

OF THE PACIFIC

Interred 14 March 1949

DISINTERMENT DIRECTIVE

F 684

E. E. Brayboy Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47
DAY MONTH YEAR

NAME

417 UNKNOWN X-000195 0

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

GUADALCANAL

DISPOSITION OF REMAINS

0492 64
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

D137

7

SOLOMON ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-195

SERIAL NUMBER

UNK

RANK

UNK

DATE OF DEATH

16 Sept 1942

DATE DISINTERRED

8 December 47

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

USN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

C. L. Matthews,
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CASKET

CONDITION OF REMAINS

SKELETON

OTHER MEANS OF IDENTIFICATION

SUBSTITUTE I.D. TAG READS: UNKNOWN X-40

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 1948

BY N.R. JOYNES, EMBALMER

CASKET SEALED BY

E. E. BRAYBOY

EMBALMER (Signature)

N. R. JOYNES

N. R. Joynes

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 2 July 48 BY E. E. BRAYBOY

A. D. MACFIE

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 CAS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S. ARMY MAIL		TO HAWN DIST	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY <i>John L. Murphy</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

NEPA TIA
 RECORDS BRANCH
 JUN 9 8 53 AM '49
 MEMORIAL DIVISION

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN, X-195 Guadalcanal			2. DATE OF REPORT 24 March 1948		
3. NAME OF CEMETERY U.S. Army Mausoleum No. 1		4. PLOT D	5. ROW B	6. GRAVE 69	7. DATE OF DISINTERMENT REINTERMENT 24 Mar 48 24 Mar 48.
Guadalcanal			137	7	

PHYSICAL DESCRIPTION **Age 24 - 26**

8. ESTIMATED WEIGHT 135 - 140 lbs	9. ESTIMATED HEIGHT 160-63.00-5*3"	10. COLOR OF HAIR U. T. D.	11. RACE White
---	--	--------------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
**Three (3) embossed plates with remains : "Unknown X-195."
 One (1) embossed plate with remains; "Unknown X-40."
 One (1) duplicate I. D. tag with remains; "Unknown X-40."
 One (1) embossed plate on box, "Unknown X-195." USN - 16 Sept. 1942 Plot-D, Row-137, Gr-7.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA
None **CYRIL C. DISNEY**
1st. Lt., FA 0-1167395 *Cyril C. Disney* *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
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

Incl. 27

18. 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 style="text-align: center;">X-195</p>	<p style="text-align: center;"><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 style="text-align: center;">Guadal canal</p>	<p style="text-align: center;"><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 style="text-align: center;"><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 style="text-align: center;"><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p style="text-align: center;"><i>Cavity, Decayed</i></p>	

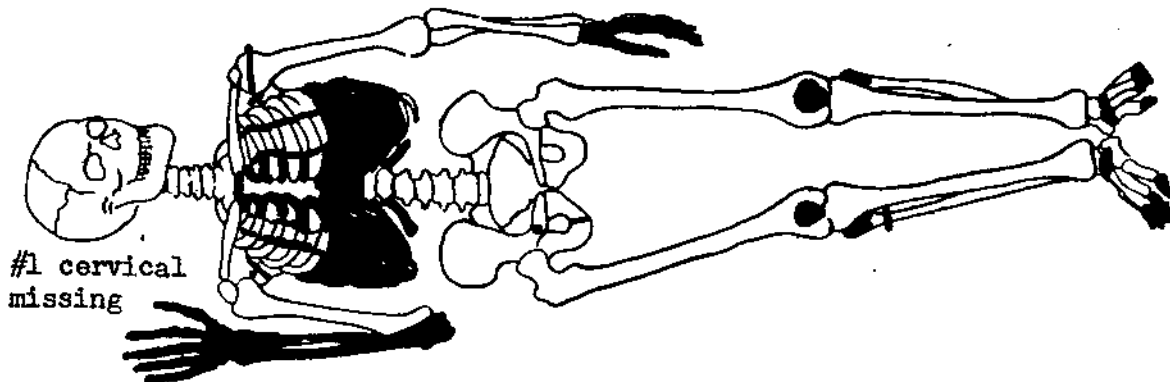
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			A MOD	M								A M			A D
Side Views															
Top Views															
Side Views															
														A D	
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16

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:

1. Spacing of upper anteriors.
2. Wear on occlusal and incisal surfaces.

19. BLACK OUT PARTS OF BODY NOT COVERED



#1 cervical missing

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

No extra parts

Paul L Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short young man in his middle twenties of average height and muscularity . The skull is small in size and broad oval in shape with slight backhead projection. The parietal bosses are quite prominent. The forehead is fairly upright. The nose was probably prominent and slightly skewed to the right. The face is average in its proportions. The lower jaw is quite heavy in structure. The palate is shallow and wide. The chin is fairly deep and slightly receding, and presents a narrow bilateral eminence.

Teeth charted
 Fluoroscopic Examination Negative

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., OMC


SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957**

**CENTRAL IDENTIFICATION LABORATORY MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51 $\frac{1}{2}$	
VERTEBRAE	CERVICAL	6		#1 missing
	THORACIC	10		2 missing
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.4 approx	Fractured pubis missing
	LEFT	1		
RIBS		14		Fractured
STERNUM		1		
CLAVICLES	RIGHT	1	14.1	
	LEFT	1	14.1 approx	Sternal end missing
SCAPULAE	RIGHT	1		Fractured
	LEFT	1		"
HUMERI	RIGHT	1	30.6	
	LEFT	1	30.6 approx	Fractured at neck
RADII	RIGHT	0		Missing
	LEFT	1	23.3	
ULNAE	RIGHT	0		Missing
	LEFT	1	25.1	
HANDS	RIGHT	0		Missing
	LEFT	0		"
FEMORA	RIGHT	1	43.0	
	LEFT	1	43.1	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	35.0 approx	
	LEFT	1	35.2	
FIBULAE	RIGHT	1		Distal and proximal ends missing
	LEFT	1	34.0 approx	Proximal end missing
FEET	RIGHT	1		#1,2 cuneiform #4 metatarsal phalanges and cuboid missing
	LEFT	1		1,2,3 cuneiform #5 metatarsal and phalanges missing

NUMERO-CLAVICULAR RATIO	52.0		APPROXIMATE
ESTIMATED HEIGHT	160-63.00-5'3"	AGE	24 - 26 YEARS
ESTIMATED WEIGHT	135 - 140		LEG-HIP BR RATIO 61.4


Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: **X-196 Guadalcanal**

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION


CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

WD OMC Form 1082
 Rev. 1 November 1942
 (GRS dated 11 May 1942
 may be used until exhausted)

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

DATE REPORT FILLED OUT
 10 Sept. 1945

+ 12139 11

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-195		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY United States			
	ORGANIZATION Unknown		BRANCH US Navy			
	RACE Unknown	RELIGION Unknown	DATE OF DEATH 16 Sept. 1942			

PLACE OF DEATH Santo, New Hebrides	CAUSE OF DEATH Killed in Action.
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (identification cards, letters, etc.)
---	--

DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
---	--

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No record of personal effects.

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
--	---

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 31 Aug 45 (Reburial)	HOUR 1515	PLOT NO. "D"	ROW NO. 137	GRAVE NO. 7	GRAVE MARKER Wooden Cross
		Army	Navy Marine	Cemetery	Guadalcanal

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>S/Sgt. Richard J. Mayer</i>
--	---

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Eynaud, Emile A.	RANK M/Sgt.	SERIAL NO. 675 96 33	ORGANIZATION USAAC 26th Bombardment.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-196	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USS Boise USN

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 1st Lt., OMC
---	--

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

Previously buried as X-40 at Espirito Santo, Military Cemetery, Plot 34, Row 1, Grave 12.

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52B. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART; IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

FILLINGS



CAVITIES



MISSING TEETH



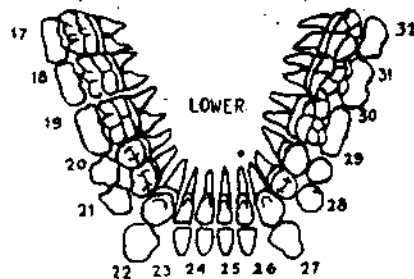
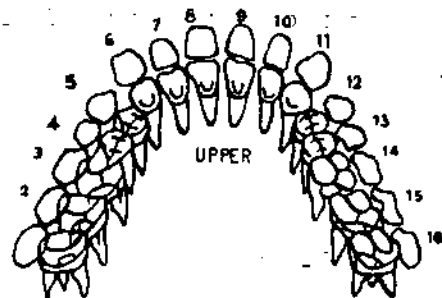
CROWNED TEETH



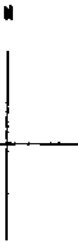
BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

LEFT THUMB

RIGHT THUMB

W-200 Form 1942
Rev. 1 November 1942
(GRS 1, dated 11 May 1942
may be used until exhausted)

REPORT OF INTERMENT
(TM 10-639 and AR 30-1B15)

DATE REPORT FILLED OUT

10 Sept. 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-195

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

United States

ORGANIZATION

Unknown

BRANCH

US Navy

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

16 Sept. 1942

PLACE OF DEATH

Santo, New Hebrides

CAUSE OF DEATH

Killed in Action.

IDENTIFICATION TAGS FOUND ON BODY

1

2

NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY
BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES

NO

COMPLETE TOOTH CHART ON REVERSE

YES

NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No record of personal effects.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE

31 Aug 45
(Reburial)

HOUR

1515

PLOT NO.

"D"

ROW NO.

137

GRAVE NO.

7

GRAVE MARKER

Wooden Cross

Army Navy Marine

Cemetery Guadalcanal

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

Sgt. Richard J. Mayer

IDENTIFICATION TAGS BURIED WITH BODY YES NO

ATTACHED TO MARKER YES NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)

Maud, Dale A.

RANK

1/Sgt.

SERIAL NO.

675 96 33

ORGANIZATION USAAC

26th Bombardment.

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Unknown X-19b

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

USS Boise USN

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John H. Kolan
JOHN R. KOLAN
1st Lt., GIC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QM FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

*Previously buried as X-40 at Espirito Santo, Military
Cemetery, Plot 34, Row 1, Grave 12.*

(Corrected
Copy)

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

17139

Unknown X-40 (Last name) (First) (Initial) (Serial number) (Rank) (Organization) U.S. Navy
 Espiritu Santo N.H. (Place of death) Sept 16, 1942 (Date of death) Killed in action (Cause of death)
 1000- June 17, 1944 (Time and date of burial) Espiritu Santo Military Cemetery (Name of cemetery) (Name or coordinates of location)

12 (Grave number) 1 (Row number) 39 (Plot number) Wooden Cross (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No
 Note: Disinterred from Grave 4, Row 2, Plot 2, Santo American Cemetery
 Reinterred in Grave 12, Row 1, Plot 39, Espiritu Santo Military Cemetery.

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

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

Body buried on RIGHT Steinow, Glenn R. (Name) 38 22 550 (Serial number) P 2/c (Rank) USN (Organization) 11 (Grave number)
 Body buried on LEFT Rubinetti, John J. (Name) 351 380 (Serial number) Pfc (Rank) USMC (Organization) 13 (Grave number)

(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:

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

E. K. Clark, Capt, OMC, G.R.O.

(Signature of officer or other person reporting burial)

APO 708

(Verified by Army GR officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

12129
4 JUL 1944

QMC FORM
No. 1-CRS

REPORT OF ~~INTERMENT~~ REINTERMENT

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d-TM 10-630)

Unknown X-40		US Navy	
(Last Name)	(First)	(Initial)	(Serial No.)
(Rank)		(Organization)	
Espiritu Santo, N.H.	Sept 16, 1942	Killed in action	
(Place of Death)	(Date of Death)	(Cause of Death)	
1000-June 17, 1944	Espiritu Santo Military Cemetery		
(Time & Date of Burial)	(Place of Burial-Name & No. of Cemetery, if in a cemetery)		
		Buried with body	<input type="checkbox"/> X
		Attached to marker	<input type="checkbox"/> X
12	1	39	Wooden Cross
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)
(Identification Tags)			

*was formerly buried in 4. Row 2. Pl 2
Santo Amis. Cem
see file Budinski*

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

Unknown:

(Name and address of Emergency Addressee) (Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Par. 25e (2))

TMO-630

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right Steinow, Glenn R. 3822550 P2/c USN, Grave 11, Row 1, Plot 39.

On Left Rubinetti, John H. 35L 380 Pfc USMC, Grave 13, Row 1, Plot 39.

E. K. CLARK, Capt, QMC, G.R.O., APO 708.

Signature of Officer or other person reporting Verified by Army G.R.S. Officer
Burial.

Prepare in triplicate - 1 copy to Army GRS Officer-1 copy to Chief, GRS-
Original to the QMC

QMC FORM
No. 1-CRS

77 130
4 JUL 1944

REPORT OF ~~RECOVERY~~ REINTERMENT

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d-TM 10-630)

Unknown X-40

US Navy

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Espiritu Santo, N.H.

Sept 16, 1942

Killed in action

(Place of Death)

(Date of Death)

(Cause of Death)

1000-June 17, 1944

Espiritu Santo Military Cemetery

(Time & Date of Burial)

(Place of Burial-Name & No. of Cemetery,
if in a cemetery)

Buried with body

12

1

89 Wooden Cross

Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

Unknown:

(Name and address of Emergency Addressee) (Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Par. 25e (2))

TML0-630

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right - Steinow, Glenn R. 58 22 550 P2/c USM, Grave 11, Row 1, Plot 39.

On Left - Rubinetti, John J. 551 580 Pfc USMC, Grave 15, Row 1, Plot 39.

E. K. Clark

E. K. CLARK, Capt, QMC, G.R.O., APO 708.

Signature of Officer or other person reporting Verified by Army G.R.S. Officer
Burial.

Prepare in triplicate - 1 copy to Army GRS Officer-1 copy to Chief, GRS-

Original to the QMC

12139

4 JUL 1944

QMC FORM
No. 1-GRS

REPORT OF ~~DEATH~~ REINTERMENT

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d-TM 10-630)

Unknown X-40

US Navy

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Espiritu Santo, N.H.

Sept 16, 1942

Killed in action

(Place of Death)

(Date of Death)

(Cause of Death)

1960-June 17, 1944

Espiritu Santo Military Cemetery

(Time & Date of Burial)

(Place of Burial-Name & No. of Cemetery,

if in a cemetery)

Buried with body **X**

Attached to marker **X**

12

1

89

Wooden Cross

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

Unknown:

(Name and address of Emergency Addressee) (Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Par. 25e (2)

TMIO-630

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
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List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right Steinow, Glenn R., 5822550 P2/c USN, Grave 11, Row 1, Plot 59.

On Left Rubinetti, John J., 551 580 Pfc USMC, Grave 13, Row 1, Plot 59.

E. K. Clark

E. K. CLARK, Capt, QMG, G.R.O., APO 708.

Signature of Officer or other person reporting Verified by Army G.R.S. Officer
Burial.

Prepare in triplicate - 1 copy to Army GRS Officer-1 copy to Chief, GRS-
Original to the QMG