

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>793 unkl Guam = 2 X.76</i>
SUBJECT	

QMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED ⁽¹⁹⁴⁴⁾ 293-4 (K Misc) Serial #s X11, X22, X30
X36, X37, X70, X72, X73, X74, X91, X92

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION ⁽¹⁹⁴⁴⁾ 293-4 (K Misc) Serial #s X11

*10/3/57
cc*

RECLASSIFICATION SHEET

PART V - RECOMMENDATIONS

It is recommended that the remains of Unknown I-76, ANM Cemetery #2, Guam, M. I., be accepted as the remains of Mongoloid Stock and buried in a plot for enemy dead at Saipan, Marianas Islands.

Recommend approval:

Arthur A. Argona

ARTHUR A. ARGONA

Captain ORO

O-1575686

President, Board of Review

Harold S. Fike

HAROLD S. FIKE

Captain INF

O-336714

Member

William F. Millard

WILLIAM F. MILLARD

1st Lt. FA

O-1054720

Member

Incl 1 ²

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 76, Plot 4,
Row 45, Grave 25, USMC Cemetery #2, Agat, Guam, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

APPROVED UNIDENTIFIABLE

FEB 13 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-76				2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY Cemetery #2, Agat, Guam		4. PLOT 4	5. ROW 45	6. GRAVE 25	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD		11. RACE UNK
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U T D						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E						

TOOTH CHART

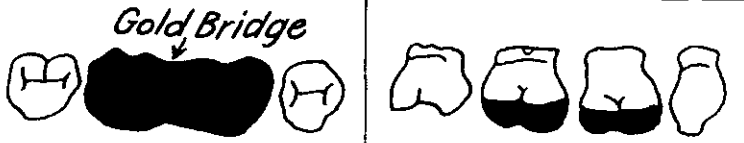
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



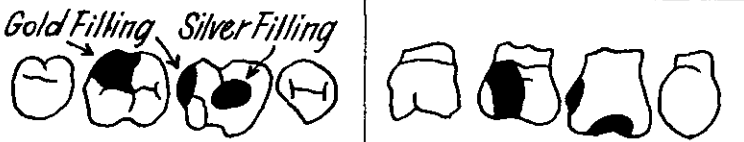
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



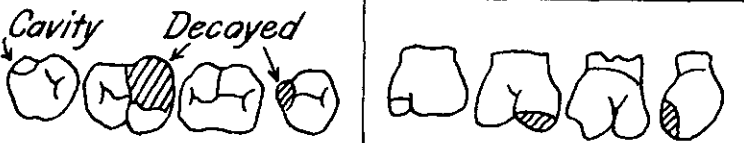
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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

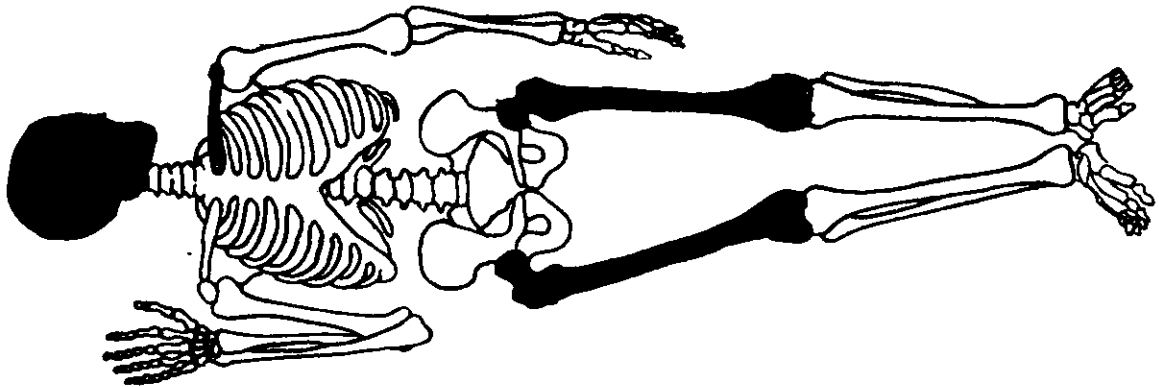
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK-IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth found.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

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. NICHOLS
Chief, Identification Section

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">UNKNOWN X-76</p>			2. DATE OF REPORT <p style="text-align: center;">8 July 48</p>		
3. NAME OF CEMETERY <p style="text-align: center;">Guam, Agat #2</p>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	45	25	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center;">UTD</p>	9. ESTIMATED HEIGHT <p style="text-align: center;">4' 11-3/4"</p>	10. COLOR OF HAIR <p style="text-align: center;">UTD</p>	11. RACE <p style="text-align: center;">Utd</p>
---	--	---	--

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES 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)

1. Pair of rubber shoe soles
2. Straps and buckle

IDENTIFICATION CHECKLIST

8 July 48

Unknown X-76
Cemetery #2, Agat, Guam
Plot 4 Row 45 Grave 25

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 I
Physical Description

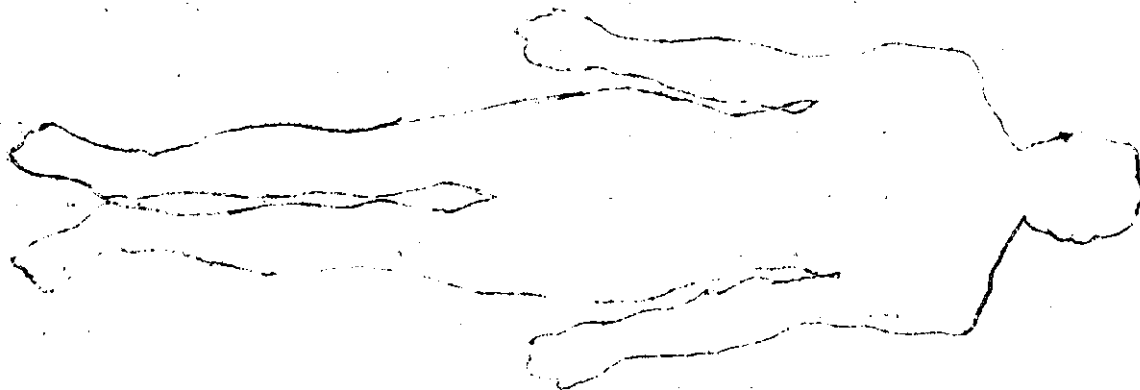
1. Estimated weight UTD
2. Estimated height 4' 11-3/4"
3. Color of hair UTD
4. Race UTD
5. Tattoos or scars on the body (give description) None
(Information obtained from other sources)
6. Was tooth chart taken? Attached If not, explain There were not any teeth to chart
7. Were fingerprints taken? No
8. Cause of death Unknown
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? UTD
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Unknown

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: Pair of rubber shoe soles - Straps and buckle.

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination None

16. Evidence of healed fractures No

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



18. REMARKS:

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

ALBERT J. DEMETERIE

Officer's Name

Lt. STG C

Rank Service

Organization

IDENTIFICATION CHECKLIST

8 July 48

Unknown X-76
Cemetery P2, Agat, Guam
Plot 4 Row 4 Grave 25

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 I
Physical Description

1. Estimated weight UTD
2. Estimated height 4' 11-3/4"
3. Color of hair UTD
4. Race UTD
5. Tattoos or scars on the body (give description) None

(Information obtained from other sources)
6. Was tooth chart taken? Attached If not, explain There were not any teeth to chart
7. Were fingerprints taken? No
8. Cause of death Unknown
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? UTD
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Unknown

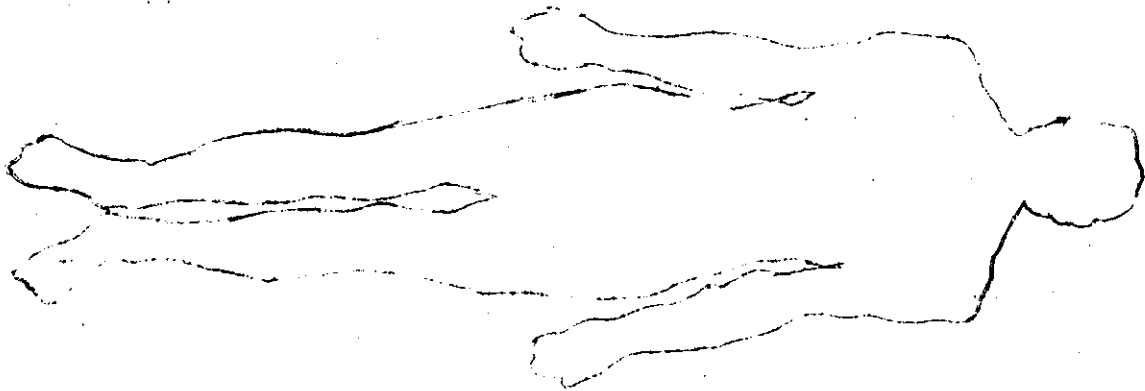
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: **Pair of rubber shoe soles - straps and buckles.**

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination **None**

16. Evidence of healed fractures **None**

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



18. REMARKS:

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

ALBERT J. DUMERIE

Officer's name

Rank

Sgt. C

Service

Organization

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 APRIL 1947
DATE

<u>UNKNOWN X-76</u>	<u>Unknown</u>	<u>Unknown</u>
LAST NAME FIRST INITIAL	RANK	SERIAL NO.
<u>Unknown</u>	<u>Unknown</u>	
UNIT	ORGANIZATION	
<u>GUAM, H.I.</u>	<u>ARM, Cemetery #2,</u>	<u>4 45 25</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT ROW GRAVE NO.

	RIGHT				UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	RIGHT				LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
FIXED BRIDGE (INCL. ABUTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
TEETH REPLACED BY DENTURE	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)	FACIAL (TOWARD CHEEK)	

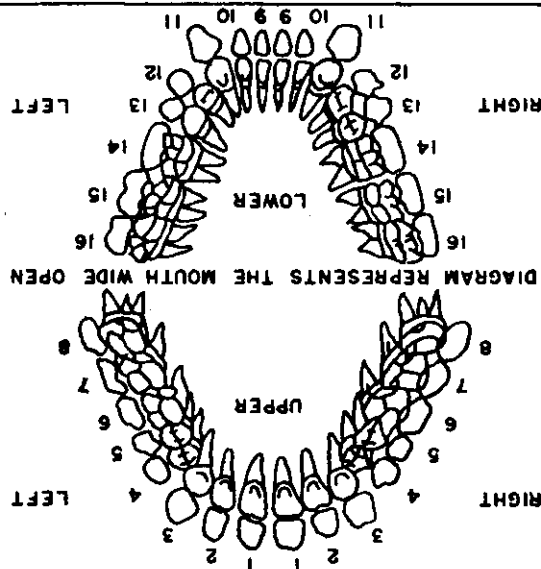
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Proximal mandibular treatments are only remaining portion of dental mechanism. Presence of one body indicated.

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. COATE, Lt., USN, DC

NAME AND RANK TYPED OR PRINTED

22nd Station Hospital, Guam
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ROBERT J. JOHNSON, Capt., JMC

29 April 1947

DATE

RESTRICTED

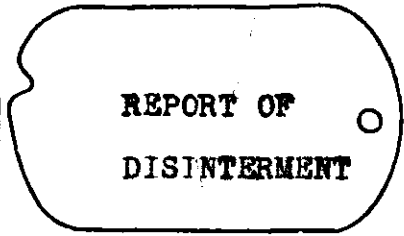
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

2 Dec 41

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-76 Box No. 912

SERIAL NO.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

GUAM

CAUSE OF DEATH

Unk

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

A pair of shoes, straps and buckle found on body.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cmtry #2, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

4

45

25

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)

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

APPROVED UNIDENTIFIABLE

FEB 13 1950

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

Unknown

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

26

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

Unknown

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

24

SIGNATURE OF PERSON PREPARING REPORT

Teodorico J. Espital
TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

MAR 11 1948

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.


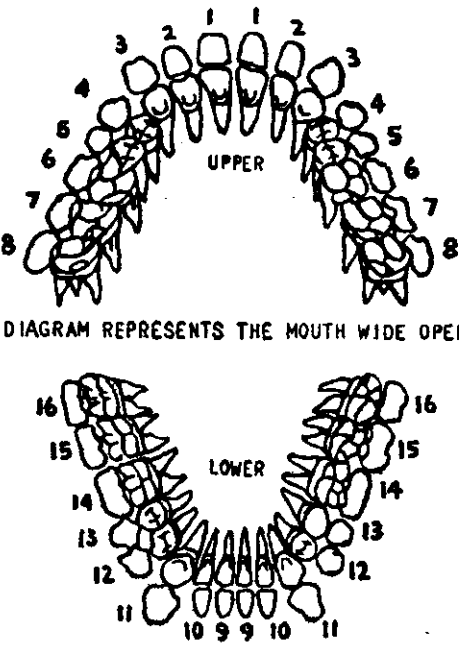


INSTRUCTIONS:

(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.

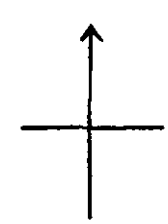
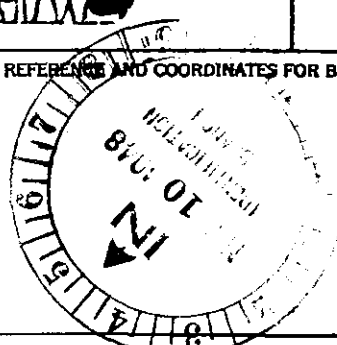
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

LEFT LITTLE FINGER	FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
	LEFT THUMB	CAVITIES	
RIGHT THUMB	MISSING TEETH	 TOOTH MISSING	
	RIGHT INDEX FINGER	CROWNED TEETH	
RIGHT MIDDLE FINGER	BRIDGE WORK	 GOLD BRIDGE	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Condition of Remains: Both femurs missing. Left clavicle missing. Head, maxilla and mandible missing.

1. This case Unknown X-76 has been reprocessed by the Field and established as Monogoloid Stock.

2. Reference Marbo Radio SP GRS 289 of 13 December 1948
Restricted.

3. These remains were buried, in the following named cemetery.

Guam #2

X-76

RESTRICTED

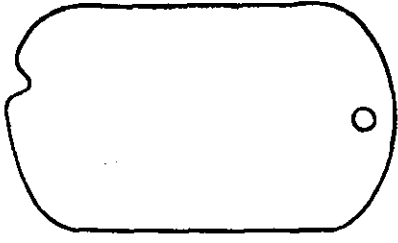
U5386

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

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

DATE OF REPORT
29 April 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNIDENTIFIED #76		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guam, M. I.	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

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
Army, Navy, Marine Cemetery, #2, Agat, Guam, M.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
22 Apr 1947	1300	Wooden Box	Cross	4	45	25

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
No	

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
None		

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
No	No

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNIDENTIFIED #77	Unknown	Unknown	Unknown	26

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNIDENTIFIED #75	Unknown	Unknown	Unknown	24

SIGNATURE OF PERSON PREPARING REPORT JOHN A. YAKOBITIS, T/5, AGRS	SIGNATURE OF GRS/OFFICER VERIFYING REPORT ROBERT J. McBRIDE, Capt., GIC
--	--

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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 1—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.

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

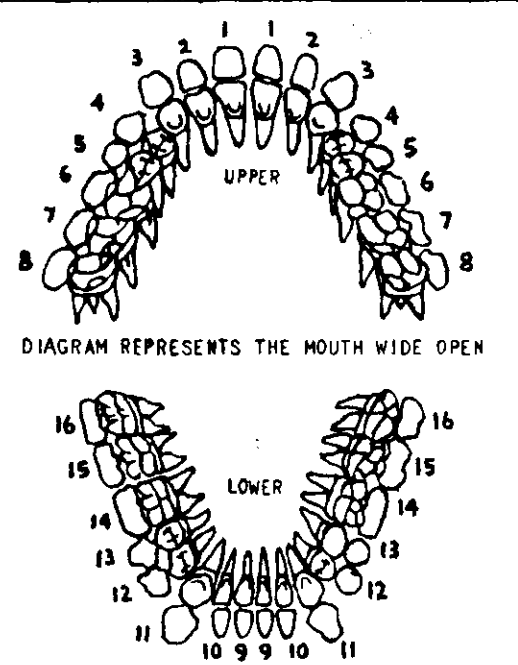
RIGHT
LITTLE FINGER

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

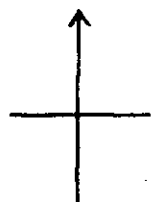
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

3 JUL 1947

/ebc

Interred 30 Mar 1950
L 10 70 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

1

Overbook
CARL R. H. MARK
Cemetery Superintendent

DIRECTIVE NUMBER

6321 81318

DATE

29 03 50
DAY MONTH YEAR

/csv

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

UNKNOWN I - 76

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GUAM

PLOT

4

ROW

45

GRAVE

25

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-76

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

30 Mar 50

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

PAUL R NICHOLS

Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 Mar 50

BY

PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

Paul R Nichols
PAUL R NICHOLS

CASKET BOXED AND MARKED

RAYMOND H TANGUAY

SHIPPING ADDRESS VERIFIED BY

DATE 30 Mar 50 by Sgt 1c, 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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE
TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

MAR 30 1950

Overstreet

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

3

PREPARED BY DUNCOMB

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 8318	DATE 29 03 50 DAY MONTH YEAR		
NAME UNKNOWN I - 76	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY AGAT NO. 2, GUAM	PLOT 4	ROW 45	GRAVE 25	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. WM. 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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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 _____	EMBALMER (Signature) _____
CASKET BOXED AND MARKED DATE _____ BY _____	SHIPPING ADDRESS VERIFIED BY _____

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

SIGNATURE OF AGRS INSPECTOR

file 5-25-50
Kirkman
Repat

REMARKS AND SPECIAL INSTRUCTIONS

Incl #150

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	
KIND OF CONVEYANCE									
SIGNATURE OF SHIPPER									
DATE									

ALL MAIL

ORIGIN 293
GNS Far East

JAN 21 1950

SUBJECT: Unidentifiable Remains

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-36, X-37, X-70, X-72, X-73 and X-76, Army Navy Marine Cemetery, Guam #2, as unidentifiable.

3. Unknown X-22 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, 30 November 1948 and approved by 1st Indorsement, dated 17 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, GSC
Memorial Division

CC: CINCPAC

*Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California*

ALL MAIL

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6321 00000	DATE 15 10 48 DAY MONTH YEAR
---	--------------------------------	------------------------------------

NAME <u>UNKNOWN X-000076</u>	SERIAL NUMBER	GRADE	ARM Q	RACE O	RELIGION 6
---------------------------------	---------------	-------	----------	-----------	---------------

CEMETERY GUAM NO 2 MARIANAS IS	PLOT 4	ROW 45	GRAVE 25	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
-----------------------------------	-----------	-----------	-------------	--

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-76	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY 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 1194 for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 8 Dec 48	BY C. H. VANDERBILT, Embalmer
CASKET SEALED BY C. H. VANDERBILT, Embalmer	EMBALMER (Signature) HAROLD E. CONNELL

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY JOSE J. PRESAS, Clerk 1949
-------------------------	--

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

290

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED	
FROM	US MARSHAL, SAIPAN, N. I.
KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>William J. Snowden</i> WILLIAM J. SNOWDEN, 1st Lt INF
DATE	8 Dec 48
NAME OF CONVOYER	
TO	PORT STORAGE OFFICER, SAIPAN, N. I.
2. SHIPPED	
FROM	AGRS PORT (SAIPAN, MI)
KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>Luciano E. Matteo</i> LUCIANO E. MATTEO, 1st Lt., Inf.
DATE	8 Feb 49
NAME OF CONVOYER	Transport Command, IS, 715
TO	AGRS MUSEUM
3. SHIPPED	
FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	<i>E. H. Newman Jr.</i> E. H. NEWMAN JR., CAPT., RA.
DATE	8 Feb 49
NAME OF CONVOYER	
TO	
4. SHIPPED	
FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
NAME OF CONVOYER	
TO	
5. SHIPPED	
FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
NAME OF CONVOYER	
TO	
6. SHIPPED	
FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
NAME OF CONVOYER	
TO	
7. SHIPPED	
FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
NAME OF CONVOYER	
TO	

PART V - RECOMMENDATIONS

It is recommended that the remains of Unknown X-76, ANM Cemetery #2, Guam, M. I., be accepted as the remains of Mongoloid Stock and buried in a plot for enemy dead at Saipan, Marianas Islands.

Recommend approval:

Arthur A. Arena

ARTHUR A. ARENA

Captain QMC

O-1575686

President, Board of Review

Harold E. Fike

HAROLD E. FIKE

Captain INF

O-336714

Member

William F. Millard

WILLIAM F. MILLARD

1st Lt. FA

O-1054720

Member

Incl 1'

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

WFM/jrp

293 MSGRS

APO 244
21 October 1948

File Ref: Case Unknown X-76
ANM Cemetery #2, Guam, M. I.

SUBJECT : Case Review

PART I - INITIAL CASUALTY DATA

The remains of Unknown X-76, according to available information, were recorded as being interred in the ANM Cemetery #2, Plot 4, Row 45, Grave 25, at Guam, Marianas Islands, on 22 April 1947.

PART II - CASE EVIDENCE

The following records relative to the remains of Unknown X-76, Plot 4, Row 45, Grave 25, ANM Cemetery #2, Guam, M. I., are attached:

1. QMC Form 1042, dated 8 July 1948.
2. QMC Form 1044, dated 8 July 1948.
3. QMC Form 1044-a, dated 8 July 1948.
4. QMC Form 1044-b, dated 8 July 1948.
5. Identification Checklist on Unknown X-76.
6. Statement of Mr. T. W. McKern, Anthropologist for the CIP, AGRS, MARBO Zone.

PART III - DISCUSSION

The available information on Unknown X-76 reveals that the remains were interred at Guam, M. I. in the ANM Cemetery #2 as an unknown, then disinterred on 2 December 1947 and sent to the Central Identification Point, at Saipan, Marianas Islands, for processing. The remains of Unknown X-76 were processed on 20 July 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-76 are those of the Mongoloid Stock.

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

WFM/jrp

293 MBGRS

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MARBO ZONE

WFM/jrp

293 MBGRS

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PART IV - CONCLUSION

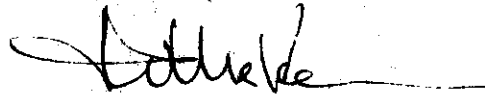
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**CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE APO 244**

20 July 1948

Examination of subject remains UNKNOWN X - 76 removed from Cemetery No. 2, Agat Guam, P-4, R-45, G-25, reveals the high incidence of Mongoloid characteristics in all cases.

It has been concluded that the subject remains may be classified as representing the Mongoloid stock.



**T. W. McKERN,
Anthropologist.**



**JOHN AIEVOLI,
Ident. Consultant.**

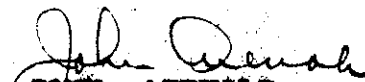
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T. W. MCKERN,
Anthropologist.


JOHN AIEVOLI,
Ident. Consultant.

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 CINCPAC 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)

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

APO 246
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AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

APO 246
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WOJG USA
Asst Adj

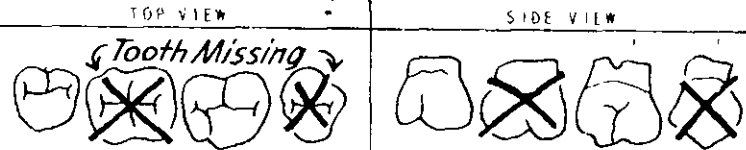
DISTRIBUTION:

201 files (1)
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Reports Sec (1)

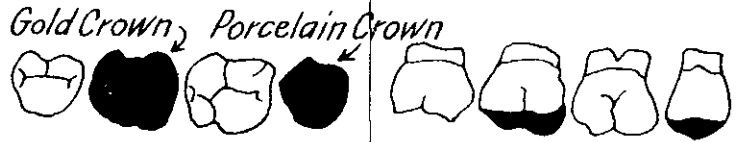
19.

TOOTH CHART

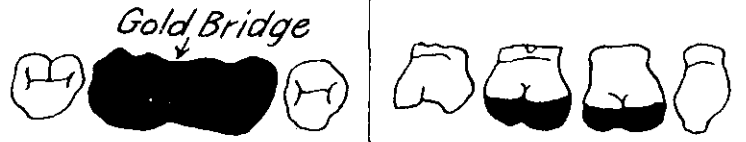
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



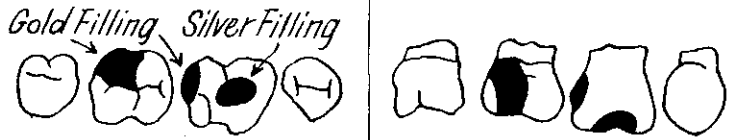
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



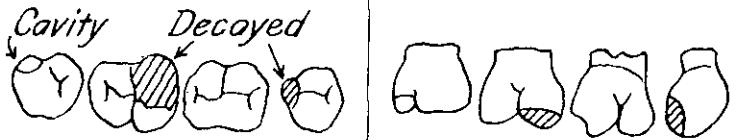
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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."

Skull missing.

C. E. Wilkerson
 C. E. Wilkerson

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN I-76				2. DATE OF REPORT 8 July 48		
3. NAME OF CEMETERY Guan, Agat #2		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		4	45	25	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 4' 11-3/4"	10. COLOR OF HAIR UTD	11. RACE Utd
-----------------------------------	--	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES 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)

1. Pair of rubber shoe soles
2. Straps and buckle

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<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><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

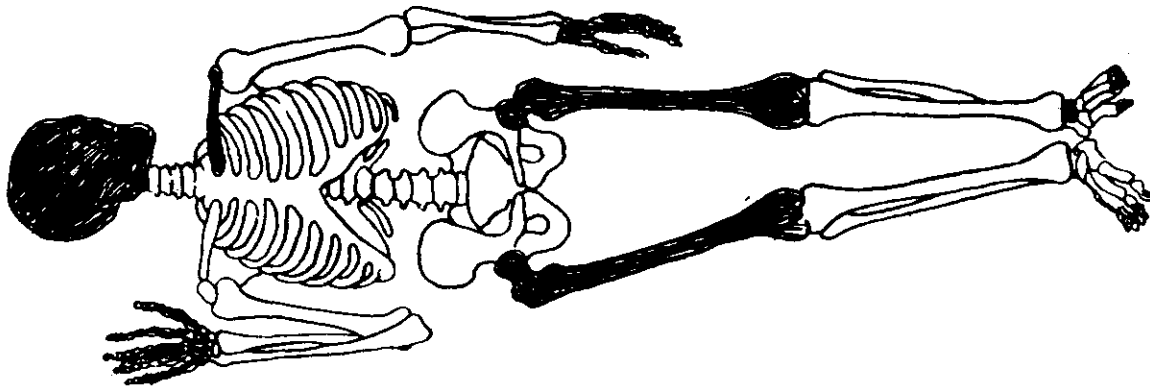
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16															

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."

Skull missing.

C. E. Wilkerson
C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT RECORDED



Skeletal remains incomplete.

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

1. Height determined by broca measurements: 4' 11-3/4".

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

Geo. A. Wheeler
Geo. A. Wheeler

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN						2. DATE OF REPORT	
UNKNOWN X-76						8 July 48	
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
Guam, Agat #2				4	45	25	DISINTERMENT
							REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR		11. RACE	
UTD		4' 11-3/4"		UTD		Utd	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
None							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES							
None							
14. WAS BODY BURNED?				TO WHAT EXTENT?			
<input type="checkbox"/> YES <input 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)							
<ol style="list-style-type: none"> 1. Pair of rubber shoe soles 2. Straps and buckle 							

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED 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:			

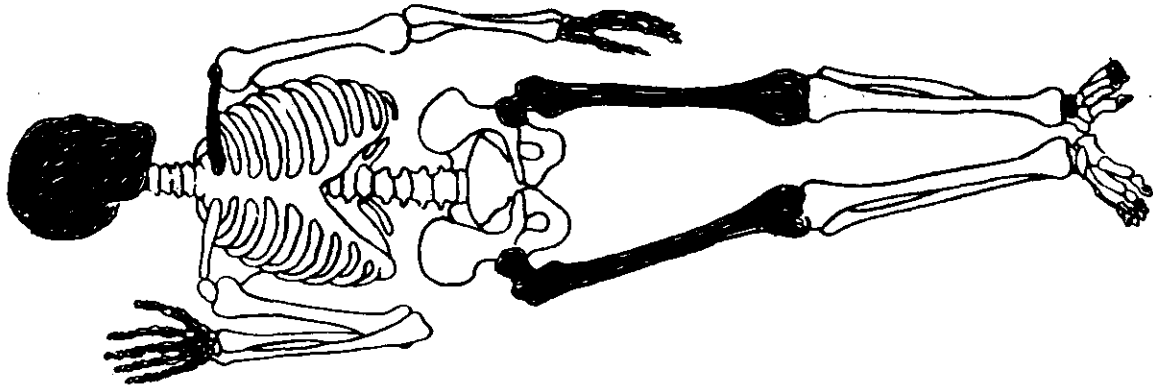
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Skull missing.

C. E. Wilkerson
C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT RECORDED



Skeletal remains incomplete.

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

1. Height determined by broca measurements: 4' 11-3/4".

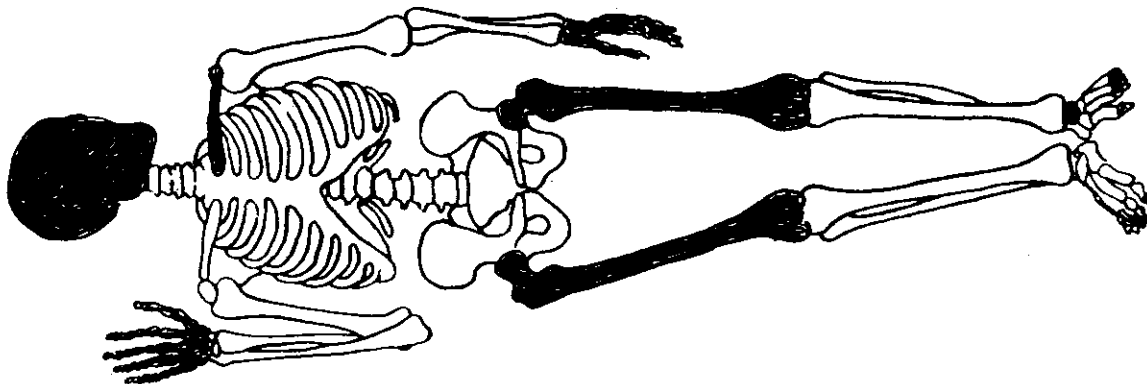
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Geo. A. Wheeler

19. BLACK OUT PARTS OF BODY NOT RECORDED



Skeletal remains incomplete.

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

1. Height determined by broca
 measurements: 4' 11-3/4".

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

Geo. A. Wheeler

IDENTIFICATION CHECKLIST

Unknown 8 July 48
Cemetery X-76
Plot 72, Agat, Guam

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 I
Physical Description

1. Estimated weight UTD 2. Estimated height 4' 11-3/4"
3. Color of hair UTD 4. Race UTD
5. Tattoos or scars on the body (give description) None
(Information obtained from other sources) _____
6. Was tooth chart taken? Attached If not, explain There were
not any teeth to chart
7. Were fingerprints taken? No
8. Cause of death Unknown
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? _____
11. Is there any evidence of first-aid or other medical treatment? See Blackout Chart
UTD
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Unknown

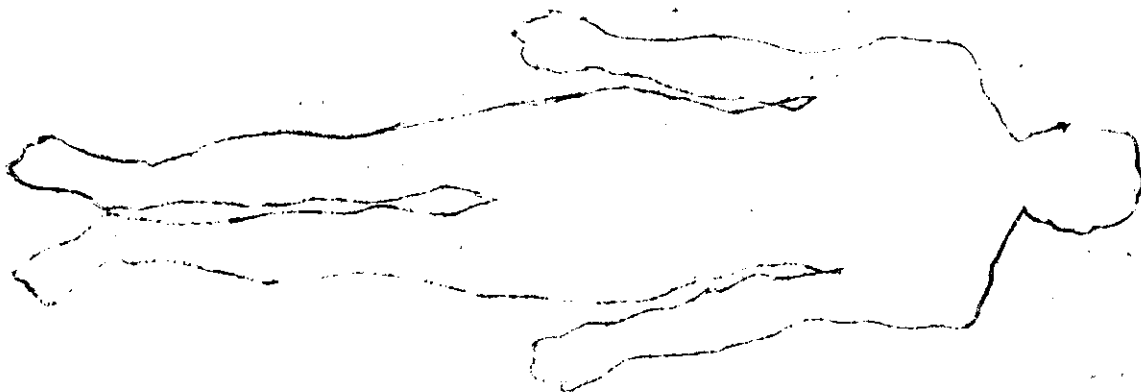
Identification Checklist (Cont'd)

17. List every item of clothing and/or equipment found, showing color of each, also size and markings: ~~Pair of rubber shoe soles - straps and buckle.~~

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination ~~None~~

16. Evidence of healed fractures ~~None~~

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



18. REMARKS:

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

ALBERT J. DEVEREAUX

Officer's name

Lt.

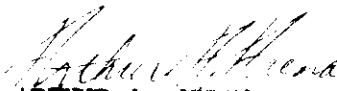
Sgt. G
Service

Organization

PART V - RECOMMENDATIONS

It is recommended that the remains of Unknown X-76, ANM Cemetery #2, Guam, M. I., be accepted as the remains of Mongoleid Stock and buried in a plot for enemy dead at Saipan, Marianas Islands.

Recommend approval:



ARTHUR A. ARENA
Captain OMC
O-1575636
President, Board of Review



HAROLD S. FINE
Captain INF
O-336714
Member



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

Incl 1

REPORT OF INTERMENT

COPY

Unknown X-76 (formerly Unidentified #76)
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

Guam, MI 22 Apr 47 Army, Navy, Marine Cemetery #2 Guam
(Place of death) Date of Burial (Name of Cemetery) (Name or coordinates of location)

25 45 4
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

APPROVED UNIDENTIFIABLE

Disposition of identification tags: One Buried with body Yes No
FEB 13 1950 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 Unidentified #75 24
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Unidentified #77 26
(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 officer or person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

I D E N T I F I C A T I O N D E N T A L C H A R T
 To be used with GMC Forms Nos. 1042 and 1044 in place
 of chart thereon, and to be attached to and forwarded
 with those forms when accomplished.

2 Dec 47

Date

LAST NAME UNKNOWN X-76 FIRST INITIAL RANK SERIAL NO.

UNIT GUAN ORGANIZATION Agat, Cntry #2, Guan
 PLOT 4 ROW 4 GRAVE NO. 25
 PLACE OF DEATH PLACE OF BURIAL

		RIGHT UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE																		TYPE	
LOCATION																		LOCATION	

INSIDE - LOOKING OUT

		RIGHT LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																		TYPE	
LOCATION																		LOCATION	

DATE

PLICE OR HQ. WHERE THIS FORM ACCOMPLISHED

NAME

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

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

L. No. Capt., D.C.

VERIFIED BY GRS OFFICER

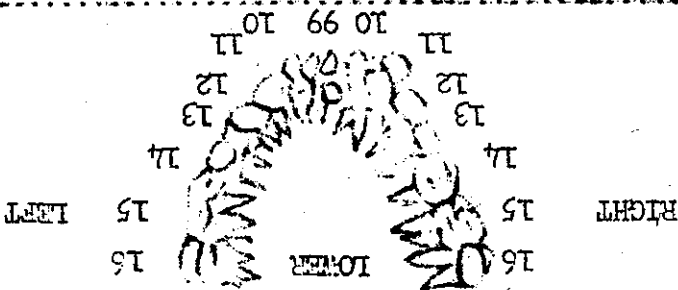
SIGNATURE OF PERSON WHO PREPARED CHART

Emilio S. Zapico

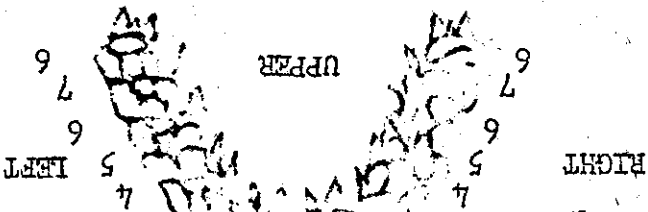
H. L.

ENTIRE MAXILLA, MANDIBLE AND TOOTH MISSING.

REMARKS:



DIGRAM REPRESENTS THE MOUTH WIDE OPEN



1. This case ~~Unknown X~~ ⁻⁷⁶ has
been reprocessed by the Field and established as
Mongeloid Steak.

2. Reference Warbe Radio SF GRS 289 of 13 December 1948
Restricted.

3. These remains were buried, in the following
named cemetery.

Guam #2

RESTRICTED

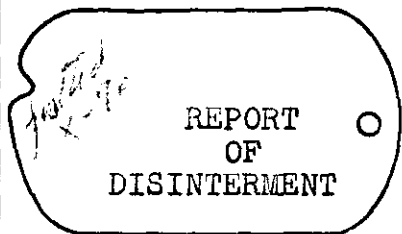
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-76		
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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	No Mortuary Plate on Marker
WERE SUBSTITUTE TAGS PROVIDED?(Yes or 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
Guam, Agat, #2 Cemetery

APPROVED UNIDENTIFIABLE

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			FEB 13 1950			

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.
	4 45 25

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	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 Geo. A. Wheeler, C.I.P.	8 July 48	SIGNATURE OF GRS OFFICER VERIFYING REPORT Albert J. Demmerle, Lt.
---	-----------	--

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 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


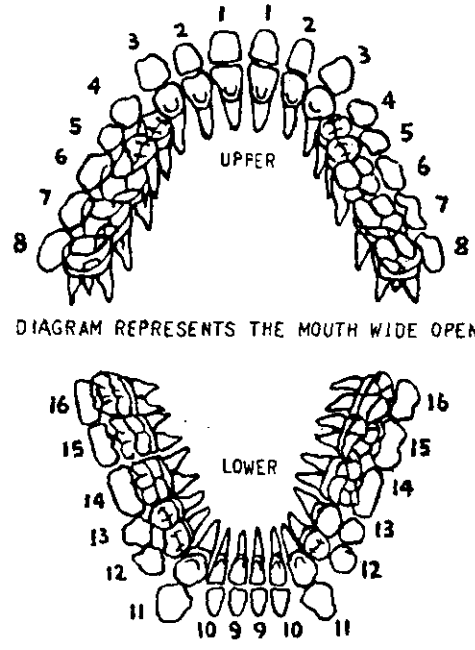




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

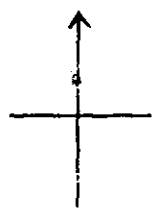
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES  CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT THUMB		
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE FINGER		

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

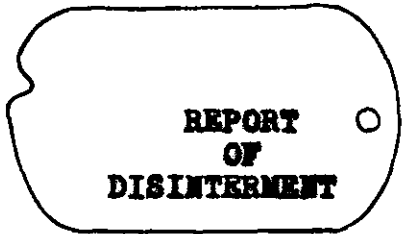
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.	
UNKNOWN X-76			
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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
1 one	No Mortuary Plate on Marker
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME


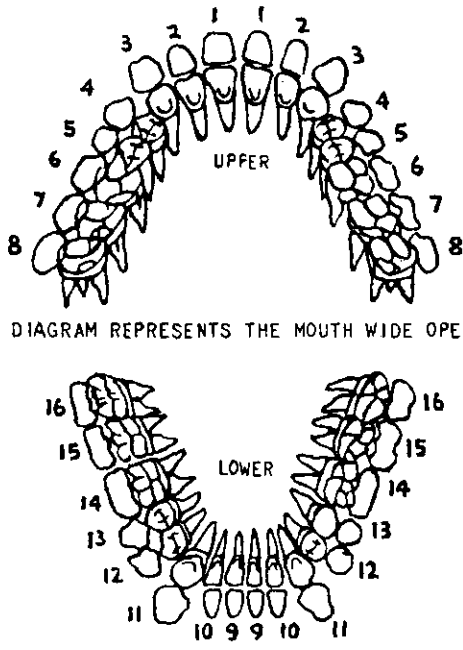





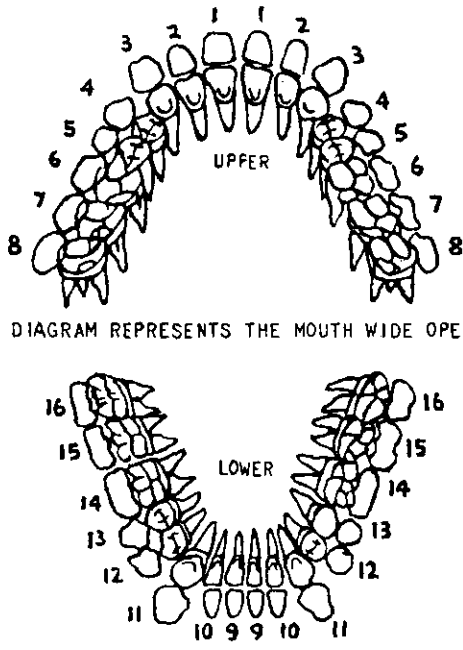





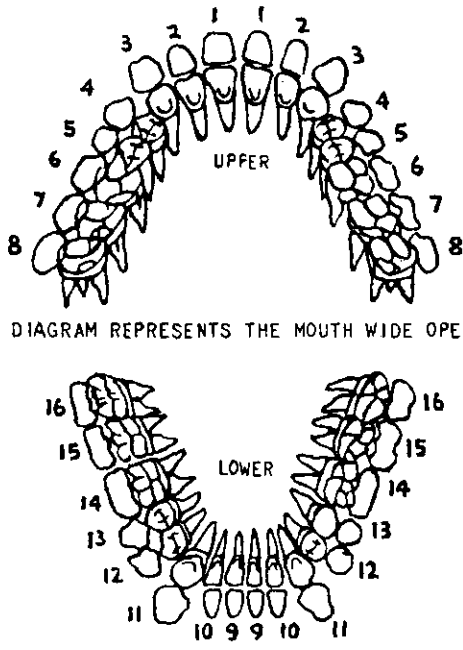





APPROVED UNIDENTIFIABLE
FEB 13 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
Guam, Agat, #2 Cemetery						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
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.
				4	45	25
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	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			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 Geo. A. Wheeler, C.I.P.			 Albert J. Demaris, Lt.			

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

LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.																	
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>																	
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR														
	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS														
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES																	
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				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>			
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>													
LEFT THUMB																		
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RIGHT MIDDLE FINGER																		
RIGHT RING FINGER																		
RIGHT LITTLE FINGER																		
	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>																	
	REMARKS:																	

RESTRICTED

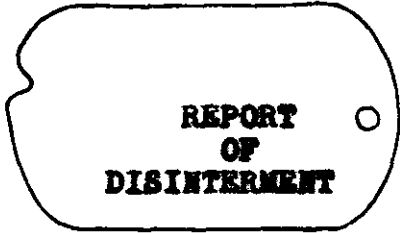
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-76

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)

1 one

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

No Mortuary Plate on Marker

WERE SUBSTITUTE TAGS PROVIDED?(Yes or 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

Guan, Agat, #2 Cemetery

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

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.

1 15 25

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

APPROVED UNIDENTIFIABLE

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

FEB 23 1950

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

8 July 48

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Geo. A. Wheeler, C.I.P.

Albert J. Donahoe, Lt.

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.


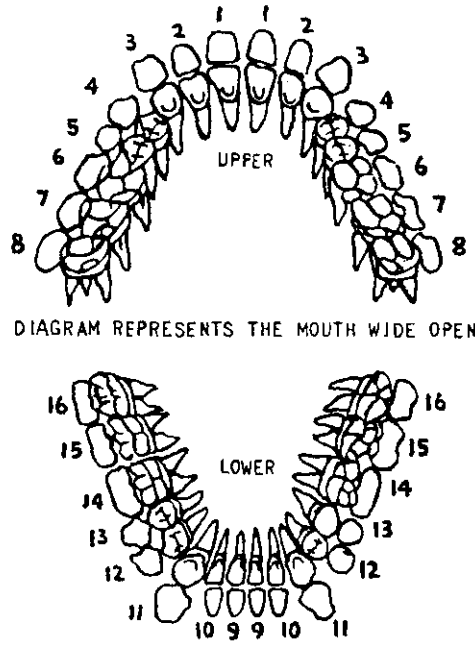




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

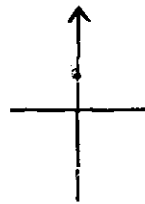
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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:

RESTRICTED

PRIORITY

CGMT
DEPT OF ARMY
WASH DC
CGMT 292

2462

DECEMBER 1948

East
Administrative
CAPT SLOANE

XX

COMMANDEO GUAM MARIANAS

MULTIPLE ADDRESS

81789

INFO TO: GINSEI TOKYO JAPAN

CHARGE GRAVES WW II

X 293 Unit X-76 Guam # 2

FROM CGMT REURADS COMMANDEO SUGAR PETER GEORGE ROGER SUGAR THREE ZERO ONE DATED TWO ONE DECEMBER FOUR EIGHT CMA SUGAR PETER GEORGE ROGER 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 BURIAL AND ALLIED PAPERS SUBMITTED TO THIS OFFICE FOR UNKNOWN XRAY SEVEN SIX CMA XRAY ONE TWO SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER TWO SMOIN XRAY TWO SIX CMA XRAY THREE TWO CMA XRAY THREE SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER ONE SMOIN XRAY TWO CMA FOUR TARE HOW MARINE DIVISION CEMETERY SAIPAN AND XRAY ONE EIGHT UNCLE SUGAR MIKE CHARLIE GUAM NUMBER THREE CMA INDICATED THAT DECEASED WERE NAVY PERSONNEL AND UNKNOWN XRAY FOUR EIGHT AND XRAY FOUR NINE CMA TWO SEVEN DIVISION CEMETERY CMA SAIPAN

241/002

RESTRICTED
REGISTERED
RESTRICTED

RESTRICTED

PRIORITY

QMOMT
DEPT OF ARMY
WASH DC
QMOMT 293 FAR EAST

2462

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 UNKNOWNNS INDICATED ABOVE AS BEING NAVY DID NOT
REVEAL POSITIVE EVIDENCE THAT THESE REMAINS COULD NOT BE DECEASED MEMBERS OF
THE NAVY PD THEREFORE OURAD WILLIAM ABLE ROGER EIGHT ZERO FIVE EIGHT FOUR
REQUESTED THAT REMAINS BE HANDLED AS UNCLE SUGAR DEAD PD UNKNOWNNS XRAY FOUR
EIGHT AND XRAY FOUR NINE WERE REVIEWED BY GBOE QUEEN MIKE CHARLIE AND AS NO
ASSOCIATION COULD BE MADE WITH ANY KNOWN CASUALTIES CMA THE DECISION TO BURY
THEM AS MONGOLOID 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 Uncle X-76 (Emanant 72)

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, QMC, MEMORIAL DIVISION

NOT REQUIRED

2414002

RESTRICTED

2 Chief Chief 1 Dec
Navy Ident Br.1948
Liaison Mem Div
Section
R & R Br
Mem Div Chief
Opns Br
Mem 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 MarBo:

IN TURN

"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 be handled as unknown U.S. dead. Unknown X-18, Guam No. 3, is currently under investigation reference our letter OMCMM 293, 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 mongoloid by your zone by radio earliest."

WAITE
73880

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

293 BEGRS

File Ref: Unknown X-76 (Mongoloid)
ANM Cemetery No. 2
Guam, M. I.

APO 244

OCT 29 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 CINCFE Rad CX59328, dated 22 March 1948, the following unknown case is forwarded herewith for administrative approval:

Army, Navy, Marine Cemetery No. 2, Guam

Unknown	Plot	Row	Grave
X-76	4	45	25

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

FOR THE COMMANDING OFFICER:



1 Incl:

Case Review (3)

D. A. BROWN
Major AGD
Adjutant

293 BEGRS - 76
Army, Navy, Marine Cemetery (Army, Navy, Marine Cemetery)

11 124

