RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Tink Quam #3 X8, X9, X12, X14, 120

SYNOPSIS AND DATES

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NEW CLASSIFICATION 293 link Suame #3 18

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RECLASSIFICATION SHEET

QMC Form 357 (Revised 6-27-42)

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F T DE GROODT, GADT CMP
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

OMC FORM REV 15 MAR 46 1194

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1. This case Unknown X = 3 has been reviewed and the recommendation of the field as unidentifiable due to lack of sufficient identifying data is approved.

Sucarra # 3 refarm

Jod & D. S. L. 7 Dece 1948

buried

						
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H. W. HARRIMAN Captain, QUE Operations Offices ARRS, Maybe Repo

Operations Officer

/s/ Uldric E. Comerly, Capt.

OMC FORM 1044a

Gary D. Pugh

Captain, QMC

Operations Officer

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

STENATURE

ULDRIC E. CONERLY, Captain, CAC

/s/ Uldric E. Conerly

BJP

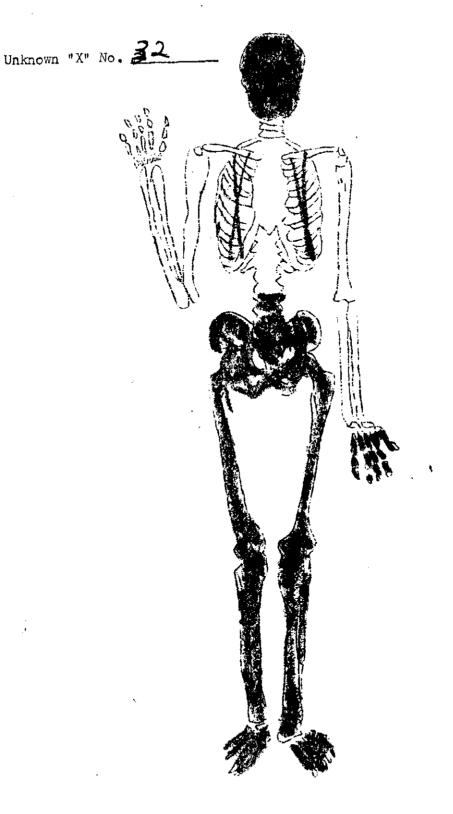
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Guam	Cemetery	#3 Ag	arma, Guam	A	32	9	
	TEETH MISSING THROUGH EXTRACTION (NOT ACED BY RECENT WOUNDS) SHOULD BE "X" "E		TOP VIEW TOOTH MIS	SING	SIDE	VIEW STEW	
	BLOCK IN SOLID AND CROWN OF TOOTH (LAB I GOLD AND PORCELAIN), THUS :	BEL GOLD,	GOLD CROWN) PORC	ELAIN CROWN			
	CK IN SOLID AND CROWN OF TOOTH ILABEL ORCELAIN BRIDGEI, THUS :	GOŁD	GOLD BRIDG				
FILLINGS : DRAW FILL AND LABEL GOLD, SILV	ING ON TOOTH AS ACCURATELY AS POSSIBLE VER, CEMENTI, THUS :	(BLOCK IN	GOLD FILLING SILVER	FILLING			
CARIES: (Cavities): SHADE IN THUS:	OUTLINE LOCATION AND SIZE OF CAVITY,		CAVITY DECAY				
SIDE VIEWS	RIGHT 8 7 6 5 4 3		2 3 4 5 A S	6 7	8	SIDE VIEWS	
TOP 7		BBB			969	UPPER	
VIEWS	P P P P P P P P P P		BBBB			LOWER	
SIDE VIEWS	16 15 14 13 12 11		10 11 12 13	14 15	16		
DENTURES (Plates) : DI	RAW DIAGRAM OF RELATIVE SIZE AND SHAPE CD, "CLASP."	PE PLATE, BLOCK IN	TEETH ATTACHED AND INC	DICATE RETĀIŅI	ng clasps on	NATURAL	

Remarks: Entire mandible and maxilla missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART VERIFIED BY GRS OFFICER

LAWRENCE HO, Capt.,

W-5 B-22. Ogann, Burn



SKELETAL CHART

RESTRICTED

	Samuel Control of the						
WD CASC FORM 1042 (/Rev. FAsc. 1945) (Supersedes Gree Form 1)		REPORT OF (AR 30-1810 as	INTERMENT	5)	• •	of report Nov 47	,
- Imprint Identification		Section 1.—IDENTIFICATION.	. 1/				
DO NOT T	YPE	NAME (Last, first, middle initial)	1			L. No.	
		UNKNOWN #3	32	But # 0	5		
REPORT OF DISINTERM	ent o	GRADE	ORGANIZATION		BRAN	ICH OF SERVI	CE
		RACE	RELIGION		IF OTHER TH NAME OF C	IAN U.S. DEA OUNTRY	ID, GIVE
PLACE OF DEATH		CAUSE OF DEATH	1	·	DATE	OF DEATH	
Guam		Unknown			İ		
EMERGENCY ADDRESSEE (N		ind address) IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS OF	IDENTIFICATION (I)	unidentified, fi	II in section 8	on reserve)
(1, 2, or none) None		•					•
WERE SUBSTITUTE TAGS PR	OVIDED?(Yes of no	<u>ہ</u>					
No							
Section 2.—BURIAL. If or	ther than in ests	blished cemetery, furnish sketcl	h and map coording	atos on reverse.			
NAME, NUMBER, COORDINA							
Сел	netery #3	Agana, Guam					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	ame of alber) T	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
					A	32 ⁵	9
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL,	INDICATE NAME, NUMBER, COORD	DINATES OF PREVIOUS	S CEMETERY, AND LO	CATION OF G	RAVE	
No No					PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY	PERSON CONDU	ICTING BURIAL RITES	IF IDENTIFICATION CONTAINERS BUR	TAGS NOT USED, I IED WITH BODY	DESCRIBE IDE	NTIFICATION	
ſ			I .				I DATA AND
IDENTIFICATION TAG BURIE BODY (Yes or no)		ITIFICATION TAG ATTACHED TO RKER (Yes or no)	-		SIA	TION M	I DATA AND
	MA	RKER (Yes or no)	RANK S	SERIAL NO.	ORGANIZATIO	,	A+
BODY (Yes or no)	D LEFT, NAME (Las	RKER (Yes or no)	RANK S	ERIAL NO.		,	A+
BODY (Yes of no) BODY BURIED ON DECEASED Unknown X— BODY BURIED ON DECEASED	D LEFT, NAME (Las	RKER (Yes or no)	RANK S	SERIAL NO.	ORGANIZATIO	DN GRAVI	E No. 10 E No.
BODY (Yes of no) BODY BURIED ON DECEASED Unknown X-	D LEFT, NAME (Last) O RIGHT, NAME (Last) O ROSE	RKER (Yes or no)	RANK S		organizatio organizatio	DN GRAVI	E No.

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 QRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

	Section 3.—UN: ANTIFIED R	EMAINS			473	
LEFT LTTLE FINGER R	INSTRUCTIONS: (a) Great care will be mains. Fill in anatomical social security number; po planes, vehicles, and tanks (b) A fingerprint, or p	taken to record the characteristics beloesition of body founds. orints, are the most as possible. If no fined on the tooth char	s for the future identity of unidentified re- clues under "Other," such as shoe size, cles, and tanks; and serial numbers of air- es. Imprint all fingers and thumbs in the can be secured, the condition of each and h diagram below. Tooth chart will not be			
LEFT RING FINGER			OLOR OF HAIR	BIRTHMARKS, SCARS, C	IR TATTOOS	
MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CLUES	LAUNDRY M.	ARKS	WHERE BODY WAS BUR	HED OR FOUND	
	-		·			
LEFT (NDEX FINGER	FILLINGS	SILVER FILLING GOLD FILLING	•	30000	O ³ .	
THUMB	CAVITIES	CAVITY DECAYED	5 C	ON THER W		
RIGHT THUMB	CROWNED TEETH	TOOTH MISSING	D IAGRAM	REPRESENTS THE MO	UTH WIDE OPEN	
RIGHT INDEX FINGER	BRIDGE WORK	GOLD BR	15 (LOWER S	5(3) 14 (3) 14 (3) 13 (3) 12	
RIGHT MIDULE FINGER	FURNISH SKETCH AND MAP R	REFERENCE AND COORE	PINATES FOR BURIAL IN	OTHER THAN ESTABLIS	HED CEMETERY	
RING FINGER	REMARKS:					
LITTLE FINGER	Skull, n	mandible, m and pelvic	e xilla bot missing.	h tibia and Ribs broken	ribula	

IDENTIFIC TION SECTION HEPATRIATION CORDS BRANCH HEMORIAL DIVISION

CATEGORY III CASE NO CLUES IDENTIFICATION IMPOSSIBLE AT PRESENT TIME

REPORT OF BURIAL

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-quarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

AME OF NEXT OF KIN (I/ known) ATE OF DEATH ATE OF DEATH AND OF CEMETERY MY NAVY Marine Cemetery #3. BRAVE MARKER TYPE COMES A PLOT NO. A ROW NO. 32 AREA PLOT NO. A RELIGION OF DECEASE URIED AT SEA (Date) POMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE DENTIFICATION TAGS FOUND ON BODY LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME DENTIFICATION TAGS BURIED WITH BODY PETIDENTIFICATION TAGS NOT PRESENT. WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND AND AND AND AND AND AND AND AND AND	(First)		(Middle)			
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I1/19/44 AME OF CEMETERY MY NATY Marine Cemetery #3. RAVE MARKER TYPE Cress A PLOT NO. A RELIGION OF CEMETE Agana Gu ROW NO. 32 URIED AT SEA (Date) VPE OF RELIGIOUS CEREMONY 11tary Henors DENTIFICATION TAGS FOUND ON BODY OMPLETE DENTAL CHART ON REVERSE OMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE OMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE UST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME DENTIFICATION TAGS NOT PRESENT. WHAT OTHER DENTIFICATION DATA BURIED WITH BODY AND AND WAS found O miles north of Tiyan Airfield. No deg tag ported by Island police force. Marine cletning found on Information extracted from Cemetery F IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNIEH SKETCH AND BODY ON LEFT. NAME (Last, first, middle) Will deliable of the Cambridge KIN (If kno	nun)	<u></u>				
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Ilitary Henors DENTIFICATION TAGS FOUND ON BODY 1						
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Uniderity 28 PERSON REPORTING BURIAL (Name) (Rantog rate) PERSON CONDUCTING	Eus co	SERVICE No.	GRAVE NO.			
PERSON REPORTING BOILDRE	FILE OR	SCHAICE MO.	8			
	 BURIAL RIT	E\$				
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL VERIFIED AND FORM			101			
	ARDED		Wane			
And the second s		A4 4	AMES & LANE			
L.N. 772-Co	1., USM	(C-Ass t	OR U.S. MARINE CON Chief of Staff			

	When unit	ISOLATED BURIALS. Have body		OF BODY, BURIAL AND MARKINGS OF GRAVES OF mined to establish IDENTITY. If body is unidentified, take ble fingers. Complete the following:				
	smudging.	ESTIMATED HEIGHT ESTIMATED	YEIGHT COLOR OF EYES COLOR O	F HAIR				
	tified, tak Obtain	BIRTHMARKS, SCARS, OR TATTOOS		<u> </u>				
	Obtain sharp, cl	LAUNDRY MARKS	WEAPON AND SERIAL NO.					
	mpres ear co	(If actual weigh	t and height are used, delete estimated)					
	impression of fingerprints. C clear contrast of inked ridges a	to five feet or in hasty burials, to suffici enly one body in grave. Securely fas tag and attach to grave marker (when to BuPers, Marine Corps, or Coast Gi pencil of identifying data on form in container which can be made watertigh	ket, pad covering, canvas or other suitable substant ent depth to prevent destruction of body or loss of it ten one identification tag to body. Remove other, body is disinterred or properly recorded, removerant, as indicated). If no tag is present, make a luplicate, place in bottle, canteen, spent shell or to the tother, one (1) for the tother, one (1) for the tother, one (1) for the tother, one (1) for the tother, one (1) for the tother, one (1) for the tother, one (1) for the tother, one (1) for the tother to the tother.	dentity. Place ir identification re and forward a notation with other available oot below grave				
	leanse ind in	marker. If no tag is available, write id- suitable means to identify grave as a	entifying data on marker. When pegs are not avail military grave.	able, use other				
	nd intervening space. L. RING	For all other burials, prepare sketch in ences, or by reference to prominent,	burials in established cemeteries by plot, row, and space provided below; and give location by means permanent landmarks. Information must be speg head to determine bodies buried to the left and	s of map refer- ecific, accurate				
	pace. Do not overink.	If the body is otherwise unidentified or finge dental conditions in conformity with Instruction para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.	is in MMD (1942, 1938–43 Ed. i & .2). This must be accurate.	ativiti				
	finger :	CHARTING EXAMPLE: (Chart Cavities in Tooth No. 1, missing: No. 2, gold inlay and two crown; No. 4, cavity: No. 5, two porcelain or ten fixed bridge supplying missing tooth No. 7; No.	silver fillings; No.3, full gold porary fillings; Nos. 6, 7, 8, gold 9, porcelain crown (outlined).	######################################				
	include HUMB	Missing teeth Nos.	MAHAHAHAHAHAHAH	14 15 10 \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \				
	crease	Occlusion (Type of)						
	or first	Malposed teeth (Describe)	TONGUE SIDE	, <u>000</u>				
	NDE joint	Removable appliances						
	through	Other defects						
	160° on 1	Remarks	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL R	NO RESEMBLANCE				
	on inked s		(Signature of dental examiner) (Rank or ra	le)				
	surface							
	₽ ord		N 					
	Impression			!				
	<u></u>			!				
	same motion			, .				
REPORT OF BURIAL (Back)								
OIL OF BURNAL (BECK)	NAVM	IED-601 (3-45)	1843683-1 🖈 ч. в. боченимент	PRINTING OFFICE				

						
	identifica	ATION D	ATA (•	
1. REMAINS OF UNKNOWN	2. DATE OF RE	PORT				
UNKNOWN X-32					11 Out	
3. NAME OF CEMETERY		+. PLOT	5. ROW	6. GRAVE		NTE OF
•••			1		DISINTERMENT	REINTERMENT
Oran Orania C	•	a				
Cem. 3, Agana, G	iuan	A	32	9		
		DESCRIPTIO				
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11. RACE	
UTD	51 3-3/411		UTD		UT	<u>.</u> D
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOUND) WITH REMA	INS			
15 AIUE DESCRIPTION DE TATT	DOS OR SCARS ON BODY AND/OR S	THE THEODY	TION ORT		CATHED COUNCER	
13.811E DESCRIPTION OF THE	COS ON STAKS ON BOOK BUSING S	JUCH INTURM	ATTON UDIA	AINED FRUM	OTHER SOURCES	
	,					!
None						I
14. WAS BODY BURNED?	TO WHAT EXTENT?					
TES NO	TO WHO! ENTER!					'
15. WAS BODY MANGLED?	TO WHAT EXTENT?					
YES NO						
	ALED FRACTURES AND BONE MALFO	DRMATIONS				
17						
No evidenc	;e.					
						
17. LIST EVERY ITEM OF CLOT SERVICE. FTC. (If laund	HING, EQUIPMENT AND PERSONAL fry marks are indistinct such	effects for	UND, SHOW	ING THE TY	PE, COLOR, SIZ	E, MARKINGS, ded through
	on when facilities are not ava				pec imen	dec v-g
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None						
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A STATE OF THE STA	2.2.1.0	~ ~ .		- •	ē.	
\ Unidentifiable	by reason of lack of s	sufficier	at idenτ	tifying	data.	
•				2/:	W. Kauen	
				$\mathcal{L}_{d}^{I} \cdot \mathcal{L}_{d}^{I}$	Marien	ran
				Oapo	ain, QIC	
R.TP					ations Offi	
RIP				AGRS	Manha 7ar	

18. TOOTH CHART SIDE VIEW TOP VIEW MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE TOOTH MISSING FRACTURED OR DISPLACED BY RECENT WOUNDS; SHOULD BE "X" 'D OUT AND LABELED THUS: GOLD GROWN PORCELAIN GROWN CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAINI, THUS: GOLD BRIDGE BRIDGE WORK: BLOCK IN SOLID'AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS: **GOLD FILLING** SILVER FILLING FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENTI, THUS: DECAYED CAVITY CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: LEFT RIGHT 2 5 5 3 3 6 SIDE SIDE VIEWS VIEWS UPPER TOP VIEWS LOWER SIDE VIEWS 12 15 10 13 14 13 12 10 15 14 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." Son Wandibleor Waxilla No Leeth

OMC FORM 1044a

Eighth Azzer Frauling Plant Booksado

CONERLY Capt.

SIGNATURE

OMC FORM 1044

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ULDRIC E. CONERLY. Captain.

G PO - O - 47 - 754877

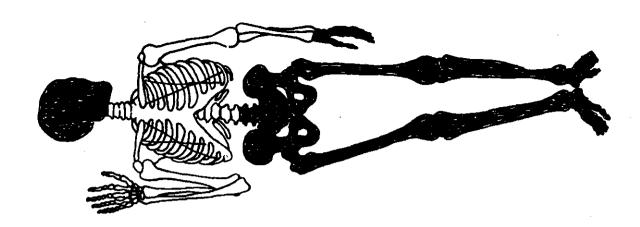
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3. NAME OF CEMETERY PHYSICAL DESCRIPTION PHYSICAL DESCRIPTION B. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 10. COLOR OF HAIR 11. F 12. SIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER 14. WAS BODY BURNED: 15. WAS BODY MANGLED: 10. WHAT EXTENT? 15. WAS BODY MANGLED: 10. WHAT EXTENT? 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BUNE MALFORMATIONS 17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SNOWING THE TYPE, C SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specim channels for examination when facilities are not available in the area.)			
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The Land Clark Communication of Lands of model about Adoubt Colons date			

Unidentifiable by reason of lack of sufficient identifying data.

H. W. HARRIMAN Ceptein, CHS Operations Officer ARS, Marke Tone

OMC FORM 1044a



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein megregation in whole or parts is impossible)

CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE

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

Nody was delivered to CIP in shelter half with all dry bones. No ID tag or Death Certificate found. Many bones missing. One onbessed plate found. We elothing accompanied remains.

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. COMERLY, Captain, CAC

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