

REPORT OF BURIAL ✓

NAVMED-801 (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) (First) (Middle)	UNIDENTIFIED #24	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USN
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH Plane crash.	PLACE OF DEATH Guam
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH	DATE OF BURIAL 4/13/44
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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. 28	GRAVE NO. 14
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY Military Honors.	RELIGION OF DECEASED
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

Information extracted from Cemetery Records

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

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle) Unidentified #25	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 15
BODY ON RIGHT, NAME (Last, first, middle) Wormoth, W.O. Jr.	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 13

PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt, USMCR	(Rank or rate)	PERSON CONDUCTING BURIAL RITES R.L. Ridolfi
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IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. DTZ-Col., USMC-Ass Chief (Name) (Rank)	JAMES R. LANE MAJOR, U.S. MARINE CORPS (Name) (Rank)
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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
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BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
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(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. _____

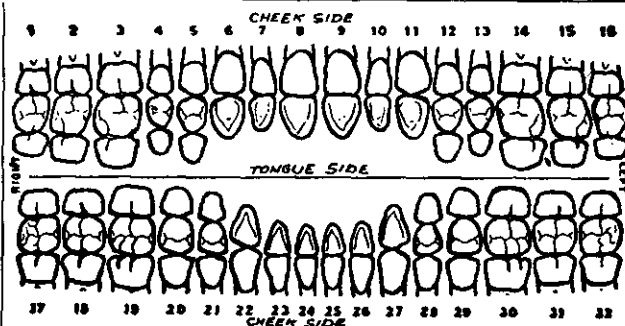
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



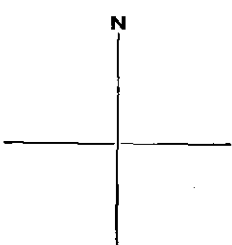
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) _____ (Rank or rate) _____

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

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



UNIDENTIFIED # 24

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

(Place of death) ANM #3 Guam Island
(Name of Cemetery) (Name or coordinates of location)

14 28 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:

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 office or person reporting burial.)

RIGHT HAND

LEFT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4

No FP or DC available

USN

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.

C O P Y

1

/abc

Interred 28 Feb 1950
C 8 84 Ft. McKinley
Carl R. Mark
CARL R. H. MARK

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 81095

DATE
17 02 50
DAY MONTH YEAR

NAME: UNKNOWN I - 24
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY AGANA NO. 3, GUAM
PLOT: A ROW: 28 GRAVE: 14
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 - 24 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 ANNOTATED
DATE: 27 Apr 1950
NAME: *J. Lyle*
R R R

RECORD OF CUSTODIAL TRANSFER

FROM		ARRS Mausoleum		TO		US Military Cemetery	
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>W. J. ...</i>	
DATE				DATE		FEB 28 1950	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

7772

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6322 00000	DATE 15 10 48 DAY MONTH YEAR		
NAME <i>7772</i> UNKNOWN	SERIAL NUMBER X-000024	GRADE	ARM 0	RACE 0	RELIGION 6
CEMETERY GUAM NO 3 MARIANAS IS	PLOT A	ROW 28	GRAVE 14	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

UNRECORDED

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		SHIPPING ADDRESS VERIFIED 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

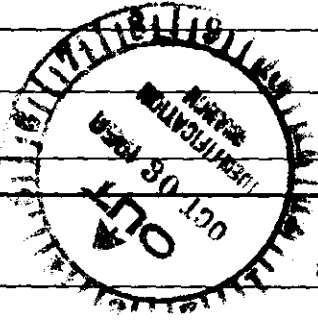
FILE
SEP 1 1948

REMARKS AND SPECIAL INSTRUCTIONS

89

RECORD OF CUSTODIAL TRANSFER

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



1. This case Unknown X - 24 has
been reviewed and the recommendation of the Field as
unidentifiable due to lack of sufficient identifying
data is approved.

2. These remains were ^{buried} (~~transferred~~) in

burial # 3 of area

Ord & D. G. L.

7 Dec 1948

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 June 1949

Date

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

Atch: Form 1044

Incl #6

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-24				2. DATE OF REPORT 11 Oct 48			
3. NAME OF CEMETERY Com. 3, Agaña, Guam		4. PLOT 1	5. ROW 28	6. GRAVE 14	7. DATE OF DISINTERMENT 9 Nov 47		REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UFD	9. ESTIMATED HEIGHT UFD	10. COLOR OF HAIR UFD	11. RACE UFD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO

TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

No evidence.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

Unidentifiable by reason of lack of sufficient identifying data.

H. W. H.
H. W. HARRISMAN
 Captain, USN
 Operations Officer
 ASMS, Marine Zone

BJP

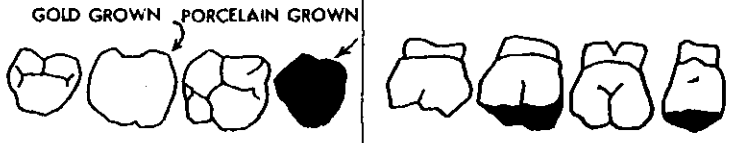
TOOTH CHART

8-24

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



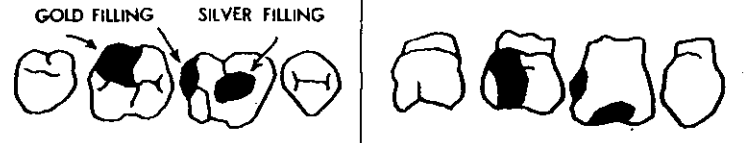
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



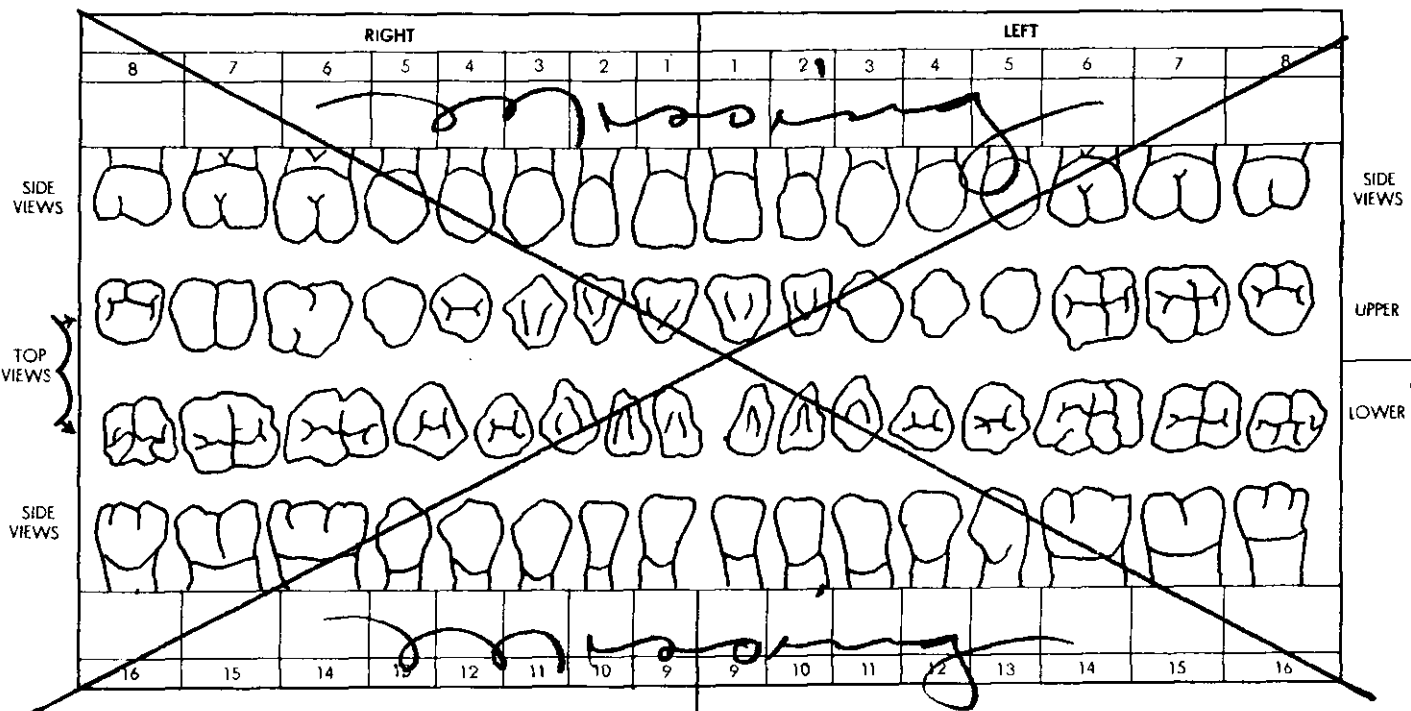
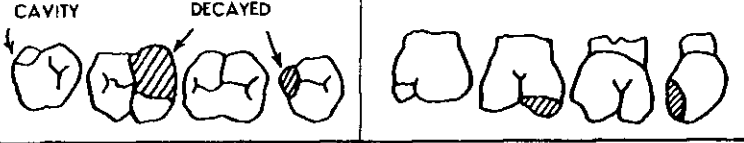
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



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."

Marion & Ingham

Uldric E. Conerly
ULDRIC E. CONERLY, Capt. T. C.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-24				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Com. 3, Agaña, Guam	4. PLOT 1 A	5. ROW 28	6. GRAVE 14	7. DATE OF	
				DISINTERMENT 5 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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

No evidence.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

Unidentifiable by reason of lack of sufficient identifying data.

H. W. H.
H. W. HARRISAN
Captain, USMC
Operations Officer
AGRS, Marbo Zone

BJP

18.

TOOTH CHART

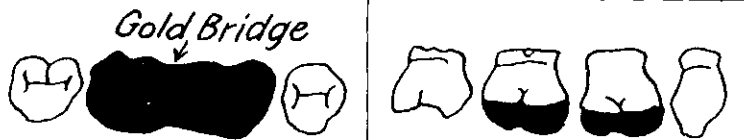
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



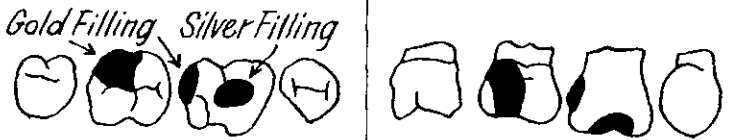
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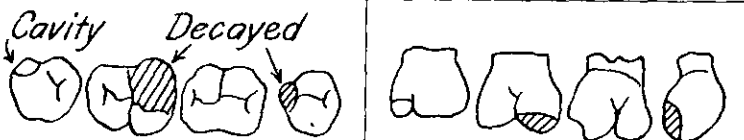
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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

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

Certified true copy:

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

Marion C. Teague

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

19. BLACK OUT PARTS OF BODY NOT COVERED



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 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.

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

SIGNATURE

ULBRIC E. CONERLY, Captain, GAG

IDENTIFICATION DENTAL CHART

DATE
5 Nov 47

NAME (Last, First, Middle Initial) UNKNOWN #24		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery #3 Agana, Guam	PLOT A	ROW 28	GRAVE 14

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	TOOTH MISSING 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	GOLD CROWN, PORCELAIN CROWN 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	GOLD BRIDGE 	
<p>CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	GOLD FILLING SILVER FILLING 	
<p>CAVITIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	CAVITY DECAYED 	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
SIDE VIEWS																	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."

Remarks: Entire mandible and maxilla and teeth missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART LAWRENCE HO, Capt., D.C.	VERIFIED BY GRS OFFICER EMILIO S. ZAPICO, 2nd Lt., Inf.
---	---

RESTRICTED

WD FORM 1042
(Rev. 17 Feb. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN # 24

SERIAL NO.

B24/164

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Guam

CAUSE OF DEATH

Unknown

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 3 Agaña, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				A	28	14

WAS THIS A REBURIAL?
(Yes or no)

No

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

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

Unknown X-25

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

15

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

Warmoth, Walter O. Jr

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

ARMY

6040112

USN

13

SIGNATURE OF PERSON PREPARING REPORT

Emilio E. Costales
EMILIO E. COSTALES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Emilio S. Zapico
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.


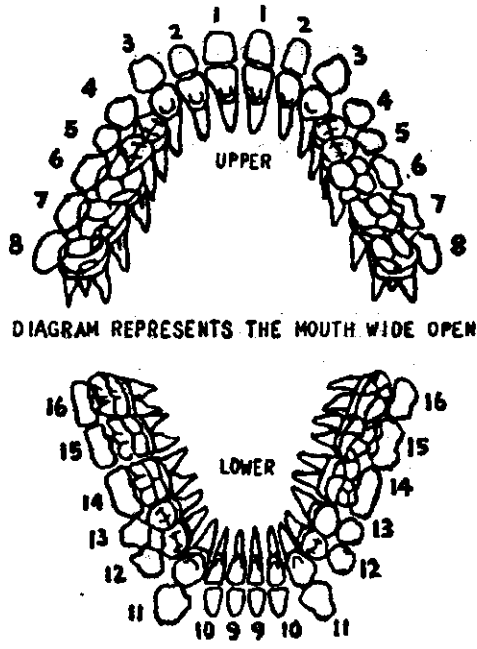




INSTRUCTIONS:

(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.

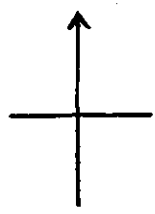
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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: One femur and one fibula few parts of broken bones are all that was found in this grave

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

3

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 0299

DATE
17 02 50
DAY MONTH YEAR

NAME: UNKNOWN I-24 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: GREAT CEMETERY AGANA NO. 3, GUAM PLOT: A ROW: 28 GRAVE: 14 DISPOSITION OF REMAINS: 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. W. WHEATLEY, 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:

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

454



RECORD OF CUSTODIAL TRANSFER

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-24				2. DATE OF REPORT 25 June 1949	
3. NAME OF CEMETERY Cemetery #3, Agana, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	A	28	14	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD

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

N O N E

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 6 2

18.

TOOTH CHART

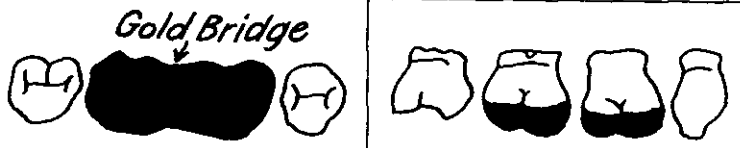
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



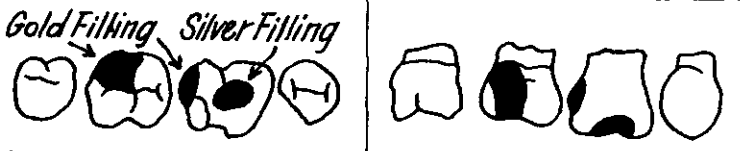
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



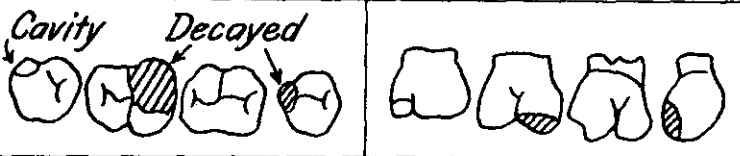
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
MAXILLA								MISSING							
Side Views								Side Views							
UPPER								UPPER							
Top Views								Top Views							
LOWER								LOWER							
Side Views								Side Views							
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

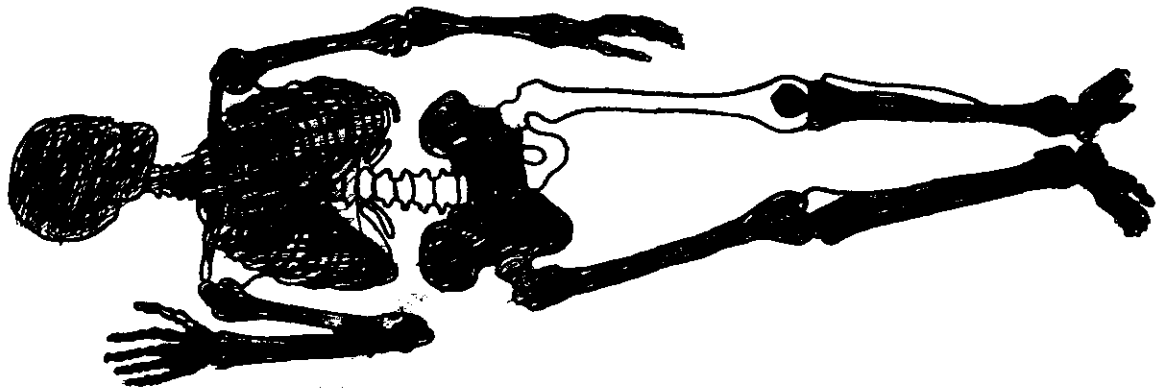
No loose teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James G. McDermott
JAMES G. 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.

UNIDENTIFIED

BY REASON OF LACK OF SUFFICIENT 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-24				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY Cem. 3, Agana, Guam	4. PLOT 1	5. ROW 28	6. GRAVE 14	7. DATE OF	
				DISINTERMENT	REINTERMENT
5 Nov 47					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
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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?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

No evidence.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

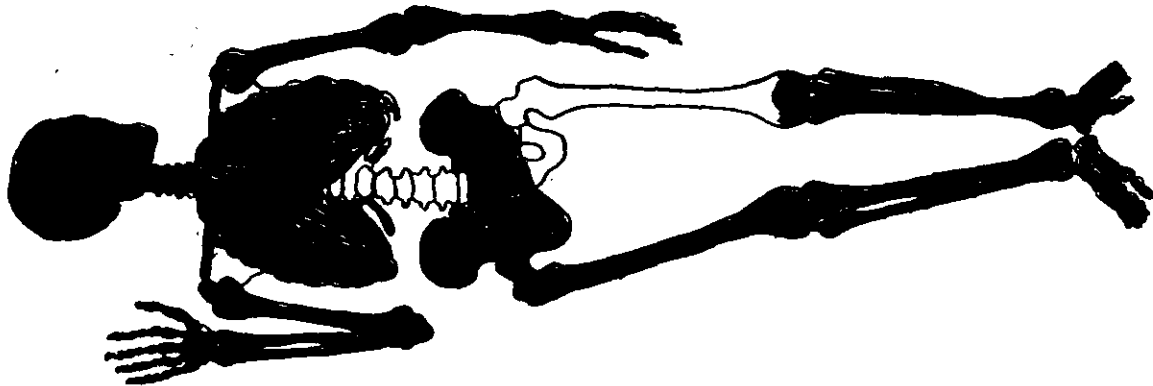
None

Unidentifiable by reason of lack of sufficient identifying data.

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

BJP

19. BLACK OUT PARTS OF BODY NOT COVERED



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 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
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

SIGNATURE

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Conerly