

QMGCD 352.3  
Kansas City

26 May 1948

SUBJECT: Report on Certain Unknowns

TO: Commanding Officer  
Quartermaster Activities  
Kansas City Records Center (AOC)  
Kansas City, Missouri  
ATTENTION: Effects Quartermaster

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that these Unknowns have been declared unidentifiable:

X-16	Guadalcanal	
X-27	" "	
X-286	Malawa Cemetery	
X-74	" "	(USS California)
X-172	" "	(USS Virginia )
X-284	" "	(West Loch Disaster)

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:  
Correspondence

W. T. BROWN  
Lt. Colonel, QMC  
Field Service Division

for

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 889771

HOC/ELW/mj  
4 May 1949  
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-27

Plot Unk, Row \_\_\_\_\_, Grave \_\_\_\_\_, ~~USMC~~ Guadalcanal

\_\_\_\_\_ have been held at this Bureau as of \_\_\_\_\_.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

2 US nickels

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL  
Effects Quartermaster

213  
11  
X-27  
Guadalcanal

312

GWA

1

Interred 14 March 1948  
F 81

### DISINTERMENT DIRECTIVE

-Consent for Support of Remains

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>8730 00000</b>	DATE <b>26 09 47</b> DAY MONTH YEAR
NAME	SERIAL NUMBER <b>UNKNOWNX-000027 0</b>	RANK <b>0</b>	ARM <b>Q</b>
CEMETERY <b>GUADALCANAL</b>	DATE OF DEATH DAY MONTH YEAR		DISPOSITION OF REMAINS <b>0492 64</b> CODE DIST. PT.
PLOT <b>FMC 55</b>	ROW <b>10</b>	GRAVE <b>10</b>	COUNTRY <b>SOLOMON ISLANDS</b>
CAUSE OF DEATH <b>6</b>			

### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN X-27</b>	SERIAL NUMBER <b>UNK</b>	RANK <b>UNK</b>	DATE OF DEATH <b>UNK</b>	DATE DISINTERRED <b>4 Dec 47</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>UNK</b>	RELIGION <b>UNK</b>	IDENTIFICATION VERIFIED BY <b>E. H. Rakestraw, Emb</b> NAME AND TITLE	

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>CASKET</b>	CONDITION OF REMAINS <b>SKELETON</b>	REPAIRS RECORDS BRANCH
OTHER MEANS OF IDENTIFICATION <b>EMBOSSSED TAG READS: UNKNOWN X-27, GUADALCANAL</b>		
MINOR DISCREPANCIES <b>NONE</b>		

REPAIRS RECORDS BRANCH JUN 8 10 37 AM '49

REMAINS PREPARED AND PLACED IN CASKET	DATE <b>2 July 1948</b>	BY <b>N.R. JOYNES, EMBALMER</b>
CASKET SEALED BY <b>E. E. BRAYBOY</b>	EMBALMER (Signature) <i>N. R. Joynes</i> <b>N. R. JOYNES</b>	
CASKET BOXED AND MARKED	DATE <b>2 July 48</b>	BY <b>E. E. BRAYBOY</b>
SHIPPING ADDRESS VERIFIED BY <b>A. D. MACFIE</b>		

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

**LLOYD G. ORMES**

SIGNATURE OF GRS INSPECTOR

*Lloyd G. Ormes*

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

11414

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-27</b>				2. DATE OF REPORT <b>6 February 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Formerly of Guadalcanal</b>		4. PLOT <b>FMC</b>	5. ROW <b>55</b>	6. GRAVE <b>68</b> <b>10</b>	7. DATE OF DISINTERMENT <b>5 Feb '48</b>	REINTERMENT <b>6 Feb '48</b>

PHYSICAL DESCRIPTION **Age: 20**

8. ESTIMATED WEIGHT <b>140 - 145 lbs.</b>	9. ESTIMATED HEIGHT <b>172 - 67.71 - 5' 7-5/8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>White</b>
--	---	---------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) embossed plate reads: Unknown X-27, Plot - FMC, Row - 55, Grave - 10.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCE  
**None.**

**UNIDENTIFIABLE**  
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*1st Lt. ... April B. Diney 20 Jan 1949*

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  
**Healed fracture of coccyx. The lower segments are displaced to the right side and fused there.**

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)

- One (1) pair service shoes. Size 8½ E.**
- One (1) helmet and remnants of helmet liner.**
- Two (2) United States five cent pieces.**
- Fragments of webbing, possibly from pistol belt.**
- One (1) first aid kit.**
- One (1) canteen cup.**

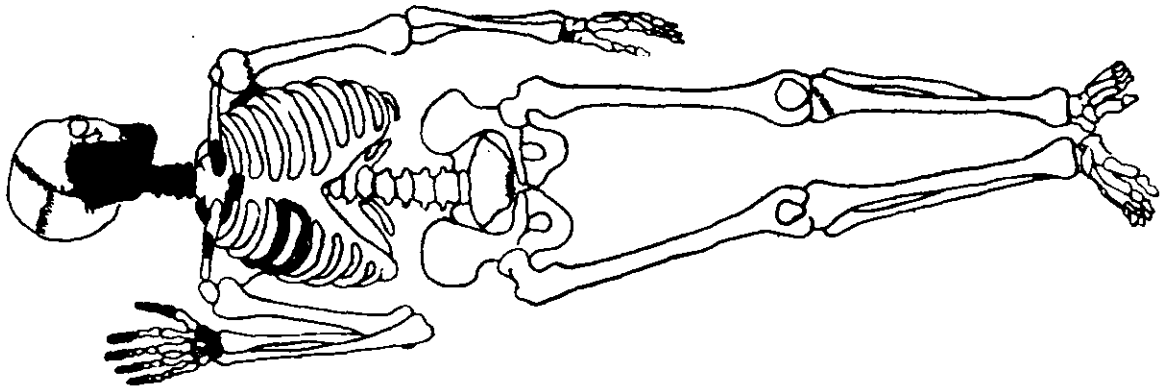
*Incl 7*

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p style="text-align: center;">X-27</p>	<p style="text-align: center;">Tooth Missing</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p style="text-align: center;">Gold Crown    Porcelain Crown</p>		
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> <p style="text-align: center;">Gold Bridge</p>		
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> <p style="text-align: center;">Gold Filling    Silver Filling</p>		
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> <p style="text-align: center;">Cavity    Decayed</p>		

RIGHT									LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
SECTION of MAXILLA & TEETH MISSING									S M.D MI S R M.FMOD R DRIFTLOOM R (Circles with 'S' and 'R' are present above teeth 1 and 8 on both sides)							
Side Views																Side Views
Top Views																Top Views
Side Views																Side Views
MANDIBLE & TEETH MISSING																
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."

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

*Chas. E. Snow*

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized young man of about twenty (20) years, with average body build.

Skull is a small medium in size, and oval in shape. Rather a flat back head. The vault is relatively high.

The face appears to have of average proportions, judging from the parts which are present.

The upper lips probably were unusually short.

Fluoroscopic examination negative. Tooth chart taken.

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  
O. W. GREENWOOD, CAPT., QMC  
CENTRAL IDENTIFICATION LABORATORY  
AND MUSEUM, APO 957

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.8	Right side of face is missing, mandible is missing. Head fractured at all skull sutures.
VERTEBRAE	CERVICAL	0		
	THORACIC	11		#2 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 28.0	
	LEFT	1		
RIBS		21		Three (3) right ribs missing.
STERNUM		1		Fractured, lower section of manubrium missing.
CLAVICLES	RIGHT	1	15.7	
	LEFT	1		Sternal end missing.
SCAPULAE	RIGHT	1		
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured, section of lower shaft missing.
	LEFT	1	33.5	
RADII	RIGHT	1	24.3	
	LEFT	1	24.2	
ULNAE	RIGHT	1	26.4	
	LEFT	1	approx. 26.4	Inferior tip missing.
HANDS	RIGHT	1		All present except lunate, triangular, pisiform, trapezium, trapezoid and hamate.
	LEFT	1		All present except 5th metacarpals and navicular, pisiform, trapezium and capitate.
FEMORA	RIGHT	1	46.6	
	LEFT	1	46.0	
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1	37.9	
	LEFT	1	37.3	Fractured at superior end.
FIBULAE	RIGHT	1	37.5	
	LEFT	1	38.0	Fractured at inferior end.
FEET	RIGHT	1		All foot parts present.
	LEFT	1		All foot parts present.

HUMERO-CLAVICULAR RATIO		APPROXIMATE
ESTIMATED HEIGHT 172 - 67.71 5' 7-5/8"	AGE	20 YEARS
ESTIMATED WEIGHT 140-145 lbs.		LEG-HIP BR RATIO

*Charles E. Snow*  
Charles E. Snow  
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-27

NARRATIVE

The remains of Unknown X-27 and Unknown X-247 both formerly of Guadalcanal Cemetery, have been processed simultaneously, to see if any associations of skeletal parts could be made.

C. I. L. Unknown X-529 previously removed from the casket of Gardecke, Fred C., 6540177 also from Guadalcanal Cemetery, was removed from the C. I. L. files in an attempt to associate it with the remains of the two (2) Unknowns listed above. No associations could be made; therefore, C. I. L. Unknown X-529 has been returned to the C. I. L. files.

No extra skeletal parts were found with either Unknown X-27 or Unknown X-247. No associations could be made between skeletal parts of either of these Unknowns.



RESTA

CATEGORY III CASE  
 NO CLUES  
 IDENTIFICATION IMPOSSIBLE  
 AT PRESENT TIME

Graves Registration  
 Form No. 1  
 (Revised May 11, 1943)

REPORT OF INTERMENT  
 (TM 10-630 AND AR 30-1815)

APR 5

UNIDENTIFIED BODY #27

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

Guadalcanal, S.I.

(Place of Death) (Date of Death) (Cause of Death)

First Marine Division Cemetery

(Time and Date of Burial) (Name of Cemetery) (Name or coordinates of location)

10

55

Standard

(Grave Number) (Row Number) (Plot Number) (Type of marker-Regulation V - shaped or other)

Disposition of identification tags: Buried with Body Yes  No   
 Attached to marker Yes  No

GRS Form #1 inclosed within bottle buried in grave.

(If no identification tags, what means of identification are buried with body?)  
 No further information left at this office by Marine GRS Unit.

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

Body buried on RIGHT End of Row.  
 (Name) (Serial #) (Rank) (Orgn) (Grave #)

Body buried on LEFT Eugene A. Baxter, 380-89-79, PhM 1/c, USMC-Hq-1-2 9  
 (Name) (Serial #) (Rank) (Orgn) (Grave #)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

57