

QMGMN 293  
GRS, Far East

MAR - 3 1950

SUBJECT: Unidentifiable Remains

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

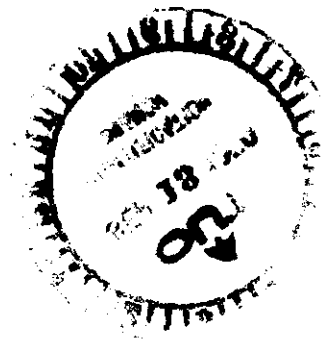
1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 20 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-13, X-18, X-19, X-21, X-27, X-29, X-30, X-31, X-35, X-36 and X-40, Asan Guam Cemetery #1, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt Colonel, QMG  
Memorial Division

CC: CINCPAC



QMGMN 293 Unk X-29, Guam #1

To file

/bpm

1

Interred 1 March 1950  
C. 1 48 Ft McKinley

*Carl R. Mark*  
CARL R. H. MARK

Cemetery Superintendent

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6320 81098	DATE 17 02 50 DAY MONTH YEAR
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NAME UNKNOWN X - 29	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY ASAN NO. 1, GUAM	PLOT A	ROW 14	GRAVE 30	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME X - 29	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 21 Feb 1950
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IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE
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SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Feb 1950 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA
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DATE 21 Feb 50 BY RAYMOND H TANGUAY, Sgt 1c 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

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

17 02 90  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
~~XXXXXXXX~~ 1-29

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
WILSON ROAD NO. 1, GUM 1 14 30 7702 100  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
PT. HW. WASHINGTON, P. I.

NAME AND ADDRESS OF NEXT OF KIN  
2 241582 (BY ADMINISTRATIVE DESIGNATION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET  
DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE BY

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

SIGNATURE OF EMBALMER SIGNATURE OF AGS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
RECORDS ANNEXED  
DATE  
NAME

RECORD OF DISINTERMENT

457

HEADQUARTERS  
PHILCOB ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

19 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 29, Plot A,  
Row 14, Grave 30, USMC Cem. #1, Asan, 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.

**APPROVED UNIDENTIFIABLE**

**FEB 23 1950**

FOR THE COMMANDING OFFICER:

*[Handwritten Signature]*  
K. B. McNEELAR  
Captain, Q.C.  
Chief, Records Branch

Atch: Form 1044

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-29			2. DATE OF REPORT 19 Jan. 1950		
3. NAME OF CEMETERY  Cem. #1, ASAN GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	A	14	30	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4 1/2"	10. COLOR OF HAIR UTD	11. RACE UTD
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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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

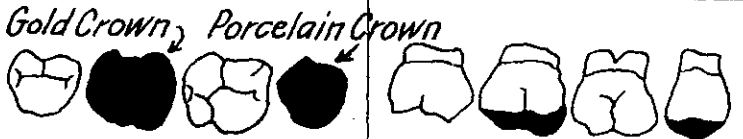
None

TOOTH CHART

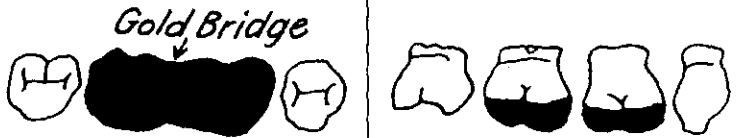
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



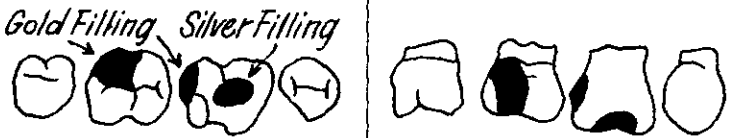
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



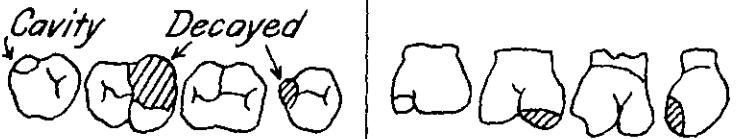
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



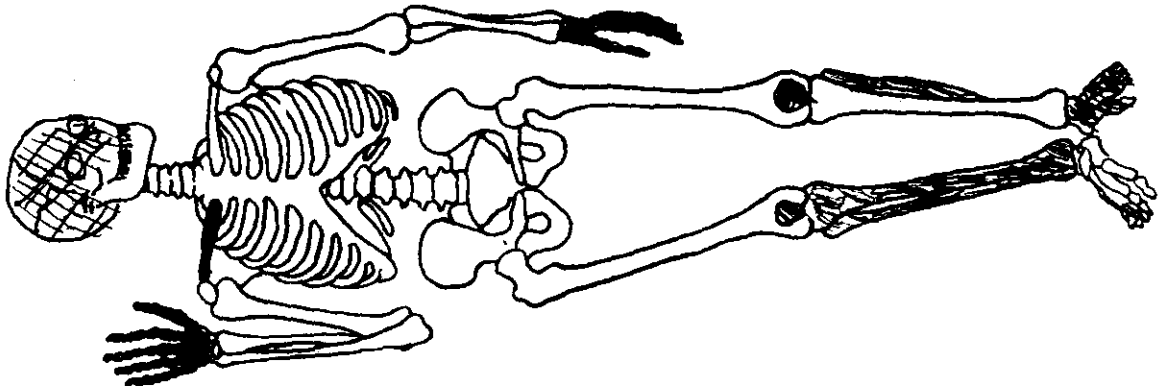
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A	A	A	A		⊗	⊗	⊗					A	A	-o-
Side Views								Side Views							
Top Views								Top Views							
Cavity UPPER								Cavity LOWER							
Side Views								Side Views							
A	X	A	A		⊗	⊗	⊗	⊗					A	A	-o-
16	15	14	13	12	11	10	9	9	10	11	12	13	14	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 R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
*(Wherein segregation in whole or parts is impossible)*

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burials, 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, Ident. Section

SIGNATURE

1

# DISINTERMENT DIRECTIVE

### SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**6320 00000**

DATE  
**15 10 48**  
DAY MONTH YEAR

NAME  
**29, UNKNOWNX - 000029**

SERIAL NUMBER GRADE ARM RACE RELIGION  
**0 0 6**

CEMETERY  
**GUAM NO 1 MARIANAS IS**

PLOT ROW GRAVE DISPOSITION OF REMAINS  
**1 14 30 7701 80**  
CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS**

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

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS **UNKNOWN** NAME AND TITLE  
 MARKER

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (*Signature*)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS



# IDENTIFICATION DENTAL CHART

DATE **12 nov 47**

NAME (Last, First, Middle Initial) <b>UNIDENTIFIED #29</b>		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION <b>USMC</b>	CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH
PLACE OF DEATH <b>Guam</b>	PLACE OF BURIAL <b>Cemetery # 1 Asan, Guam</b>		PLOT <b>A</b>	ROW <b>14</b>
			GRAVE <b>30</b>	

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
	TOOTH MISSING 	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	GOLD CROWN, PORCELAIN CROWN 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	GOLD BRIDGE 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	GOLD FILLING SILVER FILLING 	
<p><b>CARIES: (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	CAVITY DECAYED 	

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART  <b>L. HO, Capt., D.C.</b>	VERIFIED BY GRS OFFICER  <b>E. S. ZAPICO, 2nd Lt., Inf.</b>
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**RESTRICTED**

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

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

DATE OF REPORT  
**12 Nov 47**

Imprint Identification Tag If Possible.  
DO NOT TYPE

*Plotted*

**REPORT OF  
DISINTERMENT**

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNIDENTIFIED # 29</b>		SERIAL NO. <i>Box # 213</i>
GRADE	ORGANIZATION	BRANCH OF SERVICE <b>USMC</b>
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Guam</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>APPROVED UNIDENTIFIABLE FEB 28 1960</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>No</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**Cemetery #1 Asan, Guam**

DATE OF BURIAL <b>29 July 44</b>	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO. <b>12</b>	ROW No. <b>14</b>	GRAVE No. <b>30</b>
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WAS THIS A REBURIAL? (Yes or no) <b>No</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No.    ROW No.    GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>End of Row</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Unknown</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>29</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico F. Espital</i> <b>TEODORICO F. ESPITAL</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> <b>EMILIO S. ZAPICO, 2nd Lt., Inf.</b>
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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**

**REPORT OF BURIAL**

NAVMED-601 (3-45)

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials 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 \_\_\_\_\_ DATE REPORT FILLED OUT 15 April 44  
 ATTACHED AT TIME OF DEATH \_\_\_\_\_

COPY OF IDENTIFICATION TAG	NAME (Last) <b>UNIDENTIFIED #29</b> (First) (Middle)
	FILE OR SERVICE NO. RANK OR RATE BRANCH OF SERVICE <b>USMC</b>
	CORPS OR RESERVE CLASSIFICATION RACE

CAUSE OF DEATH <b>GSW-XIA</b>	PLACE OF DEATH <b>Guam.</b>
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH	DATE OF BURIAL <b>7/29/44</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #1.</b>	LOCATION OF CEMETERY <b>Asan Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT No. <b>A</b>	ROW No. <b>14</b>	GRAVE No. <b>30</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Honors.</b>	RELIGION OF DECEASED
---	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)  <b>APPROVED UNIDENTIFIABLE</b> <b>FEB 23 1950</b>
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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
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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**

<b>Bodies Buried on Either Side</b>			
BODY ON LEFT. NAME (Last, first, middle) <b>No one buried here</b>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle) <b>Unidentified # 28</b>	RANK OR RATE <b>USMC</b>	FILE OR SERVICE NO.	GRAVE NO. <b>29</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI, 2dLt., USMCR</b>	PERSON CONDUCTING BURIAL RITES <b>R.N. Riardi</b>		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC Ass't Chief of Staff G-1</b>		

REPORT OF INTERMENT

(Copy)

UNIDENTIFIED #29

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

A N & M #1

Guam Island

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

30

14

(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

**APPROVED UNIDENTIFIABLE**

(If no identification tags, what means of identification are buried with body?)

FEB 28 1950

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT

(Name) (Ser. No.) (Rank) (OR#) (Grave No.)

BODY BURIED ON LEFT

(Name) (Ser. No.) (Rank) (OR#) (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.