entire	e mandible	and maxill	la missi	ng.	
	•				_		· · · · · · · · · · · · · · · · · · ·
	FFICER OR OTHER	PERSON WHO PREPARED DEN	1	IFIED BY GRS OFFICER	12	1 × 1	
LAWR	ENCE HO.	Capt., D.C.		EMILIO S. 2	APICO,	2nd Lt.	Inf.

LAWRENCE HO, Capt., D.C.

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

(Name)



Corrected
SKELETAL CHART added 13 Aug 48

· CA			N.	RESTR	CICTED				
DOMC FO (Rev. 1-Apr (Supersedés GF	RM 1042 : 1945) IS Form 1)			REPORT OF (AR 30-1810 at		=	• •	OF REPORT	7
	ntification 2		aiblo.	Section 1.—IDENTIFICATION.	<del></del>	<del></del>			
/	DO NOT TY	PE		NAME (Last, first, middle initial)			* SERIA	L No.	
		•		UNKNOWE #	27	Box# =			
REPOR	et of		1			120d Ha	<del></del>		
DIST	TERLE	•		GRADE	ORGANIZATION		BRAN	CH OF SERVI	CE
			9		]				
\				RACE	RELIGION		IF OTHER TH	AN U.S. DEA	D GIVE
							NAME OF C	OUNTRY	_, , , , , _
PLACE OF DEAT	пн			CAUSE OF DEATH	<u> </u>		DATE	OF DEATH	
Gus				Unknown					
EMERGENCY AI	DORESSEE (No	zme, relatio	nskip, an	d address)	<u></u>			-	
IDENTIFICATIO	N TAGS FOUN	D ON BOD	<u> </u>	I IF NO TAGS FOUND ON BODY. D	ESCRIBE MEANS (	F IDENTIFICATION (A	f unidentified, fi	I in section 3	on reterns)
(1, 2, or none)	-		-					0	•
•	ione						4.		
WERE SUBSTITI	UTE TAGS PRO	OVIDEDICE	es er 10)						
			۴.	1					,
LIST PERSONAL	EFFECTS FO	UND ON B	ONA YOC	DISPOSITION OF SAME		<del></del>	<del></del>		
			•						
								•	
·									
Section 2.—Bit	IRIAL If oth	her than	in estab	lished cometery, furnish sketcl	and map coord	inetes on severse.			
NAME, NUMBER	R, COORDINAT	es, and L	OCATION	OF CEMETERY					
	Come to	ry #	3	Agana, Guan					
DATE OF BURIA		HOUR		BURIED IN (Shroud, blankel, or me	me of about	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
DATE OF BURIA		10011				MARKER		Ĭ	
							<u> </u>	28	3
WAS THIS A RE	BURIAL?	IF A REI	SURIAL,	INDICATE NAME, NUMBER, COORD	INATES OF PREVI	OUS CEMETERY, AND L	OCATION OF G	RAVE	
(Yes or no)	<b>W</b> _	}			**		PLOT: NO.	ROW No.	GRAVE No.
	To	<u> </u>			luc incorrect	ION TAGS NOT USED,	DESCRIBE INC	HTIEICATIO	M DATA AND
TYPE OF RELIG	SIOUS	PERSON	CONDUC	CTING BURIAL RITES	CONTAINERS B	URIED WITH BODY	DESCRIBE NO	MITTICATIO)	H UMIN NID
				·	1				
IDENTIFICATIO	N TAG BIRIF	D WITH	LIDEN	TIFICATION TAG ATTACHED TO	•		STATIO		
BODY (Yes or	Ma DOME		MAI	RKER (Yes or so)		·	OININ		
					RANK	SERIAL NO.	ORGANIZATIO	ON GRA	Æ No.
BODY BURIED	ON DECEASED	D LEFT, NA	ME (Las	t, first, middle initial)	Mun				
May.	Charles	5 V.			SEAT	B225683	USE	4	
,			iAME (Le	ast, first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRA	VE No.
Templi	in, Lav	renc	e B.		СЖЗ	6154839	USN	2	
SIGNATURE OF	_		·	10 2		GRS OFFICER VERIFY			
SIGNATURE OF		رء د		Les	MILIO	S. ZAPICO	2nd L	t., In	ſ.
DISTRIBUTIO	W OF BERN	DT. C		in all for II S and allied dead, as	ened original an	d one copy for enem		_ <del></del> _	
through He	adguarters C	RS Office	er. Cop	ies for retention in theater as	prescribed by th	are: Maintallast.			

## RESTRICTED

	Section 1.—DENTIFT	D REMAINS.				
THE PINGER	mains. Fill in anaton social security number planes, vehicles, and t	nical character; position of lanks.	ristics belo body found the most i	w, and any other in airplanes, vehic	clues under "Othe les, and tanks; and	serial numbers of air-
Rund	chart at left, or as ma every tooth will be ind accomplished if one or	ny as possible icated on the	. If no fin tooth chart	gerprint or prints of in accordance with	can be secured, the an diagram below.	condition of each and coth chart will not be
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF E	YES CO	LOR OF HAIR	BIRTHMARKS, SCAR	S, OR TATTOOS
3	WEAPON AND SERIAL NO.		AUNDRY MA	RKS	WHERE BODY WAS E	URIED OR FOUND
LEFT MIDDLE FINGER				. <del></del>	<u> </u>	
TINGER	OTHER IDENTIFICATION C	LUES				. <b></b>
N DEL			÷			· ·
LEFT INDEX FINGER	FILLINGS	O / SKV	ER FILLING FILLING			2
			7 7.22,110		09886	20°
THUMB	CAVITIES	er	CAVITY	5		1885 T
		I AS	3	7,0		The state of the s
	MISSING TEETH	Toot	H MISSING	- U	Po .	Men.
THUMB		07/2	, Y	DIAGRAM	REPRESENTS THE	10UTH WIDE OPEN
	CROWNED TEETH	_	LAIN CROW	/N 16/7		16
RIG		vasts		14	LOWER	Ju I
FINE ER	BRIDGE WORK		GOLD BRID	GE 13	"SAMIN	On B
3			<b>)</b>		11 0 0000	J
RIGHT MIDDLE FINGES	Furnish Sketch and Ma	P REFERENCE A	ND COORDIN	iates for Burial in	OTHER THAN ESTABLE	SHED CEMETERY
					,	
RIGHT RING PINGER	ুলি নুগর:	1 tq - 1			• "	,,,,,,
	REMARKS: Skull,	maxilla	e, man	dible, rig	ht scapula	, humerus,
RIGHT LTTLE FINGE	frankrike r tibis and f part missin and vertebr	g. Righ	t pelv	ic broken,	Few fragm	and lower ents-of ribs

## REPORT OF BURIAL

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.

DPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
		UNIDENTIFIED 1		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF	SERVICE
	CORPS OR RESERVE CLASSI	FICATION	PACE	<del></del>
AUSE OF DEATH		PLACE OF DEATH	*	<del></del>
Accidental			Guam:	
AME OF NEXT OF KIN (If known)		ADDRESS OF NEXT	<u>-</u>	
ATE OF DEATH		DATE OF BURIAL		<del>-</del>
<b>算</b> 9/9/44		9/13	<u></u>	
MAME OF CEMETERY		LOCATION OF CEME	TERY	
Army Navy Marine C	emetery #3.		Agena Guam.	
RAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE NO.	
CTOSS BURIED AT SEA (Date)		28		3
URIED AT SEA (Dute)		AREA		
YPE OF RELIGIOUS CEREMONY Hilitary Honor	8.	RELIGION OF DECEA	SED	
DENTIFICATION TAGS FOUND ON BO		IF NO IDENTIFICATIO	ON TAGS, OTHER MEANS USED	TO IDENTIFY BODY
1	2 NONE		,	
COMPLETE DENTAL CHART ON REVE	RSE No			
OMPLETE FINGERPRINT CHART OF				
	Yes Ne			
IST OF PERSONAL EFFECTS FOUND	ON BODY AND DISPOSITION OF SAM	ME	<del></del>	
DENTIFICATION TAG BURIED WITH	BODY	IDENTIFICATION TAG	ATTACHED TO MARKER	···-
	Yee No		Yes	No No
F IDENTIFICATION TAGS NOT PRESE Y was identified at t	nt. What other identification is ime of buriel by Lt.	VARNER of 4th	Annh Trac Bn a	iner body of
	but a letter from			
	of condition of body than established cemeter			
	with my Informati			
	Bodies Bi	vried on Either Side		
ODY ON LEFT. NAME (Last, first, mi	ddle)	RANK OR RATE	822-54-83	GRAVE NO.
IV Q V , V.C.,	niddle)	3/C RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Templin, L.E.	· · · · · · · · · · · · · · · · · · ·	CA7 3/6	615-48-39	2_
ERSON REPORTING BURIAL (Name	(Rankyo)			<u> </u>
A TEN THIOTIES TO	USMCR. R.L. Rily	<u>.                                    </u>		_10/
TODO WINCHEL SOUTO		VERIFIED AND FOR	VARDED	MIL / Sure
IN REBURIAL, GIVE LOCATION OF P	REVIOUS BURIAL	VERIFIED AND FOR		Mani
R.L. RIDOLFI 2dlt., in reburial, give location of Pi	REVIOUS BURIAL	In		JAMES R. LAME JOR U.S. MARINE CI

10067		CTI	2110	FOR	SURI
	-	~	~100	TVR	

	When unic without smudgi	1. IDENTIFICATION, PI ISOLATED BURIALS. four (4) sets of fingerpri	Have body examine	d to establish IDENTII	MARKINGS OF GRAVES OF IT. If body is unidentified, take ollowing:
	unidentifi udging.	ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
	္အင္တ	BIRTHMARKS, SCARS, OR TAI	roos		
	take rolled intain sharp, cl	LAUNDRY MARKS		WEAPON AND SER	RIAL No.
<del></del>	mpres	(If	actual weight and he	ight are used, delete es	timated)
	impression of fingerprints.	to five feet or in hasty buri only one body in grave. tag and attach to grave me to BuPers, Marine Corps, pencil of identifying data	als, to sufficient depti Securely fasten one arker (when body is or Coast Guard, as on form in duplicate	n to prevent destruction identification tag to be disinterred or proper indicated). If no tag place in bottle, canted	er suitable substance. Dig grave of body or loss of identity. Place ody. Remove other identification y recorded, remove and forward is present, make a notation with en, spent shell or other available
	Cleanse and int	II	able, write identifying	data on marker. Whe	ne other, one (1) foot below grave n pegs are not available, use other
	vening space	For all other burials, prepa	are sketch in space pr prominent, permane	rovided below; and give int landmarks. Inform	s by plot, row, and grave number. c location by means of map refer- ation must be specific, accurate ried to the left and right.
	foreign matter. Roll xe. Do not overink.	If the body is otherwise unide dental conditions in conformity para. 2318 (b) (1) & (2))(1945	with Instructions in MM Ed. para. 2234.1 & .2). T	D (1942, 1938-43 Ed. his must be accurate.	
	R Finger	CHARTING EXAMPLE: (CF Tooth No. 1, missing; No. 2, gold crown; No. 4, cavity; No. 5, two fixed bridge supplying missing to	d Inlay and two silver fill porcelain or temporary fill	ings; No. 3, full gold ings; Nos. 6, 7, 8, gold	
	to include	Missing teeth Nos.		HHHHHH	
	crease	Occlusion (Type of)			
	or first	Malposed teeth (Describe)			VE 5/0E 00000
	index	Removable appliances			
<del></del>	ough 18	Other defects		18 18 20 21 22 23 CHEEN	MMMMMMMMM 24 25 26 27 28 29 30 31 32 32 35/06
	180° on inked s	Remarks	СОМР	C-3	VMED-H-4 (DENTAL RECORD) REVEALS:
	ed surface		(Si	gnature of dental examiner)	(Rank or rate)
			<del></del>	<u> </u>	
	Record impression			Ŋ	
-	of same motion				
		<u> </u>			

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,"

He Teeth. No Maxilla or Mandible.

Certified true comy:

H W Houman

Captain, QMC Operations Officer

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

Harry Gunderman

/s/ Uldric E. Conerly

ULDRIC E. CONERLY, Captain, CAC

	IDENT	IFICATION.	DATA		-	<del></del>
1. REMAINS OF UNKNOWN	300H 1-41	: :			2. DATE OF RE	
3. NAME OF CEMETERY	MANUAL STATES	4. PLOT	5. ROW	6. GRAVE	11 Oct 04	TE OF
		1 (20)	7		DISINTERMENT	=
	<del>-</del>	_				
Com. J. Aguns,			25	3	4 Ber 47	
		YSICAL DESCRIPT				
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COL	OR OF HAIR		11. RACE	
10 CIVE DESCRIPTION OF AN	Y OFFICIAL IDENTIFICATION	FAME WITH SEN	UED		<u> 71</u>	) 
These '						
13.GIVE DESCRIPTION OF TA	TTOOS OR SCARS ON BODY AN	ND/OR SUCH INFOR	MATION OBT	AINED FROM	OTHER SOURCES	
None						
					•	
14. WAS BODY BURNED?	TO WHAT EXTENT?					
TES TES NO		-				
15. WAS BODY MANGLED?	TO WHAT EXTENT?					
TYES A NO						
16. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE	MALFORMATIONS				<del></del>
	•					
Note						•
			,			
	OTHING, EQUIPMENT AND PER					
	ndry marks are indistinct ion when facilities are n				pecimen forwar	GeG THFOUGH
l embossed plat	to found with body.					
l triangular pi	loss of metal also :	found and 20	turned t	rith body	<b>7•</b>	
		•				
		-				
					•	

Unidentifiable by reason of lack of sufficient identifying data.

H. W. HARRIMAN Captain, QUE Operations Officer ASS, Nurbe Same

	KNOWN X-21	P_A.	R-28, G-3		Com 3, Agans	a, Guan	
18.	<del>i</del>	<b>——</b>		TOOTH CHART			
INALI	NT WOUNDS) SHOI NT WOUNDS) SHOI	LL TEETH MISSING THR EE FRACTURED OR DISP ULD BE "X" 'D OUT AND	PIACED BY	<del></del>	ooth Missing	SIDE I	VIEW S
(TARF	HED TEETH: BLO EL GOLD, PORGE! ), THUS:	OCK IN SOLID AND CR LAIN, SILVER OR GOLD	OWN OF TOOTH .D AND PORCE-		Wn, Porcelain	Crown Co	
BRIDG (LABE THUS:	il GOLD BRIDGE,	K IN SOLID AND ĈROWI , GOLD AND PORGELAII	N OF TOOTH N BRIDGE).	9	Gold Bridge		
AS POS	MGS: DRAW FIL SSIBLE (BLOCK IT), THUS:	LLING ON TOOTH AS AC IN AND LABEL GOLD,	CCURATELY , SILVER,	Gold Fillin	ng Silver Filling		
CARIE OF CA	S (Cavities): VITY, SHADE IN	OUTLINE LOCATION A N THUS:	AND SIZE	Cavity	Decayed Decayed	00	
Side Views Top Views	8 7  DX  DX  DX  16 15				1 1 1 1 1 1 1 3		Side Vieve LOVER
ING CL	LASPS ON NATURA No Teeth.	DRAW DIAGRAM OF REPAIL TEETH WITH THE W	word, "clasp."  Mandible.		PLATE, BLOCK IN TEET	TH ATTACHED AND IM	DICATE RETAIN~
	Certific	ed true copy: /	7 / // // // m H. W. HARR	eran.			

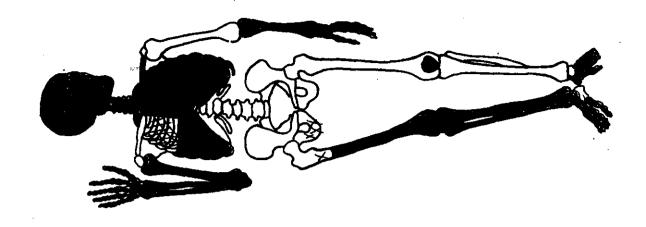
H. W. HARRIMAN

Captain, QMC Operations Officer

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

Harry Gunderman OMC FORM 1044a

19. BLACK OUT PARTS OF BODY NOT RESERVED



20. MASS BURIAL CERTIF	CATE (IF A	PPLICABLE) a is impos	*ible;	)				
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF OF THE FOLLOWING ANATOMICAL PARTS:	N UM B E R	DECEDENTS	BASED	ON. THE	PRESENCE	OF	ONE	OR MOR
<b>*</b>								
21. REMARKS AND ADDITIONAL INFORMATION		SIGNATURE O	F MEDI	CAL OF	FICER			

Body received in shelter half, all dry homes. Entire skull and most major homes with the exception of the right fewer, tilks, fibula and humerus missing. Height determined from the shove named bones. 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

SIGNATURE

MEDRIC B. COMMRIX, Captain, CAG

ellelin 3. Ca

Court

2. DATE OF REPORT  4. PLOT 5. ROW 6. GRAVE 7. DATE OF		IDENTIF	ICATION DATA			,
4. NAME OF CENETERY  4. PLOT 5. ROW 6. GRAVE 7. DATE OF DISTRICTED AND DISTRICTED REINTERNEN  PHYSICAL DESCRIPTION  1. ESTIMATED MEIGHT 9. ESTIMATED HEIGHT 10. GOLOR OF MAIR  2. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  3. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  4. WAS BODY BURNED?  1. TO WHAT EXTENT?  1. TES  NO  5. DESCRIBE EVIDENCE OF MEALED FRACTURES AND BONE MALFORMATIONS  7. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS SERVICE, ETC. (17 laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)						
PHYSICAL DESCRIPTION  PHYSICAL DESCRIPTION  10. COLOR OF MAIR  LL. RACE  PHYSICAL DESCRIPTION  10. COLOR OF MAIR  LL. RACE  PHYSICAL DESCRIPTION  10. COLOR OF MAIR  LL. RACE  PHYSICAL DESCRIPTION  10. WITH REMAINS  3. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  3. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  4. WAS BODY BURNED?  10. WHAT EXTENT?  10. COLOR OF MAIR  LL. RACE  PHYSICAL DESCRIPTION  10. WHAT EXTENT?  10. WHAT EXTENT PHYSICAL PHYSI		H PLOT IS DOW	6 CRAVE			
PHYSICAL DESCRIPTION  ESTIMATED WEIGHT  9. ESTIMATED HEIGHT  10. COLOR OF MAIR  11. RACE  11. RA			FLOT J. ROW	U. GRAVE		
PHYSICAL DESCRIPTION  ESTIMATED WEIGHT  9. ESTIMATED HEIGHT  10. COLOR OF HAIR  11. BACE  12. SIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  **AAS BODY BURNEO?**  10 WHAT EXTENT?**  10 WHAT EXTENT?*  11 STEVERY 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 exemination when facilities are not available in the area.)	<b>&gt;-</b> /					
ESTIMATED WEIGHT  9. ESTIMATED MEIGHT  10. COLOR OF MAIR  11. MACE  11. MACE  12. COLOR OF MAIR  11. MACE  12. COLOR OF MAIR  12. COLOR OF MAIR  12. COLOR OF MAIR  13. COLOR OF MAIR  14. MACE  15. COLOR OF MAIR  16. COLOR OF MAIR  17. COLOR OF MAIR  18. COLOR OF MAIR  18. COLOR OF MAIR  19. ESTIMATED MEIGHT  10. COLOR OF MAIR  11. MACE  12. COLOR OF MAIR  11. MACE  12. COLOR OF MAIR  12. COLOR OF MAIR  13. COLOR OF MAIR  14. COLOR OF MAIR  14. COLOR OF MAIR  15. COLOR OF MAIR  16. COLOR OF MAIR  17. COLOR OF MAIR  18. COLOR OF MAIR  18. COLOR OF MAIR  19. COLOR OF MAIR  10. COLOR OF MAIR  10. COLOR OF MAIR  11. MACE  12. COLOR OF MAIR  11. MACE  12. COLOR OF MAIR  13. COLOR OF MAIR  14. COLOR OF MAIR  14. COLOR OF MAIR  15. COLOR OF MAIR  16. COLOR OF MAIR  17. COLOR OF MAIR  17. COLOR OF MAIR  18. COLOR OF MAIR  18. COLOR OF MAIR  18. COLOR OF MAIR  19. COLOR OF MAIR  19. COLOR OF MAIR  10. COLOR OF MAIR  10. COLOR OF MAIR  11. MACE  12. COLOR OF MAIR  13. COLOR OF MAIR  14. COLOR OF MAIR  14. COLOR OF MAIR  15. COLOR OF MAIR  16. COLOR OF MAIR  17. COLOR OF MAIR  17. COLOR OF MAIR  17. COLOR OF MAIR  18. COLOR OF MAIR  18. COLOR OF MAIR  19. COLOR OF MAIR  19. COLOR OF MAIR  19. COLOR OF MAIR  10. COLOR OF MAIR  10. COLOR OF MAIR  10. COLOR OF MAIR  10. COLOR OF MAIR  11. COLOR OF MAIR  12. COLOR OF MAIR  12. COLOR OF MAIR  13. COLOR OF MAIR  14. COLOR OF MAIR  15. COLOR OF MAIR  16. COLOR OF MAIR  17. COLOR OF MAIR  17. COLOR OF MAIR  18. COLOR OF M	Com. J. Agence, Gu		A 26	3	4 Bot 47	
GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  WAS BODY BURNED?  YES  NO  NOS BODY MANGLED?  O WHAT EXTENT?  YES  NO  DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)	·	PHYS	ICAL DESCRIPTION	<del></del>	<del></del>	· <del></del>
GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  WAS BODY BURNED?  TO WHAT EXTENT?  YES NO  DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)			10. COLOR OF HAI	1	LL. RACE	
. WAS BODY BURNED?  TO WHAT EXTENT?  YES  NO  WAS BODY MANGLED?  YES  NO  DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)		<u> </u>	<b></b>		UTI VII	)
. WAS BODY BURNED?  TO WHAT EXTENT?  YES NO  WAS BODY MANGLED?  TO WHAT EXTENT?  YES NO  DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)	Nuse					
WAS BODY MANGLED?  OBSCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)	GIVE DESCRIPTION OF TATTO	DOS OR SCARS ON BODY AND A	/OR SUCH INFORMATION OB	TAINED FROM	OTHER SOURCES	·
DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)	YES NO					
DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  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)		10 WHAT EXTENT?				
SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  1 cubecast plate found with bedre	Penn	LED PRACTORES AND BONE M	MELLAKMATIONS			
·	SERVICE, ETC. (If tounds channels for exemination  1 embegged plate	ry marks are indistinct so when facilities are not	such notation should be t available in the area	made and s )	pecimen forwar	

Unidentifiable by reason of lask of sufficient identifying data.

N. N. HARRIMAN Captain, QMS Operations Officer AGRS, Nucleo Sens

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