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l. This case Unknown X — V 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)

Suam #3 agara

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REMAINS OF UNKNOWN X-25 NAME OF CEMETRY Cem. 3, Agana, Guam PHYSICAL DESCRIPTION A 28 15 4 Nov 47 DISINITEMENT A 28 15 4 Nov 47 Cem. 3, Agana, Guam PHYSICAL DESCRIPTION ESTIMATED WEIGHT S. ESTIMATED REIGHT S. ESTIMATED REIGHT S. 100 CIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH PENAINS UTD GIVE DESCRIPTION OF TATIOUS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM DIRER SOURCES None NAS BODY BURNED! TO WHAT EXTENT? THES	
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Captain, QMC Operations Officer AGRS, Marbo Zone

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ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."		

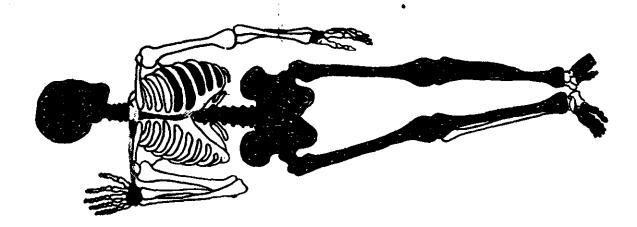
No teeth - No mandible or maxilla.

Certified true copy:

HA HADDINAN

Captain, QMC Operations Officer

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



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

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

Body received in shelter half, all dry bones. Skull and most major bones were missing. Height determined from right humerus, radius and fibula. One pair of GI shoes -- saze 92EE found and returned with body. No identification tag found.

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

SIGNATURE

ULDRIC E. CONERLY, Captain, CAC

Ulden 3. Cauce

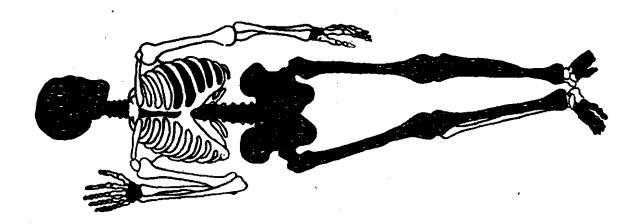
	DENTIFICATION DENTAL	CHART		DA	TE A) NOV	47	
NAME (Last, First, Middle Initial)*	RANK		SE	SERIAL NUMBER			
URIGIOWN #2							
UNIT	ORGANIZATION	CAUSE OF DEATH Unknown					
PLACE OF DEATH	PLACE OF BURIAL			PLO	, <u> </u>	GRAVE	
Chram	Cemetery	#3 1	Agana, Guar		<u>28</u>	15	
	ng through extraction (not th nt wounds) should be "x" d (<u> </u>	OTH MISSING		S S S	
CROWNED TEETH: BLOCK IN SO PORCELAIN, SILVER OR GOLD AND	LID AND CROWN OF TOOTH ILABEL PORCELAINI, THUS:	GOID,	GOLD CROWN	PORCELAIN CR			
BRIDGE WORK : BLOCK IN SOLID BRIDGE, GOLD AND PORCELAIN BRI	and crown of tooth (label go dge), thus:	DLD	60	LD BRIDGE	5		
FILLINGS : DRAW FILLING ON TOO AND LABEL GOLD, SILVER, CEMENT)	OTH AS ACCURATELY AS POSSIBLE (BLC , THUS :	OCK IN	GOLD FILLING	SILVER FILLING		300	
CARIES : (Cavities) : OUTLINE LOC SHADE IN THUS :	TATION AND SIZE OF CAVITY,		CAVITY	DECAYED	606		
SIDE VIEWS SIDE VIEWS SIDE VIEWS	RIGHT 7 6 5 6 3 2 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	
<u> </u>	M OF RELATIVE SIZE AND SHAPE OF P	late, Block	IN TEETH ATTACHED	AND INDICATE RE	TAINING CLASPS C	ON NATURAL	
James He	person who prepared dental c	HART V	EMILIO S.	1. 1 2 2		, Inf.	

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Eighth Acres Printing Plant

WEENOW X-25 P-A. B-28, G-15 Com 3, Acome, Once

19. BLACK OUT PARTS OF BODY NOT REFERE



20•	MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein megregation in whole or parts is impossible)										
I CERTIFY THAT THE GROUP OF THE FOLLOWING ANATOMI	REMAINS CONSIST OF PARTS OF _ CAL PARTS:	N UM B E R	DECEDENTS	BASED	ON THE	PRESENCE	OF ON	E OR MO			
	,										
						,					
1 <u>6</u> 80 € s			SIGNATURE (·	<u> </u>	. <u>.</u>					

21. REMARKS AND ADDITIONAL INFORMATION

Body received in shelter half, all dry bones. Skull and most major bones were missing. Height determined from right homerus, radius and fibula. One pair of 6I shoes -- sase 9988 found and returned with body. He identification tag found.

31

! 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

WLDRIC B. COMERLY, Captain, CAS

Ullin 3. Canel

RESTRICTED OC FORM 1042 DATE OF REPORT REPORT OF INTERMENT 7 Apr. 1945) ides GRS Form.1) (AR 30-1810 and AR 30-1815) Nov 47 Imprint Identification Tag It Possible Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) Box #33 GRADE ORGANIZATION BRANCH OF SERVICE REPORT OF DIS INTERMENT RACE RELIGION IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Guan Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, \$11 for months) and remotes (1, 2, or none) Hone WERE SUBSTITUTE TAGS PROVIDED?(Yet or se) Xα LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Selles 2.—BURIAL. If other than in established cometery, furnish sketch and man ecordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Cemetery #3 Agana, Guam TYPE OF GRAVE PLOT No. ROW No. GRAVE No. BLIRIED IN (Shroud, blanket, or name of other) DATE OF BURIAL HOUR 15 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) ROW No. GRAVE No. PLOT NO. IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES STATION SUL IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ORGANIZATION GRAVE No. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle isitial) RANK STRIAL NO. unknown I-26 GRAVE NO. SERIAL NO. ORGANIZATION RANK BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) SIGNATURE OF GRS OFFICER VERIFYING REPORT UNKHOWN X-24 SIGNATURE OF PERSON PREPARING REPORT Sen @ Bother

RESTRICTED

through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General

EMILIO E. COSTALES

ZAPIĆO.

2nd Lt.

RESTRICTED

All the second s	Section 1	UNI DENTIFIED	REMAINS	er and a to a state.	20				
7. LE	INSTRUCT	TIONS:	ha talan	to record	the most i	ninute clues	for the future	identity of uni	dentified re-
FT NWGR	mains. Fi	ll in anatomic rity number; icles, and tar	cal charac position o	teristics I f body for	und in airr	d any other c danes, vehicle	clues under ' es, and tanks	'Other,' such a ; and serial nur	is shop size, inbers of air-
	chart at lef every tooth	tingerprint, o t, or as many will be indic ed if one or a	r prints, a as possib ated on th	ere the mo ble. If ho tooth cl	ofingerprinary art in acc e secured.	nt or all clues nt or prints co ordance with	s. Imprint al an be secured diagram belo	I fingers and th I, the condition w. Tooth chai	of each and the rt will not be
LEFT KING FINGER	HEIGHT	WEIGHT	COLOR O		COLOR OF		 	SCARS, OR TATT	
			s to sate			· · ·			
. 3	WEAPON AND	SERIAL NO.		LAUNDRY	MARKS	_	WHERE BODY	WAS BURIED OR	FOUND -
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	MISSING	TEETH	- JO	OTH MISSI		*	N .		\mathfrak{P}_{\bullet}
RIGHT	CROWNED	TELTU	R	Σ,		DIAGRAM	REPRESENTS	THE MOUTH MA	DE OPENIOS
INDEX.	CHOWNED	(2)		CELAIN C		15 (Lo	MER STATE) 15 14
X FIMEER	BRIDGE	NORK		Corp 8	RIDGE	[3 1			
RIGHT MIDOLE FINGER	FURNISH SKE	TCH AND MAP	REFERENCE	AND COO	RDINATES F	OR BURIAL IN	OTHER THAN E	STABLISHED CEM	ETERY
· · · · · · · · · · · · · · · · · · ·	i								
RIGHT RIMO FINGER		·			·				·
	REMARKS:	intire l	head a	and be	oth fond sac	emur, t	ibia an so miss	d left fing. All	ibula benes
RIGHT LITTLE FINGER	I	cas tho	ere p:	TTOO ::	in one	e place	in the	grave,	Grave

IDENTIFICATION SECTION REPATRIATION RECORDS BRUNCH REPATRIATION RECORDS BRUNCH

CATEGORY III CALL NO CLUES IDENTIFICATION IMPOSSIBLE AT PRESENT TIME



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.

SHIP OR STATION ATTACHED AT TIME OF DEAT	н		DATE REPORT FILLED OUT	16 April 1945.		
COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)		
	ll .	DEENTIFIED #25	•	\		
	FILE OR SERVICE NO.	RANK OR RATE	BRAN	ICH OF SERVICE		
			U	SMC		
	CORPS OR RESERVE CLASSIFIC	ATION	RACE			
CAUSE OF DEATH	:	PLACE OF DEATH		100000000000000000000000000000000000000		
		Guam.				
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF	KIN (If known)			
DATE OF DEATH		9/14/44		·		
NAME OF CEMETERY		LOCATION OF CEMETE	IRY			
Army Navy Marine	Cemetery #3.	Agana	Guam.			
GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVI			
CTOSS BURIED AT SEA (Dale)	<u> </u>	L AREA	·	15		
BURIED AT SEA (Dute)		AREA				
TYPE OF RELIGIOUS CEREMONY		RELIGION OF DECEAS	ED			
Military Honors						
IDENTIFICATION TAGS FOUND ON BO	IF NO IDENTIFICATION TAGS. OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)					
COMPLETE DENTAL CHART ON REVE	Yes Ne					
COMPLETE FINGERPRINT CHART OF	BOTH HANDS ON REVERSE	-				
LIST OF PERSONAL EFFECTS FOUND	ON BODY AND DISPOSITION OF SAME			· · · ·		
IDENTIFICATION TAG BURIED WITH	BODY	IDENTIFICATION TAG	ATTACHED TO MARK			
	Yes Ne	is a second seco	Yes	No No		
IF IDENTIFICATION TAGS NOT PRESE	NT, WHAT OTHER IDENTIFICATION DATA	A BURIED WITH BODY AND	IN WHAT KIND OF	CONTAINER		
Information e	xtracted from Cemetery	Records				
IF BURIAL OTHER	THAN ESTABLISHED CEMETERY,	FURNISH SKETCH AND	MAP REFERENCE	ON REVERSE		
	Radias Duria	d on Either Side				
BODY ON LEFT. NAME (Last, first, mi	ddle)	RANK OR RATE	FILE OR SERVICE	No. GRAVE No.		
Unidentified	II 26			16		
BODY ON RIGHT, NAME (Last, first, n	niddle)	RANK OR RATE	FILE OR SERVICE			
Unidentified	2.7 (Rank or rate) PERSON CONDUCTING	BURNAL BUTTER	F8 14		
R.L. RIDOLFI 2dLt,	$\mathcal{O}_{\mathcal{I}} = \mathcal{O}_{\mathcal{I}} \cap \mathcal{O}_{\mathcal{I}} \cap \mathcal{O}_{\mathcal{I}}$	PERSON CONDUCTING	BURIAL RITES	/		
IN REBURIAL, GIVE LOCATION OF PI	REVIOUS BURIAL	VERIFIED AND FORWA		AMES R. LANS		
		L.N. UPZ-Col.	, USMC-Ass	OF PRESE		
		(Name)	<u> </u>	lank) (Tille)		

INSTRUCTIONS FOR BURY

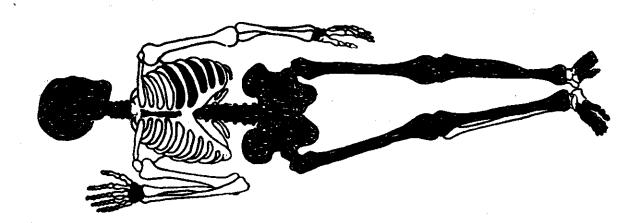
		s							
	<u> </u>	ithout	1. IDENTIFICATION, PRE	PARATION	OF BODY,	BURIAL A	ND MARKI	NGS OF GRAVES	OF
	Ξ	50	ISOLATED BURIALS. If four (4) sets of fingerprint	⊣ave body exa ts of all availa	imined to es ible fingers.	Complete t	he following:	ay is unidentified, t	аке
	No.	unidentifi udging.		STIMATED WEL		COLOR OF EY		COLOR OF HAIR	
	ŀ	유립	BIRTHMARKS, SCARS, OR TATTO	oos					
	NDEX	take rolle	LAUNDRY MARKS			WEAPON AND	SERIAL NO.		—
		lled impr	(If a	ctual weight a	nd height ar	e used, delet	e estimated)		
	MIDDL	ression of fingerprints.	Wrap and tie body secure to five feet or in hasty burial only one body in grave. So tag and attach to grave mar to BuPers, Marine Corps, opencil of identifying data or	s to sufficient ecurely faster ker (when bo or Coast Guar n form in dup	t depth to pre one identif ody is disint d, as indicat licate, place	event destructication tag to terred or proted). If no in bottle, ca	ition of body on body. Ren perly recordentag is presentag is presentagent	or loss of identity. P move other identificated, remove and forw t, make a notation shell or other avail	lace ition vard with able
	- -	ints. Cleanse ridges and in	container which can be mad marker. If no tag is availab suitable means to identify g	le, write ident	ifying data o	h remains an n marker. V	d the other, o When pegs are	one (1) foot below g e not available, use o	rave ther
	-	nse fingers of all fintervening space.	2. LOCATION OF GRAV For all other burials, prepare ences, or by reference to p complete. Stand at foot of	e sketch in sp prominent, pe	ace provided rmanent land	l below; and dmarks. Inf	give location formation mu	by means of map re st be specific, accu	efer-
	<u> </u>	foreign matter. Roll e. Do not overink.	If the body is otherwise uniden dental conditions in conformity wi para. 2318 (b) (1) & (2))(1945 Ed	ith instructions 1. para. 2234.1 &	n MMD (1942 .2). This mus	t be accurate.	X	ŔŖĠŶĠ	j
		Roll finger	Tooth No. 1, missing; No. 2, gold i crown; No. 4, cavity; No. 5, two po fixed bridge supplying missing too	inlay and two sil proelain or tempo	ver fillings; No rary fillings; No	o. 3, full gold os. 6, 7, 8, gold		388	9
	THUMB	to include	Missing teeth Nos.		******	HHH	HEEK SIDE 10	MAHH	<u>™</u>
	_	crease	Occlusion (Type of)					DESET	皮
	70	of first	Malposed teeth (Describe)				ONBUE SIDE	0000	
	NDEX	₫.	Removable appliances				AAAA		科
<u>. </u>	- i	at through 180°	Other defects		11 10 1		WHHUI #882 39.882 29	1 20 20 30 31	اب 22
	Σ Σ	9	Remarks			WITH DECEASE	SOME RESEMBLA	(DENTAL RECORD) REVI	
	MIDDLE	inked surface			(Signature	of dental examin	ier)	(Rank or rate)	
	-	rface.						-	
	R. RING	Record Impression of same motion			N				
	R. LITTLE	of same motion		-					
		'	·						

Jury Dragh

Ullin E. Conerly, Captain, T.C.

MINIOW X-25 P-A, R-28, 6-15 Con 3, Agenc, Gran

19. BLACK OUT PARTS OF BODY NOT A



MASS BURNAL 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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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144

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

SIGNATURI

WIRE R. COMPRLY Centein GAS

Wellen €. Can

		St. A.					
		IDENTIFI	CATION D	ATA			•
1 REMAINS OF	UNKNOWN			 		2. DATE OF RE	PORT
t ,		DICHT Z-25				11 Oct .	14
3. NAME OF CE			4. PLOT	5. ROW	6. GRAVE		TE OF
	`			 		DISINTERMENT	REINTERMENT
		_					
Com.	, 3, Aguma,	, Crass		755	15	4 Nov 47	
			AL DESCRIPTIO				
8. ESTIMATED	WEIGHT	9. ESTIMATED HEIGHT	10. 0010	R OF HAIR		11. RACE	
		5° 20°	<u></u>			713	<u> </u>
12.GIVE DESCR	IPTION OF ANY	Y OFFICIAL IDENTIFICATION FOL	UND WITH REMA	INS			
I							
	TOTAL OF TA						
13.61VE DESCR	IPIION OF TAI	TTOOS OR SCARS ON BODY AND/OR	R SUCH INFORM	ATION OBIA	AINED FROM	OTHER SOURCES	
							+
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							•
14. WAS BODY		TO WHAT EXTENT?					
TES YES							·
15. WAS BODY		TO WHAT EXTENT?					
YES			· = 00 :: (T (D) 0				
16. DESCRIBE	EVIDENCE OF H	HEALED FRACTURES AND BONE MAL	LFORMATIONS				
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17. LIST EVER	Y ITEM OF CLC FTC. (If la u)	OTHING, EQUIPMENT AND PERSONA ndry marks are indistinct suc	AL EFFEUSS FU ch notation s	IUNU, SHUW Should be	made and a	PE, CULUK, 512 :pecimen forwar	E, MAKKINGS, ded through
channels	for examinat	ion when facilities are not	available in	the area)	,		
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Cons.	nets of 01	I above clas 9185,					
		,					
			•				
			•				

Unidentificable by reason of lack of sufficient identifying data.

H. W. HARRIMAN Captain, CHS Operations Officers ARS, Narto Some

105

	MONTH X=25	P-4, R-28, G-15	Con 3, Agenta,	Guan
18.			TOOTH CHART	
JRACI	ING TEETH: ALL TEETH MIS TON (NOT THOSE FRACTURED NT WOUNDS) SHOULD BE "X" 'D) OR DISPLACED BY	(Tooth Missing	SIDE VIEW
(LABĘ	ED TEETH: BLOCK IN SOLI L GOLD, PORCELAIN, SILVE , THUS:	D AND CROWN OF TOOTH R OR GOLD AND PORCE—	Gold Crown, Porcelain C	rown DDDD
BRIDG (LABE THUS:	E WORK: BLOCK IN SOLID L GOLD BRIDGE, GOLD AND	AND CROWN OF TOOTH PORGELAIN BRIDGE),	Gold Bridge	
AS PO	MGS: DRAW FILLING ON TO SSIBLE (BLOCK IN AND LA T), THUS:	OTH AS ACCURATELY BEL GOLD, SILVER,	Gold Filling Silver Filling	
CARIE OF CA	\$ (Cavities): OUTLINE L VITY, SHADE IN THUS:	OCATION AND SIZE	Cavity Decayed	0000
Side Views Views Side Views	8 7 6 DOD DOD DOD DOD DOD DOD DOD DO	GHT 5 4 3 2 CONTROL OF THE CONTROL	1 1 2 3 4 5	Side Viere Cover 1 8 Side Viere LOWER 14 15 16
	RES (Plates): DRAW DIAG LASPS ON NATURAL TEETH W		IND SHAPE OF PLATE, BLOCK IN TEET	H ATTÄCHED ÄND INDICATE RETAIN-

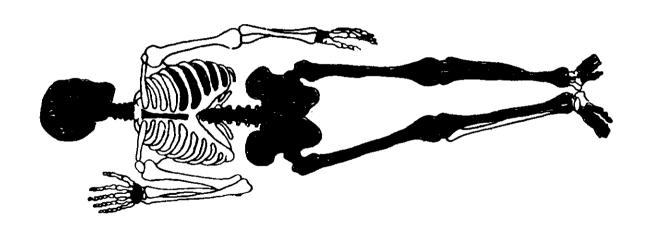
No teeth - No mandible or maxilla.

Certified true copy: N W Harriman

Captain, OMC Operations Officer

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

19. BLACK OUT PARTS OF BODY NOT



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

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OF THE FOLLOWING ANATOMICAL PARTS:

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Certified true copy:

16 W Haiman

H. W. HARRIMAN Captain, QMC Operations Officer

WCK

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SISNATURE

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Comerly

						····		
PHYSICAL DESCRIPTION ILL. RACE 10. COLOR OF HAIR LL. RACE 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. NAS BODY BURNED: 10 WHAT EXTENT? 12 YES		identif	FICATION D	ATA				
PHYSICAL DESCRIPTION PHYSICAL DESCRIPTION PHYSICAL DESCRIPTION PHYSICAL DESCRIPTION PHYSICAL DESCRIPTION PHYSICAL DESCRIPTION LL. RACE 2.6 IVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS 3.6 IVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES 4. WAS BODY BURNED? TO WHAT EXTENT? TYES NO 5. MAS BODY MANGLED? TO WHAT EXTENT? TYES NO 6. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS 7. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (IT 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. REMAINS OF UNKNOWN	TRANK NAME		<u></u>		1	_	
PHYSICAL DESCRIPTION SESTIMATED WEIGHT PHYSICAL DESCRIPTION 10. COLOR OF HAIR LL. RACE 12. 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? YES NO TO WHAT EXTENT? YES NO DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS 1. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (17 Jaundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area.)	3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE			
PHYSICAL DESCRIPTION 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? TO WHAT EXTENT? YES NO 5. WAS BODY MANGLED? TO WHAT EXTENT? O BESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS 7. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If foundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)						DISINTERMENT	REINTERMENT	
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Unidentifiable by reason of lack of sufficient identifying data.

H. W. HARRIMAN Captain, QND Operations Officer AGRS, Marbo Zomo

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