REPORT OF BURIAL

NAYMED-401 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all builds 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.

SHIP OR STATION ATTACHED AT TIME OF DEATH			DATE REPORT 16	April 1946.
COPY OF IDENTIFICATION TAG	NAME	(Last) UNIDENTIFIED	(<i>First</i>)	(Middle)
	FILE OR SERVICE NO.	RANK OR RATE		OF SERVICE
	CORPS OR RESERVE CLASSIFICA	TION	RACE	
CAUSE OF DEATH	· <u>·</u>	PLACE OF DEATH		
Plane crash.		Gros. 18		
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF	KIN (If known)	
DATE OF DEATH		DATE OF BURIAL	3/44	
NAME OF CEMETERY		LOCATION OF CEMETE	RY	
Army Marine	Cemetery #3.	Agana Guam.		
GRAVE MARKER TYPE	PLOT NO.	10W No. 28	GRAVE NO	14
BURIED AT SEA (Date)		AREA	· · · · · · · · · · · · · · · · · · ·	
TYPE OF RELIGIOUS CEREMONY Military Honors.		RELIGION OF DECEAS	ED	
IDENTIFICATION TAGS FOUND ON BODY	2 NONE	IF NO IDENTIFICATION (Identification cards,	I TAGS, OTHER MEANS US letters, etc.)	ED TO IDENTIFY BODY
COMPLETE DENTAL CHART ON REVERSE	Yes No			
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE			
LIST OF PERSONAL EFFECTS FOUND ON E	BODY AND DISPOSITION OF SAME	<u></u>		
IDENTIFICATION TAG BURIED WITH BODY		IDENTIFICATION TAG	ATTACHED TO MARKER	
	Yes He		☐ Yes	Ne Ne
	extracted from Cem	etery Records		
IF BURIAL OTHER TH	AN ESTABLISHED CEMETERY,	FURNISH SKETCH AND	MAP REFERENCES OF	A KEAKUSK
	Bodies Burie	d on Either Side		
BODY ON LEFT, NAME (Last, first, middle)	2 5	RANK OR RATE	FILE OR SERVICE NO.	15
BODY ON RIGHT. NAME/(Last, first, middle	Vr.	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt, U				·
IN REBURIAL, GIVE LOCATION OF PREVIO	DUS BURIAL	VERIFIED AND FORW		JAMES R. LAME
		L.N. PTZ-Co	1. USMC-AssM4	Contain Atual Charles

	L. THUMB	When thout smi	IDENTIFICATION, PRE ISOLATED BURIALS. If four (4) sets of fingerprint	lave body examined to	establish IDENTITY.	lf body is unidentified, tak
	₹	uniden	II	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
		tified, t	BIRTHMARKS, SCARS, OR TATTO	oos		
•	L INDEX	ake rolled	LAUNDRY MARKS		WEAPON AND SERIAL N	ko.
		impres	(If a	ctual weight and height	are used, delete estimat	ted)
	ר. אוסטרפ	en unidentified, take rolled impression of fingerprints, smudging. Obtain sharp, clear contrast of inked ridges	to five feet or in hasty burial only one body in grave. So tag and attach to grave mar to BuPers, Marine Corps, o pencil of identifying data or	s, to sufficient depth to pecurely fasten one iden ker (when body is dision Coast Guard, as indicated to the coast Guard, as indicate, placed to the coast Guard, as indicated to the coast Guard, as indicated to the coast Guard to the	prevent destruction of bo tification tag to body. interred or properly rec cated). If no tag is pro- ce in bottle, canteen, sp	Remove other identificatio corded, remove and forwar- esent, make a notation wit pent shell or other available
	ŗ	Cleanse fingers of and intervening	container which can be made marker. If no tag is availab suitable means to identify g	le, write identifying data	on marker. When peg	, ,
	RING	spac	2. LOCATION OF GRAV For all other burials, prepare ences, or by reference to p complete. Stand at foot of	e sketch in space provid rominent, permanent la	ed below; and give loca andmarks. Information	must be specific, accurate
	ב. נודדנב	foreign matter. Roll te. Do not overink.	If the body is otherwise unident dental conditions in conformity will para. 2318 (b) (1) & (2))(1945 Ed	th Instructions In MMO (19	42, 1938-43 Ed.	
	 .71	Roll finger nk.	CHARTING EXAMPLE: (Char Tooth No. 1, missing; No. 2, gold is crown; No. 4, cavity; No. 5, two pol fixed bridge supplying missing tool	nlay and two silver fillings; rcelain or temporary fillings;	No. 3, full gold Nos. 6, 7, 8, gold	
	ТНОМВ	to include	Missing teeth Nos.	٠ :	HHMMMM SIDE	10 11 12 13 14 15 16 WMHHHHHH
		ecrease	Occlusion (Type of)		7880000	
	70 -	of first	Malposed teeth (Describe)		TONGUE 512	
	INDEX	joint through 180°	Removable appliances			
	_	ough 18	Other defects	## P# }	19 20 21 22 23 26 25 CHEEK SIDE	
	R. MIDDLE	3	Remarks	———	N WITH DECEASED NAVMED	-H-4 (DENTAL RECORD) REVEALS MBLANCE NO RESEMBLANCE
	DLE.	Inked surface		(Signatur	e of dental examiner)	(Rank or rate)
	R. RING				ı	
	א. וודדעב	Record impression of same motion			. ,	, .

Ship or Station
Attached at Time of wath

ate Report filled Out 16 April 1946

Come of Talantification (Tog	Name	(Last)	(Tirst)	(Middle)
Capy of Identification Tag	Name ((liabl)	(A.LEG)	(wrace)
		rified :		
	File or Ser	vice No.	Rate or Ran	k Branch of Service
				USN
	Corps or Re	serve Cla	ssification	Race
Cause of Death	**********	Place o	of Death	
Plane crash	•		•	Guam
Name of Next of Kin (If Known	1)	Address	of Next of	Kin (If Known)
		:		
Date of Death	<u> </u>	Date of	Burial	
		i ,	9	/13/44
Name of Cemetery		Location	on of Cemeter	y
Army Navy Marine Cemetery	- #3	Agan	a, Guam	
Grave Marker Type	Plot No.	Row No.		Grave No.
Cross	A	28		14
	1	Area		
Buried at Sea (Date)		Area		
Type of Religious Ceremony		Religio	on of Decease	ed .
Military Honors				
Identification Tags found on	-			on Tags, other means ody (Identification
	None		letters, etc	
Complete Dental Chart on Reve	erse			
Yes	No			
Complete Fingerprint Chart of	both Hands		•	
on Reverse	No			•
List of Personal Effects four		d Dispos	ition of Same	3
inst of Fersonal Effects four	id oil body ag	r Drobos	202011 02 2000	
			fication Ton	Attached to Larker
Identification Tag Buried wit		Laent.		
	No	<u> </u>		es No
If Identification Tags not prowhat Kind of Container	resent, what	other Id	entification	Data buried and in
Inf	ormation e	xtracte	d from Ceme	etery Records.
IF BURIAL OTHER THAN ESTABLIS				
REVERSE	Min Oneminera	, 101413.2.		·
Body on Left, Name (Last, first	st, middle)	Rank o	r Rate File	or Service No. Grave
UNIDENTIFIED #25				15
Body on Right, Name (Last, fir	rst.middle)	Rank o	r Rate File	or Service No. Grave
Wormoth, W. O., Jr.	•			13
Person Reporting Burial (Name	e)(Rate or	Person	Conducting 1	Burial Rites
Rank) R.L. RIDOLFI 2d Lt., US				
In Reburial, Give Location of		Verifi	ed and Forwa	rded
Burial		L.N. U	TZ-Col., U Chief of S	SMC taff. G-1
	•	-	me)	(Rank) (Pith)
				ا ۱۸۰۰ در در در کاری این که کنید در م ی در میکند در در میکند در در میکند در در میکند در در میکند کارد

REPORT OF INTERMENT

 (Last	Name)	(Firs	t)	(Ir	nitial)	(Se
	UNIDE	NTIFIEL) #	24			
				<u>-</u>	V1 _	.,	*****

(Name)

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

Disposition of identification tags:

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

(Place of death)

(Grave Number)

BODY BURIED ON RIGHT

BODY BURIED ON LEFT

28

ANM

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

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

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 iden_

rial Number) (Rank) (Organization)

(Org) (Grave No.)

(Org) (Grave No.)

BASE DEPOT REPRODUCTION

Guam Island

<u>C O P Y</u>

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

(Row Number) (Plot Number) (Religion, if known)

One Buried with body Yes ...

(Ser. No.) (Rank)

(Ser. No.) (Rank)

One Attached to marker Yes

ТНІІНТ	Signature of officerson (.lging burish.)) THUMB
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS,		
	as letters, photographs, probable organizat- ion of deceased, etc.:		
2	birthmarks, moles, deformities, etc.: MOTE below any identifying clues found, such	F HAND	2
	IS TOOTH CHART ATTACHED? (If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars,	LEFT	
w	the following as possible. HEIGHT: APPARENT NATIONALITY: WEIGHT: APPARENT NATIONALITY: PAUNDRY MARKS: RACE COLOR OF HAIR: RACE		m
4	IF DECEASED UNIDENTIFIED TAKE THOSE YOU CAN, And fill in as many of		4

No FP or DC available
UNIDENTIFIED #2 Cemetery #3
Probably gunner of a S03
Died '
Buried 9/13/44
Grave 14 - Row 28 - Plot A - #3

Browning machine gun #750M2. Prop #262885 B omb release #199125-ID. Bendix-Stromberg carburetor #5565355 - model NA-Y8J1. Radio receiver type CWS-43AAX - serial #3313.

USN

<u>C</u> <u>O</u> <u>P</u> <u>Y</u>

	<u> </u>								•	
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	CARL R. H. N	MARK								
_	Cemetery Sup			DIR	ECTIVE NU	JMBER		DATE		
	SECTION A — NAME AND BURIAL LOCA	ATION OF BECEASED			6322	81095		17	02	50
			le Entre	AL NUMBE			TAR44	DAY	MONTH	
NAME			SERIA	AL NUMBER	ĸ	GRADE	ARM	RACE	RELIGIC	/N
UNKN	OWN X - 24									
CEMETERY				PLOT	ROW	GRAVE	<u> </u>	DISPOSIT	ON OF	REMAINS
						1		7701	٠ ١	80
USAF CEME	TERY AGANA NO.			A	28	14_		COD	E	DIST. CTR.
NAME AND ADDRESS	OF CONSIGNEE	SECTION				IN S OF NEXT OF KIN	<u> </u>			
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	ATES MILITARY CKINLEY, P. I.	CEMETERY		(BY	ADMIN	(istrative	DECI	SION)		
		SECTION C — DI	ISINTERME	NT AND II	DENTIFICA	ATION				
NAME		SERIAL NUMBER			TE OF DE		D	ATE DISTIN	TERRED	
v 01.			ſ	1				21 Fe	ъ ደብ	
X - 24					UCION	IDENTIFIC	47/00/10/10			
IDENTIFICATION TAG	ON ORGANIZATION	•		RE	LIGION	1		ERIFIED BY		
REMAINS MARKER				1		Emba			AME ANI) TITLE
MANNER		SECTION D - PREP	PARATION (DF REMAII	NS FOR SH	IIPMENT				
NATURE OF BURIAL			co	NOITION	OF REMAN	NS				
Shel	ter Half			Sk	<u>eletal</u>					
OTHER MEANS OF IDE	NIFICATION									
MINOR DISCREPANCIE	\$ (Prepare Discrepa	ncy Report QMC I	Form 119	4a for m	ajor dis	crepancies.)				,
REMAINS PREPARED A	ND PLACED IN CASKET	· · · · · · · · · · · · · · · · · · ·								
DATE 21 Fe	ъ 5 0	BY	PAUL F	NICH	ors					
CASKET SEALED BY			EM	BALMER	Signatur	Mul	10-			
DATIT	R NICHOLS			PAII	L R N	ICHOLS	ريع	•		
CASKET BOXED AND A			SHI	PPING AD						
CACRET BOALD AND F	MARKED									
DATE 21 Feb 5	CBYRAYMOND H T	ANGUAY, Sgt.1	lc R	L.	W. RIC	CHARDSON,	M/Sgt	. RA		
	certify that all the fo			onducte	d and c	accomplished u	nder m	y immed	iate su	pervision
and that the re	eport above is corre	ct.		1	<u> </u>	·") /	,			
				7-1	V. 1	1. Kecas	rdis			
				1.	W. RI	CHARDSON,	M/Sgt	., RA		
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REMARKS AND SPECIA	L INSTRUCTIONS									
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OMC FORM REV 11 FEB 48 1194	4						•	na se as		

RECORD OF CUSTODIAL TRANSFER

3TAQ	SIGNATURE OF RECEIVER	3TA0	SIGNATURE OF SHIPPER
; a**	NAME OF CONVOYER		KIND OF CONVEYANCE
:			
	LO LO	IHS 'L	FROM
DATE	SIGNATURE OF RECEIVER	DATE	REMOTANDES
	NAME OF CONVOYER	1	VIIIAD OF CONVERNINCE
	NAME OF CONVOYED		KIND OF CONVEYANCE
	OI	1116 :0	FROM
<u>-</u> 1	D9PED	1HS '9	
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	NAME OF CONVOYER	· · · · · · · · · · · · · · · · · · ·	KIND OF CONVEYANCE
	O1		FROM
		IHS 'S	
}			
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	OI		
		1HS_A_	FROM
31AQ	SIGNATURE OF RECEIVER	DATE	SIGMATURE OF SHIPPER
	NAME OF CONVOYER		KIND OF CONVEYANCE
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	10 10	IHS 'E	MORT
3TA0	SIGNATURE OF RECEIVER	3TAG	SIGNATURE OF SHIPPER
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	NAME OF CONVOYER		KIND OF CONVEYANCE
	or	•	FROM
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u cei 8	Les extrans		
	SIGNATURE OF RECEIVER	DATE	SIGNATURE OF SHIPPER
	ИАМЕ ОР <i>©</i> ОИУОУЕВ		KIND OF CONVEYANCE
	or Wilitary Cemetery		Mora musiosus Mansoleum
		IHS 'L	WO63
			

OMC FORM 1194

(89)

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		IHS .t	
	ODIAL TRANSFER	OF CUST	ВЕСОВО

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) ---

Sum +3 years

Ord * 8:02 7 2000 1448

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

25	June	1949
	ate	

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-24, Plot A, Row 28, Grave 14, USMC Cemetery #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:

E. B. McNEMAR Captain, QMC Chief, Records Branch

Attch: Form 1044

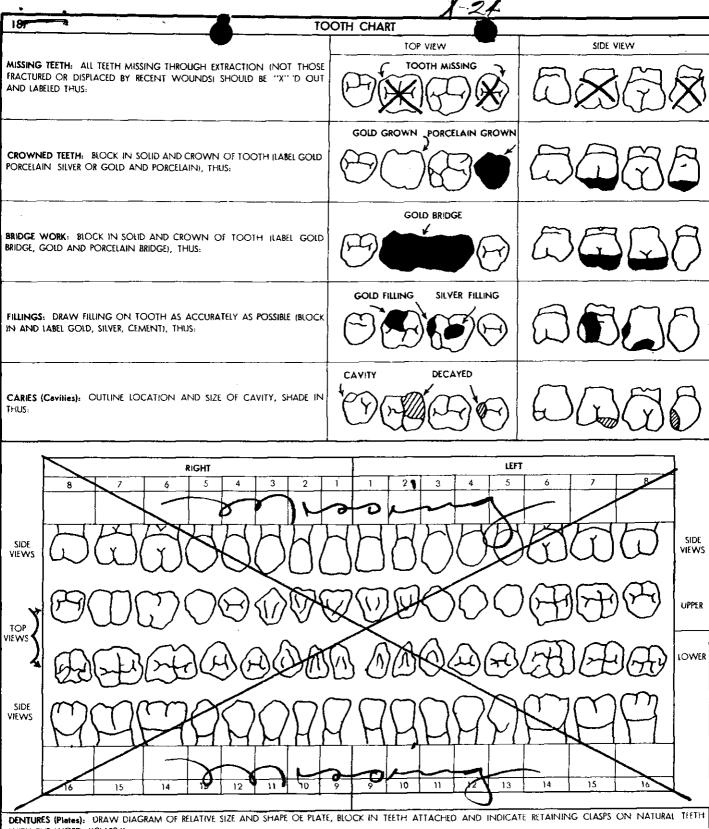
Incl #6

	E IDENTIF	FICATION DATA			-
1. REMAINS OF UNKNOWN	ECICUTY X-04			2. DATE OF R	
3. NAME OF CEMETERY	manus and	4. PLOT 5. ROW	6. GRAVE	7. D	ATE OF REINTERMENT
Com. 3, Agama,	Green	1 28	14	5 Nov 47	.
	PHYS	ICAL DESCRIPTION			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAI	Ŕ	LL. RACE	
12 GIVE DESCRIPTION OF AL	NY OFFICIAL IDENTIFICATION F	ENIMO WITH DEMAINS		13	<u> </u>
					·
1).GIVE DESCRIPTION OF TO	ATTOOS OR SCARS ON BODY AND	OR SUCH INFORMATION OF	TAINED FROM	OTHER SOURCE	\$
Name					•
14. WAS BODY BURNED?	TO WHAT EXTENT?	<u> </u>		<u>-</u>	 _
YES NO					
15. WAS BODY MANGLED?	TO WHAT EXTENT?				
YES NO	- <u> </u>				
16. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE	MALFORMATIONS			
		•			
io orida	mes.				
•					
				1	
17. LIST EVERY ITEM OF C	LOTHING, EQUIPMENT AND PERSOndry marks are indistinct	ONAL EFFECTS FOUND, SHO	WING THE TY	PE, COLOR, SI	ZE, MARKINGS, rded through
channels for examina	tion when facilities are no	t available in the area)	,	
Vene					
			•		

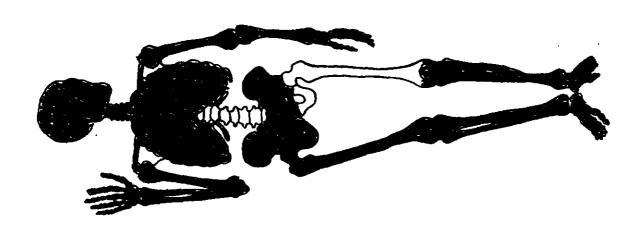
Unidentifiable by reason of lack of sufficient identifying data.

N. W. MARRIMAN Captain, QMS Operations Officer AGBS, Morbo Some

19.77



WITH THE WORD, "CLASP."



20 • MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein megregation in whole or parts is impossible) ___ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE

OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body was delivered to CIP in shelter half with all dry bones. No identification tag or Death Certificate found. Many bones missing. No signs of healed fractures. One embossed plate found. No identification found.

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, Cantain, CAC OMC FORM 1044

G PO - O - 47 - 754877

PAGE 3 OF 3

	<u> </u>			_ 	
	, IDENTIF	ICATION DATA			
REMAINS OF UNKNOWN	REMOVER X-24			2. DATE OF RE	_
NAME OF CEMETERY	Phone P-17	4. PLOT 5. ROW	6. GRAVE	7. OA	TE OF
		pa W		DISINTERMENT	REINTERMENT
Gem. 3, Agama,	Course	1 1 28	14	5 Nov 47	
		CAL DESCRIPTION		<u> </u>	
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HA	R	LL. RACE	
TTD .	WED	177D		Total Control of the	
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GIVE DESCRIPTION OF T	ATTOOS OR SCARS ON BODY AND/	OR SUCH INFORMALION O	BIAINEU PROI	M OTHER SOUNCES	
. WAS BODY BURNED?	TO WHAT EXTENT?	·			
. WAS BODY MANGLED?	10 WHAT EXTENT?				
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channels for examin	ation when facilities are not	t available in the ar	ea)		
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Your					
-					
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Unidentifiable by reason of lack of sufficient identifying data.

H. W. HARRIMAN Captain, QMS Operations Officer AGRS, Marbo Zone

137

DENTURES (Pietes): 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."

9

10

11

12

13

Certified true copy:

15

14

H. W. HARRIMAN

11

10

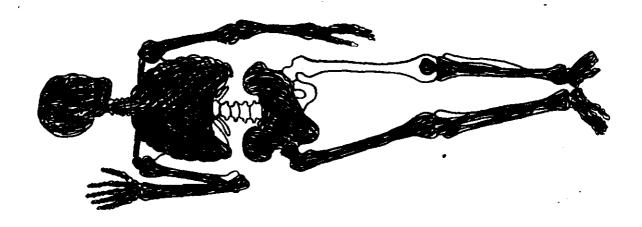
Marion C. Teague

16

Captain, QMC Operations Officer

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

15



20•	MASS BURIAL CERTIF (Wherein segregation in wh	FICATE (IF ole or per	APPLICABLE) ts im impos	sible)					
1 CERTIFY THAT THE GR OF THE FOLLOWING ANAT	OUP REMAINS CONSIST OF PARTS OF OMICAL PARTS:	NUMBER	DECEDENTS	BASED O	N THE	PRESENCE	OF	ONE	OR MOF
	_		SIGNATURE (F HEDICA	L OF	FICER			

Body was delivered to CIP in shelter half with all dry bones. No identification tag or Death Certificate found. Many benes missing. No signs of healed fractures. One embossed plate found. No identification found.

BJI

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

21. REMARKS AND ADDITIONAL INFORMATION

SIGNATURE

ULBRIC R. COMERLY. Cantain. CAC

Ullin 3. Can

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

RENCE HO. Capt.,

VERIFIED BY GRS OFFICER

2nd Lt., Inf.

OMC FORM 1045

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

RESTRICTED

45								
WD DMC FORM 1042 (Rev. 1 Mts. 1945) Superwedes GRS Form 1)	سرا	REPORT O	FINTERME	NT	DATE	OF REPORT		
Supersedes GRS Form 1)	(AR 30-1810 and AR 30-1815)				5	Nov 4	7	
Imprint Identification DO NOT T		***************************************						
100001	YPE	NAME (Last, first, middle initial)	77 1	SERI/	AL No.		
1/	/	UNIDIOWN	# 24	121bl	// J.)			
REPORT OF	1	GRADE	ORGANIZATIO	N JOY NI	BRAN	ICH OF SERV	nce .	
DISINTERM	NT O		***************************************		Di Spar	ICH OF JENT	ICE	
	/	/						
		RACE	RELIGION		IF OTHER TH	IAN U.S. DE.	AD, GIVE	
					}			
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH		
Chan		Unknow	.		}			
EMERGENCY ADDRESSEE (N	intingalia		<u> </u>					
EMERICEIO I REPRESENTANTA	аме, генионикър, с	and address)						
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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 1. DENTIFIED	REMAINS.		1.75	
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IDENTIFICATION SECTION REPATRIATION RECORDS BRANCH MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES
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RECORD OF CUSTODIAL TRANSFER

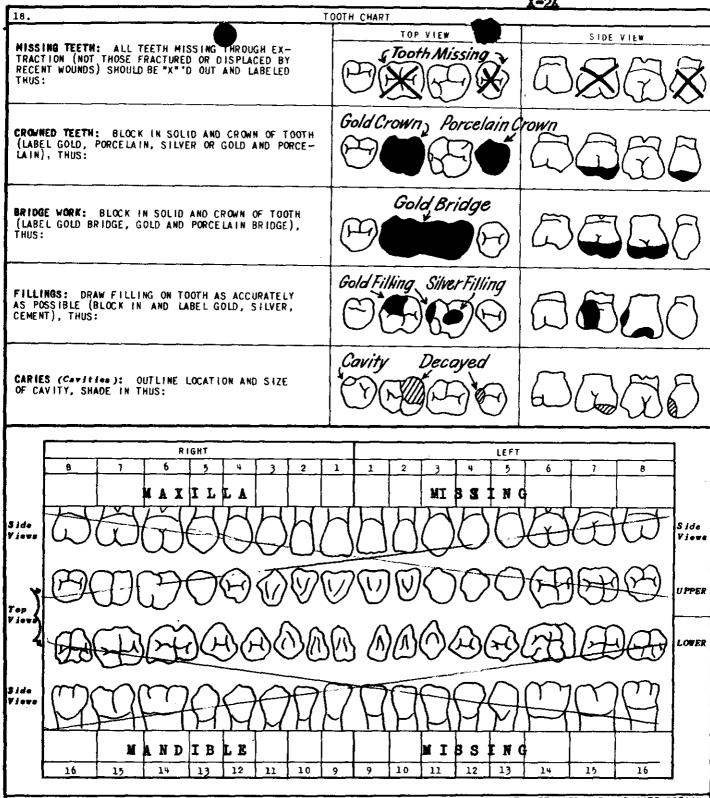
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	1 IDENTIF	ICATION DA	TA				
REMAINS OF UNKNOWN					2. DATE OF RE	EPORT	
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4. WAS BODY BURNED?	TO WHAT EXTENT?	TON SUCH INFORMA	TION DBT	AINED FROM	OTHER SOURCES		
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"BY REASON OF LACK OF SOME DERTIFYING DATA"

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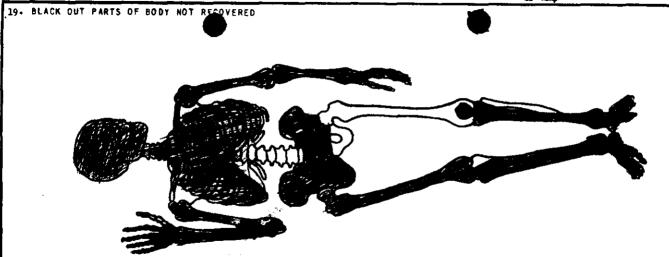
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth present with remains.

"BY REASON OF LACE OF DOMESTIC DENTIFYING DATA"

JAMES J. McDERMOTT Laboratory Officer, CIP

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MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 -(Wherein segregation in whole or parts is impossible)

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21- REMARKS AND ADDITIONAL INFORMATION

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

MIDENTER

THE PLASON OF LACK OF SUPPLY AND AND AND DATE

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

James & M. Sermole.

	DENTIFIC	ATION DATA	Q		
1. REMAINS OF UNKNOWN				2. DATE OF F	REPORT
	OWN X-24 ! .			11 -0ot	48
3. NAME OF CEMETERY		4. PLOT 5. ROW	6 GRAVE	?	ATE OF
'	· · · · ·	A	0)	THE THE CAREAT
Cem. 3, Agana, Gu	an	1 28	14	5 Nev 47	'
		DESCRIPTION			
8. ESTIMATED WEIGHT		10. COLOR OF HAIR		11. RACE	_
UTD	OFFICIAL IDENTIFICATION FOUND	UTD		UT	D
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13. GIVE DESCRIPTION OF TAIT	OOS OR SCARS ON BODY AND/OR S	SUCH INFORMATION OBT/	LINED FROM	OTHER SOURCE	·s
14. WAS BODY BURNED?	TO WHAT EXTENT?				
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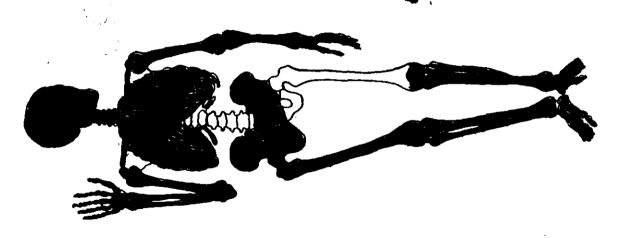
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BJP

QMC FORM 1044a

Cem 3, Agana, Guan

19. BLACK OUT PARTS OF BODY NOT



20 -

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body was delivered to CIP in shelter half with all dry bones. No Identification tag or Death Certificate found. Many bones missing. No signs of healed fractures. One embossed plate found. No identification found.

Certified true copy:

H. W. HARRIMAN

Captain, QMC Operations Officer

BJP

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

SISHATURE

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Conerly