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HEADQUARTERS AMERICAN GRAVES REGISTRATION STRVICE PHILOON LONE APO 900

25 June 1949

numar

Captain, GAD

Chief, Records Branch

	Date
SUBJECT:	Unidentifiable Remains
TO :	The Quartermaster Weshington 25, D. C. Attn: Memorial Division
	The records pertaining to Unknown X- 26 , Plot,
Row	, Grave 16 , USMC Cemetery 53, Agana, Guam have
been revi	ewed 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:

Attch: Form 1044

Duly)'

l. This case Unknown X - 26 has been reviewed and the recommendation of the Field as unidentifiable due to lack of sufficient identifying data is approved.

Summer 3 afaire

Jed & D.C.S.

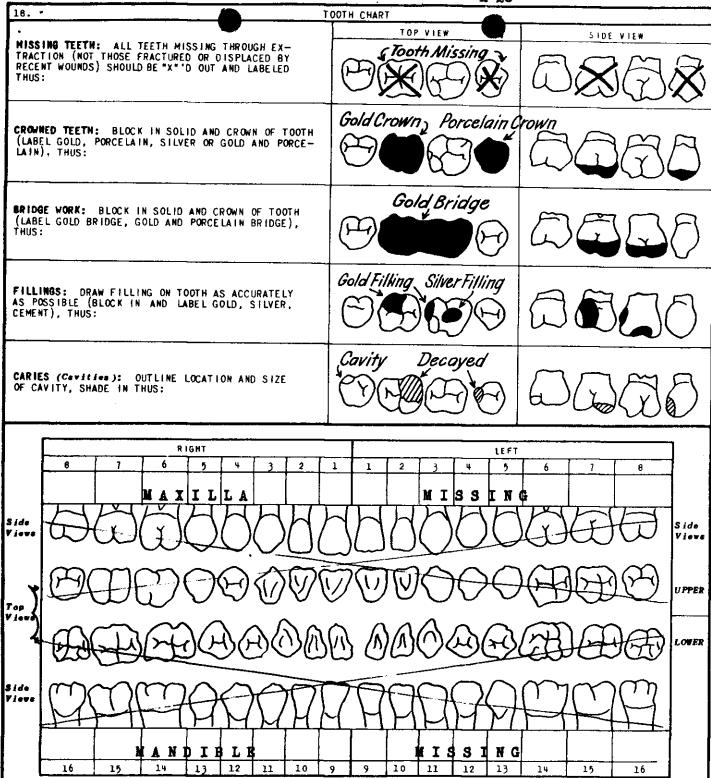
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1. REMAINS OF UNKNOWN				······································	2. DATE OF	RE PORT
	KNOWN X-26					e 1949
3. NAME OF CEMETERY	IDMUNIN A-20	4. PLOT	5. ROW	6. GRAVE		DATE OF
S. HAME OF CENETERS		1. 101	7. 1.04	3.0	1	T (REINTERMENT
Gemetery #3,	Agana, Guam		28	16		
	PHYS	ICAL DESCRIPTION			-	
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13.GIVE DESCRIPTION OF TA	NONE	/OR SUCH INFORM	SATION OBT	AINED FROM	OTHER SOURC	ES
	סמט					·
14. WAS BODY BURNED?	TO WHAT EXTENT?					
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15. WAS BODY MANGLED?	TO WHAT EXTENT?					,
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THE STATE OF C	NONE LOTHING, EQUIPMENT AND PERS	ONAL EFFECTS F	OUND, SHO	NING THE T	YPE, COLOR, S	IZE, MARKINGS,
SERVICE, ETC. (If Inches of the channels for examina	undry marke are indistinct tion when facilities are no	et available in	the area)		

NONE

"UNIDELL'EIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Sal#72



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 LACK OF SUFFERENCE DENTIFYING DATA"

James J. McDERMOTT

Laboratory Officer, CIP

ONC FORM 10444

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20- MASS BURIAL CERTII (Wherein segregation in wh	FICATE (IF APPLICABLE) hole or parte le impossible)
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF OF THE FOLLOWING ANATOMICAL PARTS:	DECEDENTS BASED ON THE PRESENCE OF ONE OR MOR
, 	SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

DENTIFICATION

SBY C. A. C. C. LACK OF SEC. DALLS

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 DRGANIZATION

JAMES J. McDERMOTT Laboratory Officer, CIP James & M Dermell.

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3. NAME OF CENETERY		4. PLOT 5. ROW	6. GRAVE		- · · ·
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13.GIVE DESCRIPTION OF TATE	OOS OR SCARS ON BODY AND/OR	SUCH INFORMATION OF	TAINED FROM	OTHER SOURCES	
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			H.	W. HARRIMAN	
			Cap	tain, QMC	
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OMC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ABRS, Marbe Zene

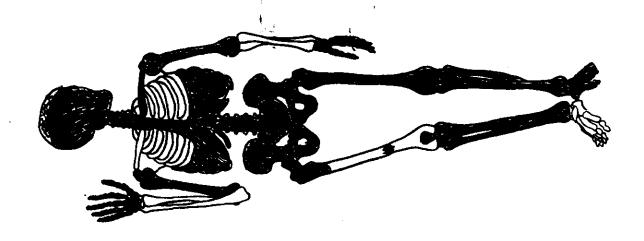
No teeth

No mandible or Maxilla

ry Dpugh

OMC FORM 10446

19. BLACK OUT PARTS OF BODY NOT RECERED



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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body brought to CIP in burlap sack in shelter half. No Interment Card or ID tag found. No hair. Many bones missing and extra bones found that do not have the characteristic of this body. No healed fractures. One embossed plate found on shelter half. The only identification possible is size of shoes.

للبط

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, Cantain, CAC

CAC

3. Cour

REMAINS OF UNKNOWN THE DESCRIPTION DATA 2. DATE OF REPORT 4. PLOT 5. ROW 6. GRAVE 7. DATE OF PHYSICAL DESCRIPTION ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 110. COLOR OF HAIR GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS GIVE DESCRIPTION OF TATOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES **NAS BODY MANGLED:** 10 WHAT EXTENT? 12 YES NO 13 WAS BODY MANGLED:** 10 WHAT EXTENT? 11 YES NO 12 NO WHAT EXTENT? 13 YES NO 14 OF PEPORT 15 NO 16 GRAVE 7. DATE OF DISINTERMENT REINTERMENT 17 PHYSICAL DESCRIPTION 18 DESCRIPTION OF HAIR DISINTERMENT 19 PHYSICAL DESCRIPTION 10 THE SOURCES 11 OWNER OF PEROND 12 DESCRIPTION OF HAIR DISINTERMENT 13 PHYSICAL DESCRIPTION 14 DESCRIPTION 15 OWNER OF PEROND 16 GRAVE 7. DATE OF DISINTERMENT 17 PHYSICAL DESCRIPTION 18 DESCRIPTION 19 PHYSICAL DESCRIPTION 10 PHYSICAL DESCRIPTION 10 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 12 DESCRIPTION 14 DESCRIPTION 15 DESCRIPTION 16 DESCRIPTION 17 DESCRIPTION 17 DESCRIPTION 18 DESCRIPTION 18 DESCRIPTION 19 DESCRIPTION 19 DESCRIPTION 10 PHYSICAL DESCRIPTION 10 PHYSICAL DESCRIPTION 10 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 12 DESCRIPTION 13 DESCRIPTION 14 DESCRIPTION 15 DESCRIPTION 16 DESCRIPTION 17 DESCRIPTION 18 DESCRIPTION 18 DESCRIPTION 19 DESCRIPTION 19 DESCRIPTION 10 PHYSICAL DESCRIPTION 10 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 12 DESCRIPTION 15 DESCRIPTION 16 DESCRIPTION 17 DESCRIPTION 17 DESCRIPTION 18 DESCRIPTION 18 DESCRIPTION 19 DESCRIPTION 19 DESCRIPTION 10 PHYSICAL DESCRIPTION 10 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 11 PHYSICAL DESCRIPTION 15 DESCRIPTION 16 DESCRIPTION 17 DESCRIPTION 17 DESCRIPTION 18 DESCRIPTION 18 DESCRIPTION 18 DESCRIPTION 19 DESCRIPTION 19 DESCRIPTION 10 DESCRIPTION 10 DESCRIPTION 11 DESCRIPTION 11 DESCRIPTION 11 DESCRIPTION 11 DESCRIPTION 11 DESCRIPTION 12 DES		
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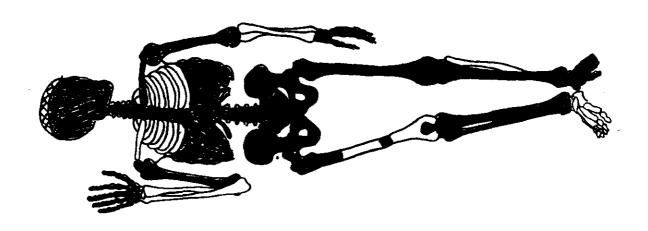
Unidentifically by reason of lack of sufficient identifying data.

N. W. HAMINAN Captain, CMS Operations Officer AMS, Marke Beas

h

Operations Officer

OMC FORM 1044a



20. MASS BURIAL CERTIF (Wherein segregation in wh	CATE (IF	APPLICABLE) ts is imposs:	ible)		
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF OF THE FOLLOWING ANATOMICAL PARTS:	NUMBER	DECEDENTS B	ASED ON THE	PRESENCE OF	ONE OR MOR
OI DENADUS AND ADDITIONAL ENCODUATION		SIGNATURE OF	MEDICAL OF	FICER	

bdy brought to CIF in burlep sack in shelter half. No Intermer's Card or ID tag found. No hair. Many bones missing and extra bones found that do not have the characteristic of this body. No hadded freetures. One embassed plate found on shelter half. The only identification possible is also of shoes.

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

HIRO IC R. COMMIY, Captain, CAC

OMC FORM 1044

GPO-0-47 - 754877

PAGE 3 OF 3

	IDENTIF	FICATION DATA			•
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,		p.M.			
Com. 3, Aguan,	Same.	1 1 1 2	16	4 Nov 47	
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Unidentification by ressen of lask of sufficient identifying data.

N. V. HARRISAN Coptein, QHC Operations Officer ASS, North Ress

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Certified true copy:

W Warimons

Captain, QMC

Operations Officer

/s/ Vicric E. Conerly . Capt . T.f

Gary D. Puch

W House

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

SIBNATURE

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Conerly

	10	DENTIFICATION D	ENTAL CH	1 A RT		DATE	4 Nov	47
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SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

LAWRENCE HO, Capt., D.C.

EMILIO S. ZAPICO, 2nd Lt., Inf.

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SKOMATURE OF RECEIVER	DATE	SICHATURE OF SMIPPER
NAME OF CONVOYER	· · ·	KIND OF CONVEYANCE
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MIVIDDAN TO MUTAKOR.	(1.1. TrACI	100 / 1)	SIGNATURE OF SHIPPER
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NAME OF CONVOYER		:		KIND OF CONVEYANCE

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SIGNATURE OF SHIPPER

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NAME OF CONVOYER

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DATE		SIGNATURE OF RECEIVER	∃T∧d	SIGNATURE OF SHIPPER
	23 Co.	. 32 6 - 36 - 31.63 4		
11] .	100 m	NAME OF CONVOYER		KIND OF CONVEYANCE

IDENTIFICATION SECTION ME MORIAL DIVISION

REPATRIATION RECORDS BRANCH

CATEGORY III CASE NO CLUES IDENTIFICATION LAPOSSIBLE

AT PRESENT TIME

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials are reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-avarters 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	1			DATE REPOR FILLED OUT	16 April 1946.
COPY OF IDENTIFICATION TAG	NAME	UN	(Last)	(First) 26	(Middle)
	FILE OR SE	RVICE No.	RANK OR RATE		BRANCH OF SERVICE
	CORPS OR	RESERVE CLASSIFICATI	ON		RACE
AUSE OF DEATH			PLACE OF DEATH	<u></u>	
			Guam	•	
AME OF NEXT OF KIN (If known)			ADDRESS OF NEXT O	F KIN (If known	2)
DATE OF DEATH		9/16/44			
NAME OF CEMETERY	. ,		LOCATION OF CEMET	ERY	
Army Mavy Marine Con	metery #3.		Aga	na Guam.	
GRAVE MARKER TYPE	PLOT NO.	A	ROW NO. 28	19	TO NO.
BURIED AT SEA (Date)			AREA		
Military Honors.			RELIGION OF DECEAS	SED	
DENTIFICATION TAGS FOUND ON BO	DDY	MONE	IF NO IDENTIFICATIO (Identification cards,		MEANS USED TO IDENTIFY BODY
COMPLETE DENTAL CHART ON REVE	RSE Yes	☐ Ne			
COMPLETE FINGERPRINT CHART OF	BOTH HANDS ON R	EVERSE No	1		
LIST OF PERSONAL EFFECTS FOUND	ON BODY AND DIS	POSITION OF SAME	<u>'</u>		
DENTIFICATION TAG BURIED WITH I	BODY		IDENTIFICATION TAG	ATTACHED TO	MARKER
·	Yes	Me Me	<u> </u>	Y	** No
F IDENTIFICATION TAGS NOT PRESE Informat: IF BURIAL OTHER	ion extract	ed from Ceme			
		Bodies Buried			
FOR CLOSE A.S.	ddle)		RANK OR RATE	FILE OR SE	RVICE NO. GRAVE NO.
BODY OF RIGHT. NAME Last, first, 7	niddle)		RANK OR RATE	FILE OR SE	RVICE NO. GRAVE NO. 15
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dut. U	SMCR. R. L	P. (Rank or rate)	PERSON CONDUCTING	G BURIAL RITES	. 21
IN REBURIAL, GIVE LOCATION OF PI			VERIFIED AND FORM	VARDED	Mains
			L.N. UTZ-	-Col., USA	IC-Ass Chieffo Staff
					18_1944-1

	thout smudging.	1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES (ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, ta four (4) sets of fingerprints of all available fingers. Complete the following:
	dging.	ESTIMATED HEIGHT ESTIMATED WEIGHT COLOR OF EYES COLOR OF HAIR
	Obtain	BIRTHMARKS, SCARS, OR TATTOOS
	sharp, clear	(If actual weight and height are used, delete estimated)
	contrast of inked ridges L. MIDDLE	Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grato five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Plaenly 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 forwatto BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation we pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other availa-
	and int	container which can be made watertight, bury one with remains and the other, one (1) foot below gramarker. If no tag is available, write identifying data on marker. When pegs are not available, use oth suitable means to identify grave as a military grave.
	of all foreign matter. Roll space. Do not overink.	dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed.
	R. Finger	CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold Inlay and two sillures; 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).
	THUMB	Missing teeth Nos
	crease of	Occlusion (Type of)
	7	Malposed teeth (Describe)
	NDEX	Removable appliances
	through 180°	Other defects
	x 3	Remarks COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEA
	Inked surface	(Signature of dental examiner) (Rank or rate)
] .	
	Record impression	2
	of sam	
	e motion	
REPORT OF BURIAL (Back)	NAV	

REPORT OF BURIAL Navmed - 601 (3-45) COPY COPY te Report Ship or Station 16 April 1946 Filled Out Attached at Time of Death (Tirst) (Middle) Copy of Identification Tag Name (Last) UNIDENTIFIED #26 File or Service No. | Rate or Rank Branch of Servi USMC Race Corps or Reserve Classification Place of Death Cause of Death Guam Address of Next of Kin (If Known) Name of Next of Kin (If Known) Date of Burial Date of Death 9/16/44 Location of Cemetery Name of Cemetery Agana Guam Army Navy Marine Cemetery #3 Grave No. Plot No. Row No. Grave Marker Type 28 A 16 Cross Area Buried at Sea (Date) Religion of Deceased Type of Religious Ceremony Military Honors Identification Tags found on Body If no Identification Tags, other means used to identify body (Identification \Box 1 None cards, letters, etc.) Complete Dental Chart on Reverse _ Yes Complete Fingerprint Chart of both Hands on Reverse Yes No List of Personal Effects found on Body and Disposition of Same Identification Tag Attached to Harker Identification Tag Buried with Body Yes Yes If Identification Tags not present, what other Identification Data buried and in What Kind of Container Information extracted from Cemetery Records IF BURIAL OTHER THAN ESTABLISHED CELETERY, FURNISH SKETCH AND HAP REFERENCES ON REVERSE Rank or Rate File or Service No. Grave Body on Left, Name (Last, first, middle) S 1/c 17 / Fejerang, A. S. Rank or Rate File or Service No. Grave Body on Right, Name (Last, first, middle) 15 Unidentified # 25

Person Conducting Burial Rites Person Reporting Burial (Name) (Rate oi Rank) R.L. RIDOLFI 2nd Lt., USMCR

In Reburial, Give Location of Previous

Burial

Verified and Forwarded

(Name)

L. N. UTZ, Col., USMC Ass't Chief of Staff, G-1

(Tit)

(Rank)

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 as	INTERMENT	-	l l	NOV 4	7
REPORT OF	(PE	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-2			SERIA	AL No.	
DISINTERMEN	0	GRADE	ORGANIZATION		BRAN	ICH OF SERV	ICE.
		RACE	RELIGION		IF OTHER THE NAME OF C	IAN U. S. DE/ OUNTRY	ID, GIVE
PLACE OF DEATH		CAUSE OF DEATH	.1		DATE	OF DEATH	
GUAM		UNKNOWN					
EMERGENCY ADDRESSEE (N	ame, relationskip, an	d address)					
IDENTIFICATION TAGS FOUN (1, 2, or none) NONE	ID ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS O	F IDENTIFICATION (1)	unidentified, fi	il in section 3	on reperse)
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or 100)	•	•				
NO							
LIST PERSONAL EFFECTS FO	UND ON BODY AND	DISPOSITION OF SAME	•				
ONE SHAV	ing (ngg)	FOUND IN REMAI		-			
Section 2.—BURIAL If of	her than in estab	lished cometery, furnish sketc	h and map coordi	nates on reverse.			
NAME, NUMBER, COORDINAT		NA, GUAM					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
				MARKER	A	28	16
WAS THIS A REBURIAL? (Yes or No)	IF A REBURIAL,	INDICATE NAME, NUMBER, COORI	NATES OF PREVIO	OUS CEMETERY, AND L			Longin
NO					PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDI	ENTIFICATION	Y DATA AND
IDENTIFICATION TAG BURIE BODY (Yes or no)		TIFICATION TAG ATTACHED TO KKER (Yes or no)	-				
BODY BURIED ON DECEASED	RANK	SERIAL No.	ORGANIZATI	ON GRAV	Æ No.		
FEJARANG,		4210412	USMC	, _	17		
BODY BURIED ON DECEASED	RIGHT, NAME (La	si, first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRA	VE NO.
UNKNOWN X-					15		
SIGNATURE OF PERSON PRE	PARING REPORT		SIGNATURE OF	RS OFFICER VERIFYI	IG REPORT		
(SIGNED) EMILIO E. COSTALES (SIGNED) EMILIO S. ZAPICO, 2ND LT.							
DISTRIBUTION OF REPO	RT: Signed origin	nal for U.S. and allied dead, s ies for retention in theater as	igned original and prescribed by the	i one copy for enemy ater commander.	dead, to the	Quarterma	ster General

RESTRICTED

	Section 3.—UNIDENTIFIED	REMAINS.			
LEFT LTTLE PINGER	INSTRUCTIONS: (a) Great care will mains. Fill in anatomi social security number; planes, vehicles, and tar (b) A fingerprint, o chart at left. or as many	be taken to record cal characteristics position of body fonks. or prints, are the my as possible. If n	und in airplanes, vehi- ost valuable of all clu- o fingerprint or prints	clues under "Other cles, and tanks; and s es. Imprint all finge can be secured the c	"such as shoe size, erial numbers of air- rs and thumbs in the
LEFT RING FINGER	every tooth will be indic accomplished if one or r HEIGHT WEIGHT	ated on the tooth o	hart in accordance wit	BIRTHMARKS, SCARS	ooth chart will not be
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CLA		Y MARKS	WHERE BODY WAS BU	URIED OR FOUND
LEFT INDEX FINGER	FILLINGS	SILVER FILL	LING	3000	
Тнимв	CAVITIES	CAVIT CAVIT		AN UPPER	
RICHT THUMB	CROWNED TEETH	TOOTH MISS	D IAGRAM	REPRESENTS THE M	OUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	PORCELAIN GOLD CROS		LOWER S	(8) 15 (8) 14 (0) 13 (0) ₁₂
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND COC	RDINATES FOR BURIAL II	N OTHER THAN ESTABLIS	SHED CEMETERY
RIGHT RING FINGER	REMARKS: EDACASE	NITADIA CIANA	I LEFT FAC	T. TUOSS	
RIGHT	FEW RIBS SOM CLAVICLE. O	NIARY SKUL E BROKEM F BVIOUSLY T	L, LEFT FOO ARTS OF TIB HESE ARE PA	I, THREE TILL IA, SCAPULA RTS OF TWO	NA AND PADIU AND A BODIES.

	1	RESTR	RICTED			_	
WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 at		-	\	NOV 4	
Imprint Identification DO NOT 1		NAME (Last, first, middle initial)	Let	130x#1	1	AL No.	
REPORT OF DISINTERME	et o	GRADE	ORGANIZATION	7000		ICH OF SERV	ICE
		RACE	RELIGION		IF OTHER TH	IAN U. S. DE. OUNTRY	AD, GIVE
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
GUAR MERGENCY ADDRESSEE (I	Vame, relationskip,	Unknow	m				
IDENTIFICATION TAGS FOL	IND ON BOLL	TE NO TARE FOUND AN BARY	CCCDIRE MEANS	or incurrence of	16 <u></u>	71 day	
(I, s, or none) NOTE	IND ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS (OF IDENTIFICATION (If unidentlfied, ji	il in eaction I	on 1606/36)
WERE SUBSTITUTE TAGS P	ROVIDED7(Yes or si	0)					
No							
		ablished cometery, furnish sketc	h and map coord	lingtes on reverse.			
NAME, NUMBER, COORDINA		Agana, Guam					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanks), or n	ama of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE N
WAS THIS A REBURIAL?	IF A REBURIAL	, INDICATE NAME, NUMBER, COORD	INATES OF PREVI	OUS CEMETERY, AND	LOCATION OF G	28 FRAVE	16
(Yes or no)					PLOT No.	ROW No.	GRAVE N
TYPE OF RELIGIOUS CEREMONY	PERSON COND	UCTING BURIAL RITES	IF IDENTIFICAT CONTAINERS E	ION TAGS NOT USED BURIED WITH BODY	, describe 101	entificatio	n data ai
IDENTIFICATION TAG BUR BODY (Yes of No)	ED WITH LDE	INTIFICATION TAG ATTACHED TO ARKER (Yes or 80)					
BODY BURIED ON DECEAS	ED LEFT, NAME (L	ast, first, middle initial)	RANK	SERIAL NO.	ORGANIZATI	ON GRA	VE No.
Gillaspy, J.			1 2000	815596	ORGANIZATI		17 VE No.
BODY BURIED ON DECEAS	/	SEE CORRECTION	RANK J	SERIAL No.			15
SIGNATURE OF PERSON P	REPARING REPORT	•	I SIGNATURE OF	GRS OFFICER VERIFY	ING REPORT		
EMILIO	E. COSTAI	LES	FMILIC	S. ZAPIC	, 2nd I	it., I	nf.

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. UNIDENTIFIE	D REMAINS.					
.	LEFT RINGER RI	INSTRUCTIONS: (a) Great care will mains. Fill in anatom social security number; planes, vehicles, and ta (b) A fingerprint, of chart at left, or as man every tooth will be indic accomplished if one or	be taken to ical charact; position of inks. or prints, ar y as possible cated on the	to record to teristics be f body four re the mostle. If no e tooth char	st valuable fingerprint art in accor			
i e	LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF	· · · · · · · · · · · · · · · · · · ·	COLOR OF	HAIR	BIRTHMARKS, SCA	RS, OR TATTOOS
	MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CL	UES	LAUNDRY	MARKS	 	WHERE BODY WAS	BURIED OR FOUND
	LEFT INDEX FINGER	FILLINGS	Rec SH	VER FILLING	NG G		3~200	Ž
	GWNKI. LABT	CAVITIES		CAVITY		5 C	UPPER	
:	RIGHT	MISSING TEETH CROWNED TEETH	T Ro	OTH MISSIN		DIAGRAM I	V REPRESENTS THE	MOUTH WIDE OPEN
	RIGHT INDEX FINGER	BRIDGE WORK		GOLD BE	N	15 () 14 (13	" O O O O	3 15 3 14 3 13 5 12 14
	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE	AND COOR	DINATES FO	R BURIAL IN (OTHER THAN ESTAB	LISHED CEMETERY
÷.	RIGHT RING FINGER	REMARKS:			4 ⊖ A 4 :		· · · · ·	
	RIGHT LITTLE FINGE	remarks: Fragment few ribs a clavid bodies.	3 Some	Droke	en bør	TR AT	three ulr tibia, so e parts o	emmle end

F.N.F. PAC Form (9)

Graves Registration

<u>C</u>	0	P	¥

(Last Name)	(First) (Initial)) (Serial Nu	mber) (Rank) (Organization)
	ANL	#3	Guam Island
(Place of death)	(Name o	f Cemetery) (Na	me or coordinates of location
16	28	A	
(Grave Number)	(Row Number)	(Plot Number)	(Religion, if known)
(If no identification	tags, what means o	f identification	are buried with body?)
(11 no identification			• ,
(If no identification tag	s, but identity de	finitely establi	
` 	s, but identity de	finitely establi	

(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.

ТНОМВ	Signature of officer person (Signature of officer of person (.)		THUMB
1	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		-
	sa letters, photographs, probable organizate ion of deceased, etc.:		
2	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.: MOTE below any identifying clues found, such	LEFT HAND	2
ω	the following as possible. HEIGHT: APPARENT NATIONALITY: COLOR OF EYES: NUMBER OF RIFLE: COLOR OF HAIR: RACE IS, TOOTH CHART ATTACHED?		က
4	IF DECEASED UNIDENTIFIED TAKE THOSE YOU CAN, And fill in as many of TAKE THOSE YOU CAN, And fill in as many of		4

Died Buried 9/16/44 Grave 16 - Row 28 - Plot A - #3

C C P Y