

INTRAOFFICE REFERENCE SHEET

293 Unk Quantity X-26

DUE HOUR AND DATE

NO.	FROM—	TO—	DATE	MESSAGE
1	Navy Liaison Section Repat Br Mem Div	Chief, Id Branch Id Sec ATTN: <u>Lt Windsor</u>	11 May 1950	<p>SUBJECT: Unknowns X-26 and X-37, Guam #1</p> <p>1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.</p> <p>2. Subject unknowns are listed as "Mongoloid" remains and are forwarded for processing in accordance with established policy.</p> <p>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.</p> <p>4. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.</p> <p style="text-align: right;">MOYER 3880</p>
	Ident Br Mem Div	Section Ident Br	1950	<p>2. Findings of Unidentifiability have been approved by this Office.</p> <p>3. Files are returned herewith for completion of Administrative Reports.</p> <p>2 Incls</p> <p>1. 293 file for Unk X-26 ASAN, Guam #1</p> <p>2. 293 file for Unk X-37 ASAN, Guam #1</p> <p style="text-align: right;">COX <i>Fisher</i> 74059 FISHER 52462 NOV 27 1950 FILE MOYER</p>

AIRMAIL

293 Unk Guam #1. X-26

23 November 1950

CHINESE 205
Unk X-26 and X-37
ASAN, Guam #1

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Philown Zone
APO 936, 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 27 and Plot 1, Row 18, Grave 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 CGM
Memorial Division**

C. G. Salser:lak
cc: Administrative Section



urnished:

PO 500

Guam X-37

AIRMAIL

CCW

LT

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>17-16</i>			2. DATE OF REPORT <i>27 Feb 1947</i>		
3. NAME OF CEMETERY <i>Greenwood, Dallas, Texas</i>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<i>7</i>	<i>7</i>	<i>7</i>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT <i>5' 10 1/2"</i>	10. COLOR OF HAIR <i>Brown</i>	11. RACE <i>Caucasian</i>
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <i>None</i>
---	--------------------------------

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

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

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed

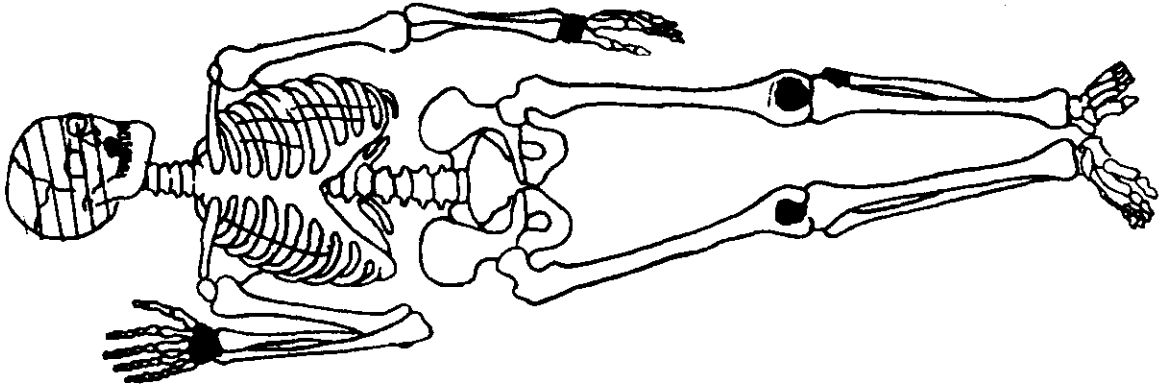


RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			<i>MISSING</i>													
Side Views								Side Views								
UPPER								UPPER								
LOWER								LOWER								
Side Views								Side Views								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

Paul H. Nichols
 D.D.S., M.S.D.
 Chief, Dept. of Dent.

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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

20 10 frags, handle, bottle, remains of etc. in other parts 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

LT COL. R. N. NICHOLS
Chief, Ident. Sect.

SIGNATURE

Paul R. Nichols

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6380 81200	DATE 29 03 50 DAY MONTH YEAR
NAME UNKNOWN I - 26		SERIAL NUMBER	GRADE
CEMETERY UNAF CEMETERY ABAN NO. 1, GIAM		ARM	RACE
PLOT 1		ROW 14	GRAVE 27
DISPOSITION OF REMAINS 7701 00 CODE DIST. CTR.		RELIGION	

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	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 (<i>Signature</i>)
CASKET SEALED BY	
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

*File
12/11/50
1/2/51*

REMARKS AND SPECIAL INSTRUCTIONS

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

293 MBGRS

File Ref: Unknown X-26 (Mongoloid)
ANM Cemetery No. 1
Guam, M. I.

APD 244

001 28 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 CX 39328, 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-26	1	14	27

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:

1 Incl:

Case Review (3)


D. A. BROWN
Major AGD
Adjutant

Vertical handwritten notes on the right margin, including the name 'Brown' and other illegible text.

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

WFM/jrp

293 MBGRS

AGO 244
21 October 1948

File Ref: Case Unknown X-26
ANM Cemetery #1, Guam, M. I.

SUBJECT : Case Review

PART I - INITIAL CASUALTY DATA

The remains of Unknown X-26, according to available information, were recorded as being interred in the ANM Cemetery #1, Plot 1, Row 14, Grave 27, at Guam, Marianas Islands, on 29 July 1944.

PART II - CASE EVIDENCE

The following records relative to the remains of Unknown X-26, Plot 1, Row 14, Grave 27, ANM Cemetery #1, Guam, M. I., are attached:

1. QMC Form 1042, dated 20 August 1948.
2. Q-C Form 1044, dated 20 August 1948.
3. Identification Checklist on Unknown X-26.
4. Case Summary on Unknown X-26.

PART III - DISCUSSION

The available information on Unknown X-26 reveals that the remains were interred at Guam, M. I. in the ANM Cemetery #1, Plot 1, Row 14, Grave 27, 29 July 1944 as an unknown, then disinterred on 17 November 1947 and sent to the Central Identification Point, at Saipan, Marianas Islands, for processing. The remains of Unknown X-26 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-26 are those of the Mongoloid Stock.

JUB JEW

1

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6320 00000

DATE
15 10 48
DAY MONTH YEAR

NAME: UNKNOWN X-000026 SERIAL NUMBER: 000026 GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: GUAM NO 1 MARIANAS IS PLOT: 1 ROW: 14 GRAVE: 27 DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-26 SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED:

IDENTIFICATION TAG ON: REMAINS 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 QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET
DATE 8 Dec 48 BY J. L. SIBLEY, Embalmer

CASKET SEALED BY: J. L. SIBLEY, Embalmer EMBALMER (Signature): JOSEPH E. SPEAR

CASKET BOXED AND MARKED
DATE 8 Dec 48 BY F. COLEMAN SHIPPING ADDRESS VERIFIED BY: 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 1948

RESTRICTED

PRIORITY

COMMT
DEPT OF ARMY
WASH DC
COMMT 293

2462

DECEMBER 1948

CAPT SLOANE

XX

81789

COMENMARBO GUAM MARIANAS

MULTIPLE ADDRESS

INFO TO: GINGFE TOKYO JAPAN

93 GRS for East
Guantanamo Station
CHARLES GRAVES WW II

X-26
Marianas
Sloane

FROM COMMT REURADS COMENMARBO 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'S XRAY SEVEN SIX CMA XRAY ONE TWO SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER TWO SMCLN XRAY TWO SIX CMA XRAY THREE TWO CMA XRAY THREE SEVEN UNCLE SUGAR MIKE CHARLIE GUAM NUMBER ONE SMCLN XRAY TWO CMA FOUR TARK 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'S XRAY FOUR EIGHT AND XRAY FOUR NINE CMA TWO SEVEN DIVISION CEMETERY CMA SAIPAN

RESTRICTED

241400Z

PRIORITY

QMOMT
HEADQUARTERS OF ARMY
WASHINGTON DC
QMOMT 293 FAR EAST

RESTRICTED

2462

DECEMBER 1948

CAPT SLANEK

XX

WERE ASSOCIATED WITH ARMY PERSONNEL PD AS THE DEPARTMENT OF THE ARMY DOES NOT
 RENDER DECISIONS ON CASES COMING UNDER NAVY JURISDICTION GMA 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 OURAD WILLIAM ABLE ROGER EIGHT 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 MIKE CHARLIE AND AS NO
 ASSOCIATION COULD BE MADE WITH ANY KNOWN CASUALTIES GMA 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
Wm A - 28 - Queen 71*

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, GMC, MEMORIAL DIVISION

NOT REQUIRED

RESTRICTED

2434002

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

APD 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	PA

BY ORDER OF LT COLONEL GREGORY:

OFFICIAL:

D. A. BROWN
Major AGD
Adjutant

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 DENTAL CHART

DATE
17 Nov 47

NAME (Last, First, Middle Initial)

UNIDENTIFIED #26

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

USMC

CAUSE OF DEATH

Unknown

DATE OF DEATH

PLACE OF BIRTH

Guam

PLACE OF BURIAL

Cemetery #1, Asan, Guam

PLOT

1

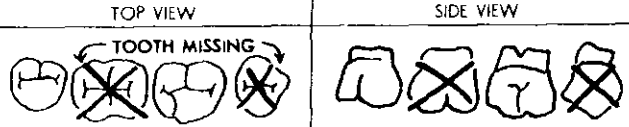
ROW

14

GRAVE

27

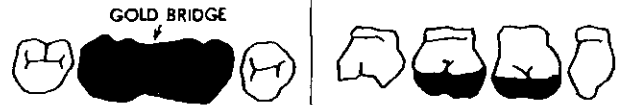
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



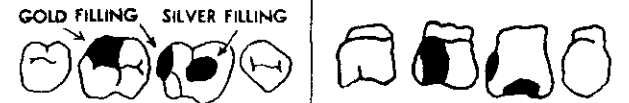
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



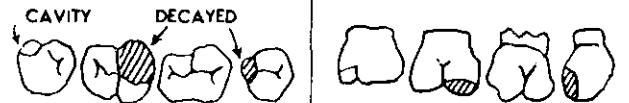
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	}																	SIDE VIEWS	
																		UPPER	
SIDE VIEWS	}																	LOWER	
		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: Portion with R-2 through R-8 inclusive, and L-8 missing. L-3 Rotated.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

[Signature]
L. HO, Capt., D.C.

VERIFIED BY GRS OFFICER

[Signature]
EMILIO S. ZAPICO, 2nd Lt., Inf.

Ship or Station
Attached at Time of Death

Copy Date Report
Filed Out 15 Apr 1946

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED #26		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		Race

Cause of Death	Place of Death
GSW-KIA	Guam
Name of Next of Kin (If Known)	Address of Next of Kin (If Known)

Date of Death	Date of Burial
---------------	----------------

Name of Cemetery	Location of Cemetery
Army Navy Marine Cemetery #1	7/29/44

Grave Marker Type	Plot No.	Row No.	Grave No.
Cross	1	14	27

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

Type of Religious Ceremony	Religion of Deceased
Military Honors	

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

List of Personal Effects found on Body and Disposition of Same

Identification Tag Buried with Body <input type="checkbox"/> Yes <input checked="" 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)	Rank or Rate	File or Service No.	Grave
UNIDENTIFIED #27	USMC		28

Body on Right, Name (Last, first, middle)	Rank or Rate	File or Service No.	Grave
Carbone, S.L.	Pfc	364 715	26

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

IN TURN

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:

"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 OCMN 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 sense by radio earliest."

WAITE
73880

2 Chief Chief 1 Dec
Navy Ident Br. 1948
Liaison Mon Div.
Section
R & R Br
Mon Div. Chief
Opns Br.
Mon Div.

IN TURN

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 those cases continue to be marked unknown and handled as US unknowns.

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

"Your recommendation for burial in enemy plot, Saipan, Unknowns X-76, X-127, Guam No. 2; Unknowns X-25, X-32, X-37, Guam No. 1; and X-8, Fourth Marine Division, Two 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 CHCEN 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 noncoltd by your zone by radio earliest."

WAITE
73680

1 Navy Chief, 11 May
Liaison Id Branch 1950
Section Id Sec
Repat Br
Men 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
Men Div Section
Men 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
GDX 74089
SMT 2443

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X - 26				2. DATE OF REPORT 20 August, 1948	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
Cem. #1, ASAN, Guam		1	14	27	DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 5 6 7/8"	10. COLOR OF HAIR None		11. RACE Mongoloid	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Mortuary Plate					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ? None			
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 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 CHECKLIST

Unknown X - 26
Cemetery ASAT I, Guam
Plot 1 Row 14 Grave 27

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 _____ 2. Estimated height 5 - 6 7/8"
3. Color of hair None 4. Race Mongoloid
5. Tattoos or scars on the body (give description) None

Skeletal Remains (Information obtained from other sources _____)

6. Was tooth chart taken? yes If not, explain _____
7. Were fingerprints taken? No Skeletal Remains
8. Cause of death UTD
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. No I. D. tags.
No Personal effects.
13. Type of clothing found remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) UTD

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

293.

Date 20 August, 1948

CASE SUMMARY OF



NAME: UNKNOWN X-26 RANK: _____ SERIAL NO: _____
CEMETERY ASAN #1 Guam Plot: 1 Row: 14 Grave: 27

Examination of subject remains UNKNOWN X-26
removed from Gr-27, reveals the high incidence of
Mongoloid Characteristics.

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

cc: 293 _____

Remarks:


T. J. McEwen
Anthropologist
(Signature)

John Aiévoli
Ident. Consultant

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
20 Aug. 1948

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center;"> <p>Report of Disinterment</p> </div>	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial)</p> <p align="center">UNKNOWN X-26</p>		<p>SERIAL NO.</p>
	<p>GRADE</p>	<p>ORGANIZATION</p>	<p>BRANCH OF SERVICE</p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH</p>	<p>CAUSE OF DEATH</p>	<p>DATE OF DEATH</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p align="center">None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)</p> <p align="center">Mortuary Plate.</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p align="center">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

Cemetery #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	14	27

<p>WAS THIS A REBURIAL? (Yes or no)</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p>						
	<table border="1"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.			
PLOT No.	ROW No.	GRAVE No.					

<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p align="center">No</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p align="center">No</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p align="center"><i>John Atevoli</i> John Atevoli</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p align="center"><i>Roy H. Oestreich</i> Roy H. Oestreich, Capt., Inf.</p>
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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

RESTRICTED

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

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

DATE OF REPORT

17 Nov 47

*Imprint Identification Tag If Possible.
DO NOT TYPE*

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNIDENTIFIED # 26

Box # 298

GRADE

ORGANIZATION

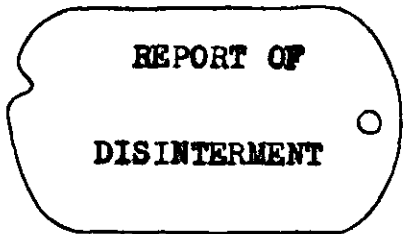
BRANCH OF SERVICE

USMC

RACE

RELIGION

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



1. This case Unknown X - 26 has been reprocessed by the Field and established as Mongoloid Stock.

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

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

Guam # 1

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 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.
29 Jul 44				4	14	27

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)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unidentified				28

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Carbone, Salvatore L.	Pfc	359736	USMC	26

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.

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 # 26	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USMC
	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 7/29/44
---------------	----------------------------------

NAME OF CEMETERY Army Navy Marine Cemetery #1.	LOCATION OF CEMETERY Asen Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 44	GRAVE NO. 21
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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	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <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) Unidentified #27	RANK OR RATE C. MC	FILE OR SERVICE NO.	GRAVE NO. 25
BODY ON RIGHT. NAME (Last, first, middle) Carpone, S.L.	RANK OR RATE 1st Lt	FILE OR SERVICE NO. 304715	GRAVE NO. 20

PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMCR	(Rank or rate)	PERSON CONDUCTING BURIAL RITES R. L. Riardi
--	----------------	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ-Col., USMC-Ass T Chief of Staff G-1
---	---

Copy

F.M.F. PAC Form (9)
Graves Registration

REPORT OF INTERMENT

UNIDENTIFIED #26

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

A N & M #1

Juan Island

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

27 14 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.