

AIRMAIL

293 Unk, Guam # 1, X-26

QUOTE 293
Unk X-26 and X-37
ASAN, Guam #1

23 November 1950

SUBJECT: Identification of World War II Decased

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 228, c/o Postmaster
San Francisco, California**

1. Reference is made to Certificates of Unidentifiability for the remains of Unknowns X-26 and X-37 ASAN, Guam #1, Plot 1, Row 14, Grave 37 and Plot 1, Row 18, Grava 2, respectively, Unit 4, Page 10.

2. This Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt USMC
Memorial Division

C. C. Salsorlak

cc: Administrative Section

Copy furnished:

Cinsec, APO 500

X 293 Unk Guam # 1, X 37

COV

AIRMAIL

293 UNK Guam #1. X-37

6

2 Ident Sec Navy 22 Nov
Ident Br Section 1950
Nav Div Ident Br

1. Reference is made to paragraph 3, comment 1.
2. Findings of Unidentifiability have been approved by this Office.
3. Files are returned herewith for completion of Administrative Reports.

C. C. Salserlak
C. C. Wasson

cc: Administrative Section



FISHER
59462

NOV 21 1950
FIVE
NAVY SECTION
G. J. MOYER

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

AFPO 900

March 1950

(Date)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X-27, Plot 3,
Row 18, Grave 2, USMC #1, USMC, USMC, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

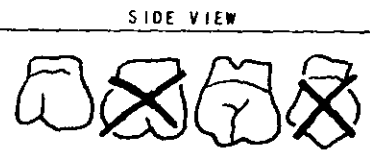
Incl:
Form 1044

H. B. McNEAR
H. B. McNEAR
Captain, OMC
Chief, Records Branch

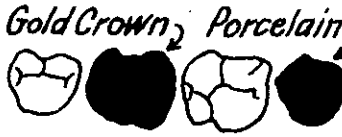
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-27				2. DATE OF REPORT Mar 1950			
3. NAME OF CEMETERY Cem #7, 100th, 8th			4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
			1	18	2	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>Radio U2528 GPPZ for Chilean zone dated 19 Oct 50, reveals race as white</i>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES 							
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 							
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)							

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



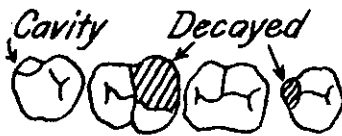
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

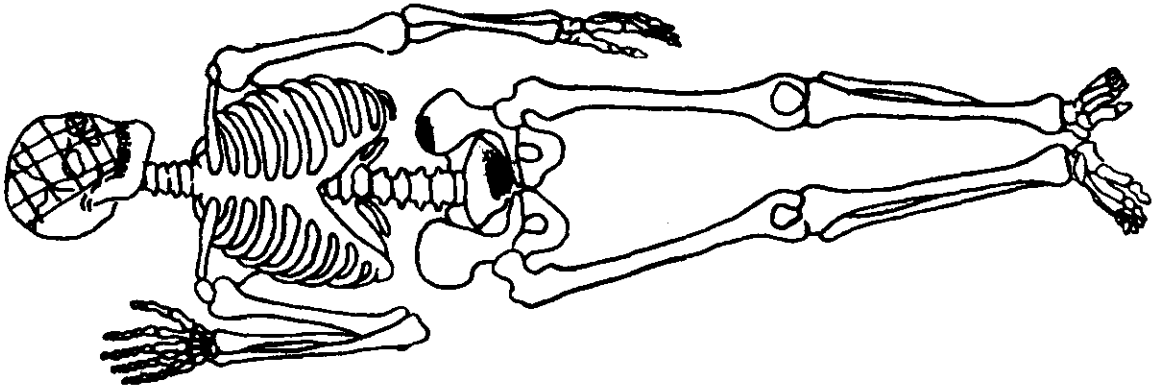


RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
					MISSING											
Side Views								Side Views								
UPPER								UPPER								
LOWER								LOWER								
Side Views								Side Views								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

Paul H. Nichols
PAUL H. NICHOLS
Chief, Dent. Sect.

19- BLACK OUT PARTS OF BODY NOT RECORDED



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 ID tags, burial bottle, personal effects, or other means of identification found with remains.

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

PAUL R. NIBBLE
Chief, Ident. Sect.

SIGNATURE

Paul R. Nibble

20

File 10-11-50

52054

150 16

VS

20

HUA58

FROM CO AGRS PHILCOM

AUD32

MSG NO U 2513

RR UEPC

D.T.G. 160306Z

KA 48

ACTION QMC

RH
JML A16

REF ID NO. 52054

RR UAP ZVA ZWL JMLC

JMLAP B06

RR JML ZVA

RR UEPC UAPC JMLC 333

DE JMLAP O8A

R 160306Z

FM CO AGRS PHILCOM ZONE MANILA PI

TO UEPC/OQMG DEPTAR WASHDC

INFO UAPC/CINCPAC TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI

CITE U 2513 GRPZ FOR QMGMT PASS TO MEMORIAL DIV TO URMSC WCL 48522

PD WILCO PD

CFN U 2513 GRPZ QMGMT WCL 48522

16/031 OZ

*File Chgd
1D-10-6-50*

Memo (Adm) 2

UCT 16 1 40 PM '50
O.D.M.S.
TELEGRAPH SECTION

293. UNK. GUAM #1-X37

GRAVES. GRNG

*File
170015
10015
10015
10015*

101

53143

Att

File 10-11-50

293 unk Mem # 1 X 37

101

WUB72

HUF20

MUB34

RR UEPC

MC43

RR UMP ZVA UEPC UAPC

JMLAP B08 I

RR JML ZVA

RR UEPC UAPC JMLC 333

DE JMLAP 8A

R 190232Z

FM CO AGRS PZ MANILA PI

TO UEPC/QMG DEPTAR WASHDC

INFO JAPC/CINCFE TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI

GRAVES GRNC

CITE U 2528 GRPZ FOR QMGMT PAYG TO MEMORIAL DIV PD URMSG WCL 48522

Case # 4666

AND OUR REPLY THERETO U 2513 GRPZ PD RACE OF XRAY 37 ASAN GUAM

NR 1 IS WHITE REPEAT WHITE BASED ON MENTAL PROCESS PD

CFN U 2528 GRPZ QMGMT WCL 48522 U 2513 37 1

19/0245Z

Copy to 10-6-50

Mem (Sent)

AT File 23 Oct 50

OCT 19 12 40 PM '50
O.D.M.S.
TEL & CAD SECTION

293 unk Mem # 1 X 37

10-11-50

43
WCC 48522
43 WCC 48522

OOHQ DEPT OF ARMY WASH DC

UNCLASSIFIED

COAGRS PHILCOM (AF) SING MANILA PI

DEFERRED

CINCPAC TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESS

FROM (NAME)

WCC 48522

BEST XRAY 37 ASAN GUAM 1 UNIT 4 PAIR 10 BE REPROCESSED BY THE
ANTHROPOLOGIST TO DETERMINE RACIAL CHARACTERISTICS

WCC 48522
OCT 11 12 50 PM '50
O. O. M. W.
TEL & CAB SECTION

C. C. Salsler:lak

J. Windsor

cc: Administrative Section



OCT 11 11 48 AM '50
ADMINISTRATIVE BRANCH
MEMORIAL DIVISION

OUTCOMING

[Handwritten signature]

UNCLASSIFIED

111415Z

OMGMT LT WINDSOR AOC 74156

OCT 50

[Handwritten signature]
CAPT. J. A. SALSNER
GMC REG DIV

GRAVES

293 GRS FAR EAST

293 Unk Guam #1. 7-37

19 Oct.

WUE72

HUF20

MUB34

RR UEPC

MC 43

RR UMP ZVA UEPC UAPC

JMLAP B08 1

RR JML ZVA

RR UEPC UAPC JMLC 333

DE JMLAP 8A

R 190232Z

FM CO AGRS PZ MANILA PI

TO UEPC/OQMG DEPTAR WASHDC

INFO JAPC/CINCPAC TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI
GRAVES GENC

CITE U 2528 GRPZ FOR QMGMT PAYQ TO MEMORIAL DIV PD URMSG WCL 48522

AND OUR REPLY THERETO U 2513 GRPZ PD RACE OF XRAY 37 ASAN GUAM

NR 1 IS WHITE REPEAT WHITE BASED ON MENTAL PROCESS PD

CFN & 258 GRPZ QMGMT WCL 48522 U 2513 37 1
19/0245Z

C O P Y

C O P Y

Unk known 1-37 Guam #1, Guam

*MA T
File
23 Oct 50
attach to
copy
sent*

FROM CO AGRS PHILCOM

MSG NO U 2513

D.T.G. 160306Z

ACTION QMC

MC IN NO 52054

RH JML A 16

RR UA^o ZVA ZWL JMLC

JMLAP B 06

RR JML ZVA

RR UEPC UAPC JMLC 333

DE JMLAP 08A

R 160306Z

FM CO AGRS PHILCOM ZONE MANILA PI

TO UEPC/OQMG DEPTAR WASH DC

INFO UAPC/CINCPAC TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI

GRAVES GENC

CITE U 2513 GRPZ FOR QMGT PASS TO MEMORIAL DIV PD URMSG WCL 48522

PD WILCO PD

CFN U 2513 GRPZ QMGT WCL 48522

16/031 OZ

1-37

OQMG DEPT OF ARMY WASH DC

UNCLASSIFIED

COAGRS PHILIPPIN (AF) ZONE MANILA PI

DEFERRED

X

CINCPAC TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESS

FROM QMGMT

Wc 24057

RGST MAY 27 ASAT GUAM 1 UNIT 4 PAGE 10 BE REPROCESSED BY THE ANTHROPOLOGIST TO DETERMINE RACIAL CHARACTERISTICS

UNCLASSIFIED

GRAVES

QMGMT LT WINDSOR BXF 74158
293 GRS FAR EAST

10 OCT 50

D. A. RENDLER
CAPT, QMG, RSM DIV

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
10 Mar 1950

SUBJECT: Unidentifiable Remains

TO : The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleu,, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-5	4th Marine Division Cemetery, Iwo Jima
" X-26	Assam, Guam, Cemetery #1
" X-37	" " "

2. Forwarded herewith, for your consideration, are new QMC Forms 1944 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

JOHN SRYPULA
1st Lt., Infantry
Adjutant.

3 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

afn

Interred 30 March 1950
F 2 109 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81211

DATE

29 03 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 37				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY ASAN NO. 1, GUAM	1	18	2	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-37			29 March 1950

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 March 1950 BY PAUL R NICHOLS

CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	<i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
RAYMOND H TANGUAY DATE 29 Mar 50 BY Sgt.lc., RA	L. W. RICHARDSON, M/Sgt., 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

FILE
REV
MAR 2 1950
2600
J. W. RICHARDSON

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM

TO U S MILITARY CEMETERY

KIND OF CONVEYANCE TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

MAR 30 1950

W. R. Frank

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6300 0311

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 77 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: UNAF CEMETERY ASAN NO. 1, OMAN PLOT: 1 ROW: 18 GRAVE: 2 DISPOSITION OF REMAINS: 7701 00 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. W. MCINLEY, 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: Make sure that remains are properly wrapped and sealed. Report.

Incl # 45

RECORD OF CUSTODIAL TRANSFER

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

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

293 MBGRS
File Ref: Unknown X-37 (Mongoloid)
ANM Cemetery No. 1
Guam, M. I.

APO 244
1948

SUBJECT : Transmittal of Case Review
Board of Review, AGRS, MARBO Zone

TO : The Quartermaster General
Department of the Army
Washington 25, D. C.
(Attn: Memorial Division)

1. In accordance with Ltr TAGO, file AGAO-S 293.9 (27 March 1947) D-M, dated 9 April 1947, Subject: Establishment of Boards of Review for Identification of Unknown Dead Overseas, and CINCPAC Rad CX59328, dated 22 March 1948, the following unknown case is forwarded herewith for administrative approval:

Army, Navy, Marine Cemetery No. 1, Guam

Unknown	Plot	Row	Grave
X-37	1	18	2

2. The above unknown remains were processed by AGRS, MARBO Zone, 20 August 1948, and determined to be of Mongoloid Stock.

FOR THE COMMANDING OFFICER:



D. A. BROWN
Major AGD
Adjutant

1 Incl:
Case Review (3)

293 MBGRS X 37
1948



AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

WFM/jrp

293 MBGRS

APO 244
21 October 1948

File Ref: Case Unknown X-37
ANM Cemetery #1, Guam, M. I.

SUBJECT : Case Review

PART I - INITIAL CASUALTY DATA

The remains of Unknown X-37, according to available information, were recorded as being interred in the ANM Cemetery #1, Plot 1, Row 18, Grave 2, at Guam, Marianas Islands, on 30 July 1944.

PART II - CASE EVIDENCE

The following records relative to the remains of Unknown X-37, Plot 1, Row 18, Grave 2, ANM Cemetery #1, Guam, M. I., are attached:

1. QMC Form 1042, dated 20 August 1944.
2. QMC Form 1044, dated 20 August 1944.
3. QMC Form 1044-b, dated 20 August 1944.
4. QMC Form 1045, dated 20 August 1944.
5. Identification Checklist on Unknown X-37.
6. Case Summary on Unknown X-37.

PART III - DISCUSSION

The available information on Unknown X-37 reveals that the remains were interred at Guam, M. I. in the ANM Cemetery #1, Plot 1, Row 18, Grave 2, 30 July 1944 as an unknown, then disinterred on 19 November 1947 and sent to the Central Identification Point, at Saipan, Marianas Islands, for processing. The remains of Unknown X-37 were processed on 20 August 1948 by Mr. T. W. McKern, the Anthropologist, and determined to be of Mongoloid Stock.


PART IV - CONCLUSION


Based on the statement of Mr. T. W. McKern, the Anthropologist, and a careful review of all available information, it is concluded that the remains of Unknown X-37 are those of the Mongoloid Stock.

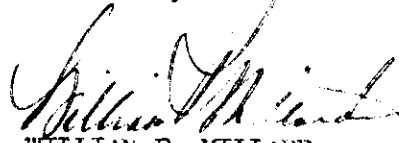
PART V - RECOMMENDATIONS

It is recommended that the remains of Unknown X-37, ANM Cemetery #1, Guam, Marianas Islands, be accepted as the remains of Mongoloid Stock and buried in a plot for enemy dead at Saipan, Marianas Islands.

Recommend approval:


HAROLD E. FIKE
Captain INF
O-336714
Member


ARTHUR A. ARENA
Captain OMC
O-1575686
President, Board of Review


WILLIAM F. MILLARD
1st Lt. FA
O-1054720
Member

Incl 1

MM

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 00000

DATE

15 10 48
DAY MONTH YEAR

NAME

UNKNOWNX-000037

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

GUAM NO 1 MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 18

2

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)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-37

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

Roy H Oestreich
Capt., INF

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Individual, uncasketed;
nature of shroud undetermined

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 8 Dec 48

BY

J. L. SIBLEY, Embalmer

CASKET SEALED BY

EMBALMER (Signature)

J. L. SIBLEY, Embalmer

JOSEPH E. SPEER

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 8 Dec 48 by F. COLEMAN

JOSE J. PRESAS, Clerk

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

ROY H. OESTREICH, Capt., INF

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

SEP 1 1949

107

RECORD OF CUSTODIAL TRANSFER

FROM		US MAUSOLEUM, SAIPAN, M. I.		TO		PORT STORAGE OFFICER, SAIPAN, M. I.	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER		<i>William J. Starnam</i>		SIGNATURE OF RECEIVER		<i>Robert G. Snowden</i>	
DATE		8 Dec 48		DATE		8 Dec 48	
2. SHIPPED							
FROM		AGRS PORT (SAIPAN, MI)		TO		MAUSOLEUM	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		Transport Commander, 1ST 715	
SIGNATURE OF SHIPPER		<i>Harold E. Fike</i>		SIGNATURE OF RECEIVER			
DATE		8 Feb 49		DATE		8 Feb 49	
3. SHIPPED							
FROM		AGRS MAUSOLEUM		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>E. H. Newman Jr.</i>	
DATE		1 FEB 1949		DATE		1 FEB 1949	
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			

RESTRICTED

PRIORITY

2462

DECEMBER 1948

COMINT
DEPT OF ARMY
WASH DC
COMINT 293

CAPT SLOANK

XX

COMORREMAEBO GUAN MARIANAS

MULTIPLE ADDRESS

INFO TO: CINCER TOKYO JAPAN

293/115 part 1
CHARLES GRAVES DR II
(Guam and Marianas)

FROM COMINT HEADQUARTERS COMORREMAEBO SUGAR PETER GEORGE ENTER SUGAR THREE ZERO ONE DATED TWO ONE DECEMBER FOUR EIGHT CMA SUGAR PETER GEORGE ENTER SUGAR TWO NINE SEVEN DATED ONE SEVEN DECEMBER FOUR EIGHT AND SUGAR PETER GEORGE ROGER SUGAR TWO EIGHT NINE DATED TEN DECEMBER FOUR EIGHT

ORIGINAL REPORTS OF SERIAL AND ALLIED PAPERS SUBMITTED TO THIS OFFICE FOR UNKNOWN'S XRAY SEVEN SIX CMA XRAY ONE TWO SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER TWO SERIAL XRAY TWO SIX CMA XRAY THREE TWO CMA XRAY THREE SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER ONE SERIAL XRAY TWO CMA FOUR TARS LOW MARINE DIVISION CHRISTOPHER SAIPAN AND XRAY ONE SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER THREE CMA INDICATED THAT DECEASED WERE NAVY PERSONNEL AND UNKNOWN'S XRAY FOUR EIGHT AND XRAY FOUR NINE CMA TWO SEVEN DIVISION CHRISTOPHER CMA SAIPAN

1003 Serial X-297

RESTRICTED

PRIORITY

2462

QMGMT
DEPT OF ARMY
WASH. DC
QMGMT 293 FAR EAST

DECEMBER 1948

CAPT SLOANE

XX

WERE ASSOCIATED WITH ARMY PERSONNEL PD AS THE DEPARTMENT OF THE ARMY DOES NOT
RENDER DECISIONS ON CASES COMING UNDER NAVY JURISDICTION CMA REVIEW BY THE
DEPARTMENT OF THE NAVY OF THE UNKNOWN INDICATED ABOVE AS BEING NAVY DID NOT
REVEAL POSITIVE EVIDENCE THAT THESE REMAINS COULD NOT BE DECEASED MEMBERS OF
THE NAVY PD THEREFORE CORAD WILLIAM ABLE 10008 NINE ZERO FIVE EIGHT FOUR
REQUESTED THAT REMAINS BE HANDLED AS UNCLE SUGAR DEAD PD UNKNOWN XRAY FOUR
EIGHT AND XRAY FOUR NINE WERE REVIEWED BY OBOE QUEEN MINE CHARLIE AND AS NO
ASSOCIATION COULD BE MADE WITH ANY KNOWN CASUALTIES CMA THE DECISION TO BURY
THEM AS MONOLOID WAS APPROVED BY THIS OFFICE PD ALL OTHER CASES REFERRED TO
IN URAD TWO EIGHT NINE WILL BE HANDLED AND EXPEDITED ON AN INDIVIDUAL BASIS
AND YOUR OFFICE NOTIFIED OF DECISION IN EACH CASE

293 (over) x - 29 - 210000-4-1

SP GRS 301 IS CM IN 10848 (21 DEC 48)
SP GRS 289 IS CM IN 8832 (13 DEC 48)
SP GRS 297 IS CM IN 10045 (17 DEC 48)

O. J. MURRAY
MAJOR, GAC, MEMORIAL DIVISION

NOT REQUIRED

241400Z

RESTRICTED

IDENTIFICATION DENTAL CHART				DATE 19 Nov 47		
NAME (Last, First, Middle Initial) UNKNOWN # 37		RANK		SERIAL NUMBER		
UNIT	ORGANIZATION USMC	CAUSE OF DEATH Unknown		DATE OF DEATH		
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery # 1, Asan, Guam		PLOT 1	ROW 18	GRAVE 2	

<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> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> <p>CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	TOP VIEW	SIDE VIEW
	TOOTH MISSING	
	GOLD CROWN, PORCELAIN CROWN	
	GOLD BRIDGE	
	GOLD FILLING, SILVER FILLING	
CAVITY, DECAYED		

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS															
TOP VIEWS															
SIDE VIEWS															
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: Maxilla missing. L-1 present.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>L. Ho</i> L. HO, Capt., D.C.	VERIFIED BY GRS OFFICER <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
---	--

Ship or Station
 Attached at Time of Death

Date Report
 Filled Out 15 Apr 46

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED #37		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		Race

Cause of Death GSW-KIA	Place of Death Guam
---------------------------	------------------------

Name of Next of Kin (If Known)	Address of Next of Kin (If Known)
--------------------------------	-----------------------------------

Date of Death	Date of Burial 7/30/44
---------------	---------------------------

Name of Cemetery Army Navy Marine Cemetery #1	Location of Cemetery Asan, Guam
--	------------------------------------

Grave Marker Type Cross	Plot No. 1	Row No. 18	Grave No. 2
----------------------------	---------------	---------------	----------------

Buried at Sea (Date)	Area
----------------------	------

Type of Religious Ceremony Military Honors	Religion of Deceased
---	----------------------

Identification Tags found on Body <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> None Complete Dental Chart on Reverse ___ Yes ___ No Complete Fingerprint Chart of both Hands on Reverse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no Identification Tags, other means used to identify body (Identification cards, letters, etc.)
--	--

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 Yes No
---	---

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 CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Body on Left, Name (Last, first, middle) Everitt, W.W.	Rank or Rate Pfc	File or Service No. 469778	Grave 3
Body on Right, Name (Last, first, middle) Unidentified #36	Rank or Rate	File or Service No.	Grave 1

Person Reporting Burial (Name)(Rate or Rank) R.L. RIDOLFI 2d Lt., USMCR	Person Conducting Burial Rites
--	--------------------------------

In Reburial, Give Location of Previous Burial	Verified and Forwarded L. N. UTZ Col USMC ASS't Chief of Stf (Name) (Rank) (Title)
---	---

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

APO 246
6 May 1948

SPECIAL ORDERS

NUMBER 37

E X T R A C T

2. The fol B/O are aptd for the purpose of reviewing and to act upon all cases pertaining to the identity of unknown remains and non-recoverable remains referred to the Board. AUTH: Ltr WD TAG, File AGAO-S 293.9 (27 Mar 47) D. M., Subject: Establishment of Boards of Review for Identification of Unknowns Dead Overseas, dated 9 April 47, and CINGTE RAD CX 59328 dtd 22 March 1948.

Capt ARTHUR A. ARENA	01575686	QMC
Capt HAROLD E. FIKE	0336714	INF
1st Lt. WILLIAM F. MILLARD	01054720	FA

BY ORDER OF LT COLONEL GREGORY:

D. A. BROWN
Major AGD
Adjutant

OFFICIAL:

Eldon V. Morgan
ELDON V. MORGAN
WOJG USA
Asst Adj

DISTRIBUTION:

201 files (1)
Pers conc (1)
BB (1)
Hq File (1)
M/R Sec (1)
Reports Sec (1)

IDENTIFICATION CHECKLIST

Unknown A-37
Cemetery ASAN, Guam
Plot 1 Row 18 Grave 2

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART 1
Physical Description

1. Estimated weight 175 2. Estimated height 6'2"
3. Color of hair Blk 4. Race BPD Mongoloid
5. Tattoos or scars on the body (give description) none

(Information obtained from other sources _____)
6. Was tooth chart taken? Yes If not, explain _____

7. Were fingerprints taken? No
8. Cause of death unk
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Chart
11. Is there any evidence of first-aid or other medical treatment? No

12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____

Organization _____

Rank _____ Service _____

Officer's name _____

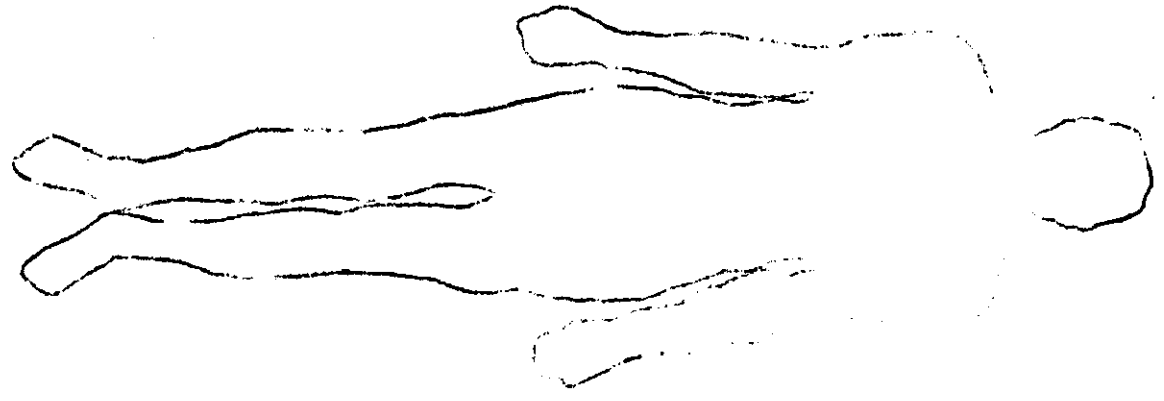
Raymond

best of my knowledge.

deceased and that all resulting information has been recorded to the

I certify that I have personally viewed the remains of subject

18. REMARKS:



17. Black out parts of body not received at cemetery.

16. Evidence of healed fractures _____ None

and specimen forwarded through channels for examination in

15. If laundry marks are indistinct, such notation should be made

color of each, also size and markings: _____ None

14. List every item of clothing and/or equipment found, showing

Identification Checklist (cont'd)

1 Navy Chief, 11 May
Liaison Id Branch 1950
Section Id Sec
Repat Br
Mem Div
ATTN:
Lt Windsor

SUBJECT: Unknowns X-26 and X-37, Guam #1

1. Forwarded herewith are certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Subject unknowns are listed as "Mongoloid" remains and are forwarded for processing in accordance with established policy.

3. Efforts by this section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

4. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
73880

2 Chief Navy 18 May
Id Br Liaison 1950
Mem Div Section
Mem Div

1. Reference is made to paragraph 2, Comment #1.

2. Findings of Unidentifiability have not been approved by this Office.

3. It is requested that these cases be given consideration as Mongoloid remains, and that the Field be advised to dispose of the remains in accordance with existing regulations.

3 Incls

1 - 293 file for X-26
2 - 293 file for X-37

OOX
74069

REFF
2462

Not used
K. S. Baker

2 Chief Chief 1 Dec
Navy Eden Br. 1948
Liaison Gen Div
Section
R & R Br
Gen Div Chief
Opus Br
Gen Div

1. There is evidence in this office in several of the cases referred to that at the time of original burial the remains were believed to be those of Marine Corps or Navy personnel. In view of this fact it is not considered advisable to approve burial in an enemy cemetery. Therefore, it is recommended that these cases continue to be marked unknown and handled as US unknowns.

2. It is suggested that the following reply be made to Warbo:

IN TERN

"Your recommendation for burial in enemy plot, Saipan, Unknowns X-76, X-127, Guam No. 2; Unknowns X-26, X-32, X-37, Guam No. 1; and X-2, Fourth Marine Division, Iwo Jima, not approved. Request remains to be handled as unknown U.S. dead. Unknown X-18, Guam No. 3, is currently under investigation reference our letter Q. G. N. 203, Unknowns X-17, X-18, X-19, Guam No. 3, dated 22 March 1948. Only seven cases are a matter of record in this office. Request X numbers of all remains declared non-patrol by your zone by radio earliest."

WALLEN
73800

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">X-37</p>				2. DATE OF REPORT <p style="text-align: center;">20 August 1948</p>	
3. NAME OF CEMETERY <p style="text-align: center;">Gen. H. H. ...</p>	4. PLOT <p style="text-align: center;">1</p>	5. ROW <p style="text-align: center;">10</p>	6. GRAVE <p style="text-align: center;">2</p>	7. DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center;">UNK</p>	9. ESTIMATED HEIGHT <p style="text-align: center;">65"</p>	10. COLOR OF HAIR <p style="text-align: center;">UND</p>	11. RACE <p style="text-align: center;">Mongoloid</p>
---	---	---	--

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plates:
 UNKNOWN X-37 7310
 P-1, R-10, C-2, 30 JUL 44

See Radio
 W-2528 GPP
 Phoenix
 19 Oct 50

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 checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

IDENTIFICATION DENTAL CHART

DATE
20 Aug. 48

NAME (Last, First, Middle Initial)
UNKNOWN X-37

RANK

SERIAL NUMBER

UNIT ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL
cem #1, ASAN, GUAM

PLOT

ROW

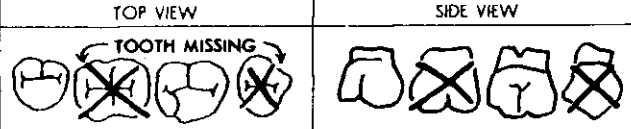
GRAVE

1

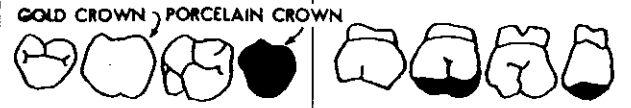
18

2

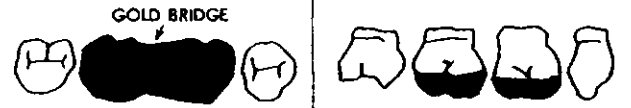
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" OUT AND LABELED THUS:



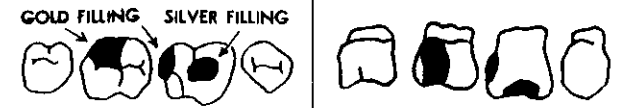
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



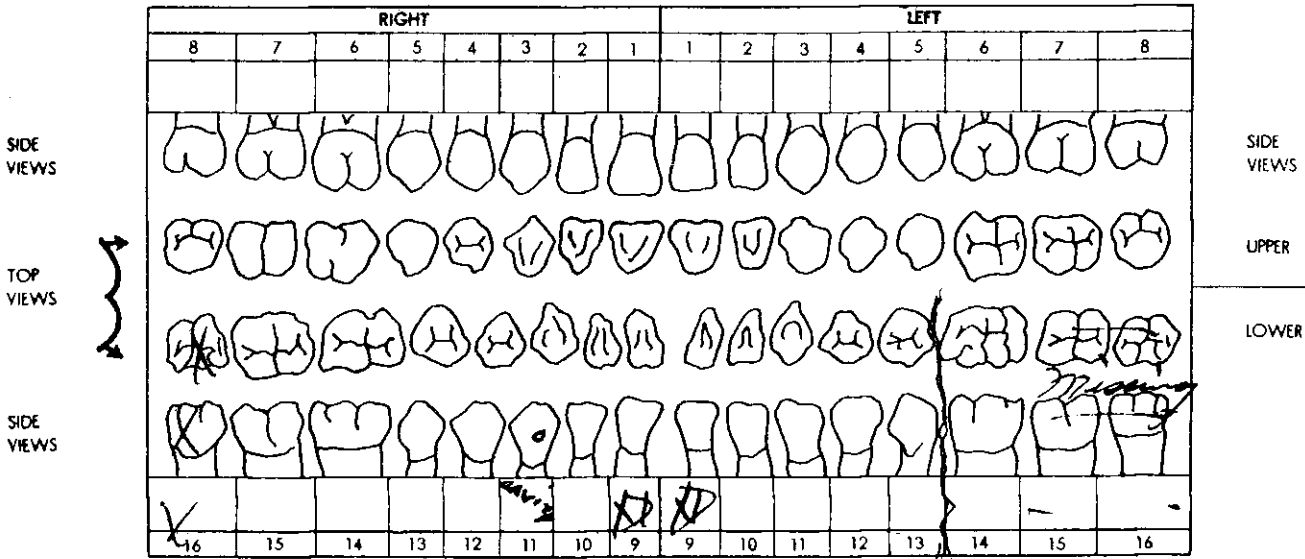
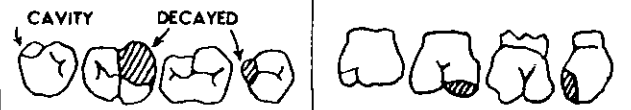
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

No maxilla present.

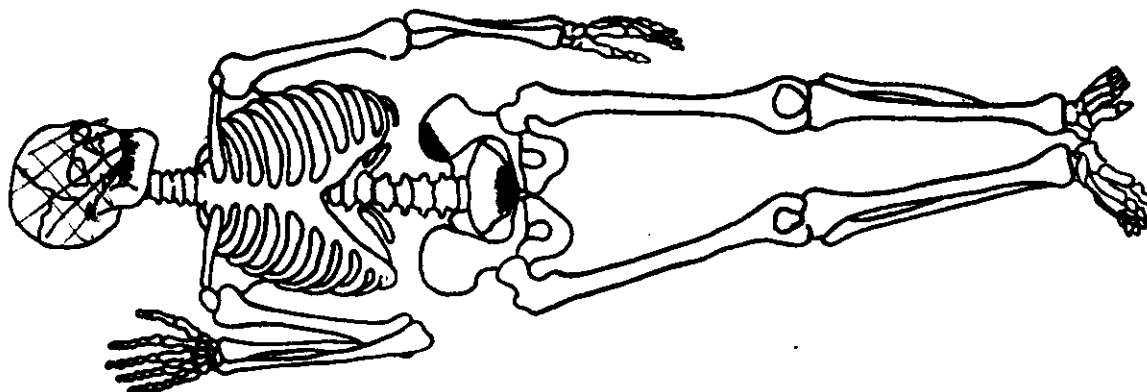
SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART
Gary P. Pugh
GARY P. PUGH

VERIFIED BY CRS OFFICER
Roy H. Oestreich
ROY H. OESTREICH, Capt., Inf.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

UNKNOWN X-37 1, R-18, G-2, Cem #1, Asa, Guam

20 Aug 48



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

Color of Hair: UTD

Estimated Height: 65"

Skull measurement: UTD

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

Roy H. Oestreich
ROY H. OESTREICH, Capt., Inf.

RESTRICTED

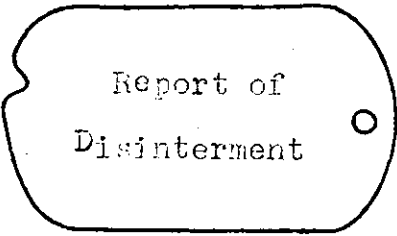
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Aug. 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <p>UNKNOWN X-37</p>		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
----------------	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p>None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p>Mortuary Plate UNKNOWN X-37 USMC P-1, R-8, G-2, 30 July 44</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p>No</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cem. #1, ASAN, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				1	18	2

WAS THIS A REBURIAL? (Yes or 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) <p>No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p>No</p>
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <p>Gerald E. Skinner</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p>Roy H. Oestreich, Capt. Inf.</p>
--	--

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:


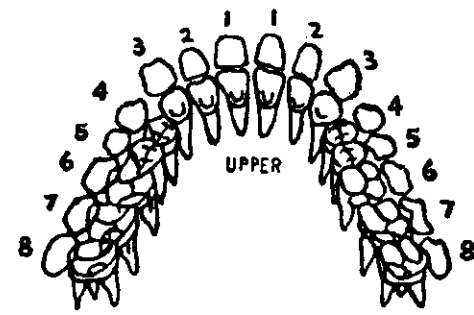




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

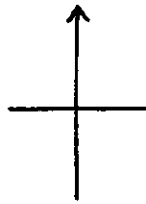
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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 **15 April 1946.**

COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
	UNIDENTIFIED #37			
	FILE OR SERVICE NO.	RANK OR RATE		BRANCH OF SERVICE
				USMC
	CORPS OR RESERVE CLASSIFICATION			RACE

CAUSE OF DEATH	PLACE OF DEATH
GSW-KIA	Guan.

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)

DATE OF DEATH	DATE OF BURIAL
	7/30/44

NAME OF CEMETERY	LOCATION OF CEMETERY
Army Navy Marine Cemetery #1.	Asan Guan.

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	A	18	2

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Military Honors.	

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	
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	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Everitt, W.W.	PFC	469778	3
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Unidentified #36			1

PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
R.L. RIDOLFI 2dLt., USMCRA	R.L. Ridolfi	

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED
	L.N. UTZ—Col., USMC—Ass't Chief of Staff, USMC
	JAMES R. LANE
	(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL

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.

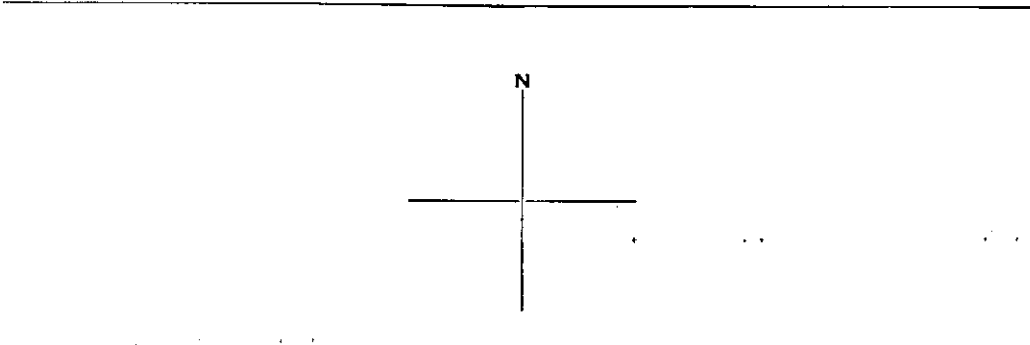
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot; row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. 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: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____



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

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

See Radio
V-25286RP2
Philippine zone
dated 19 Oct 50
indicating race
as white.

1. This case Unknown X 37 has been reprocessed by the Field and established as Mongeloid Stock.
2. Reference Warbe Radio SP GRS 289 of 13 December 1948 Restricted.
3. These remains were buried, in the following named cemetery.

Guam #1

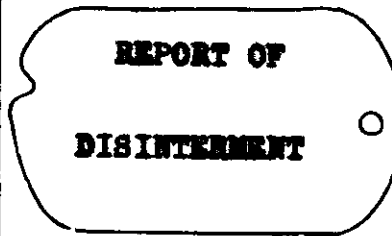
RESTRICTED

WD GMC FORM 1042
(Rev. 2 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN # 37		SERIAL No. Box # 357
GRADE	ORGANIZATION	BRANCH OF SERVICE USMC
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guam	CAUSE OF DEATH Unknown	DATE OF DEATH
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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 # 1, Asan, Guam

DATE OF BURIAL 30 Jul 44	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 1	ROW No. 18	GRAVE No. 2
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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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Everitt, William W.	RANK Pfc	SERIAL No. 469778	ORGANIZATION USMC	GRAVE No. 3
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-36	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1

SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico J. Espital</i> TEODORICO J. ESPITAL	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


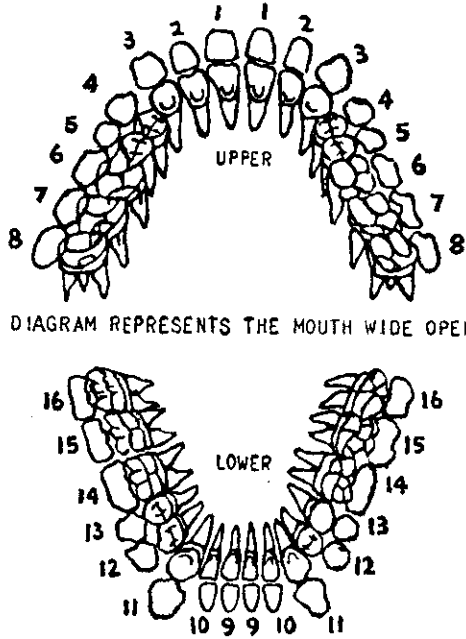




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

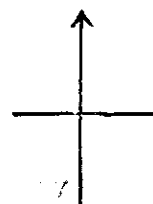
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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:

Condition of Remains: Superior maxilla and inferior maxilla fractured and detached from skull. Right and left scapula and sacrum fractured. Left pelvis fractured. Right and left tibia fractured.

REPORT OF INTERMENT

UNIDENTIFIED #37

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

A N & M #1

Guam Island

(Place of death)

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

2

18

1

(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: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

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

4

3

2

1

THUMB

4

3

2

1

THUMB