

IFW HT

435

GWA
X

1

Interred 11 March 1948 **DISINTERMENT DIRECTIVE**
F 270 Cemetery Superintendent

SECTION A — DIRECTIVE NUMBER 8730 00000 DATE 26 09 47
NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN SERIAL NUMBER X-000219 RANK Q DATE OF DEATH DAY MONTH YEAR

CEMETERY GUADALCANAL DISPOSITION OF REMAINS 0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY SOLOMON ISLANDS CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-219 SERIAL NUMBER UNK RANK UNK DATE OF DEATH UNK DATE DISTINTERRED 24 November 47

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY George M. Clark, 1st Lt., NAME AND TITLE
 REMAINS
 MARKER UNK UNK

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION 1 Grave Marker, 1 Mortuary Tag.

MINOR DISCREPANCIES / None

REMAINS PREPARED AND PLACED IN CASKET

DATE 1 July 1948 BY L. A. JONES, EMBALMER

CASKET SEALED BY G. A. MEEK EMBALMER (Signature) L. A. JONES

CASKET BOXED AND MARKED DATE 7/1/48 BY G. A. MEEK SHIPPING ADDRESS VERIFIED BY T. P. MADINE

FILE
1-2 JUL 1948

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

WILLIAM A. McANAMY
SIGNATURE OF GRS INSPECTOR

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

Handwritten notes and signatures at the bottom of the page.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-217 Guadalcanal				2. DATE OF REPORT 20 March 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum No. 1 Formerly of Guadalcanal		4. PLOT 3	5. ROW C 146	6. GRAVE 01 6	7. DATE OF DISINTERMENT 24 Mar '48		REINTERMENT 25 Mar '48

PHYSICAL DESCRIPTION Age 25 to 27 years.						
8. ESTIMATED WEIGHT 170 to 195 lbs.	9. ESTIMATED HEIGHT 164.0-72.4-5' 3/8"	10. COLOR OF HAIR U.S.D.			11. RACE White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: "Unknown X-217 - Plot 3, Row 116, Gr. 6."
 One (1) embossed plate with remains reads: "Unknown X-217 64."

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

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL G. DISNEY
 1st. Lt., FA 0-1167395 *Cyril G. Disney* | *20 Jan 1949*

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

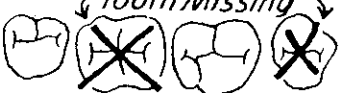









15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------





16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

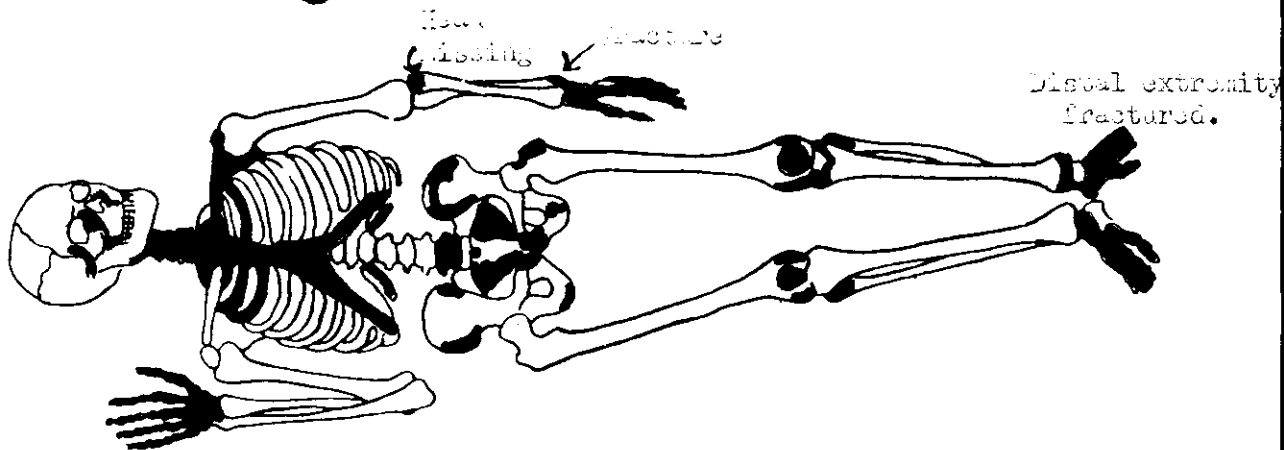
None

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p>Unknown X-219 Guadalcanal</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</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	
		A O	(SEVERAL MAXILLA TEETH MISSING)	⊙	A O								A O	⊙, ⊙			⊙	
Side Views																		Side Views
Top Views	UPPER																	UPPER
	LOWER																	LOWER
Side Views																		Side Views
			A O	⊙	A O											⊙, ⊙	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."

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 _____

No extra parts.

Paul L. Gravenor
 Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER/ Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, exceptionally well muscled young man of 25 to 27 years of age with large hips.

The skull is medium in size with a broad oval shape. The vault is high.

The forehead is broad with very little slope, and the browridges are small.

The nose was high and prominent. The backhead is wide with very little projection.

The face appears to have been quite wide. The chin is medium in structure and slightly shallow with a rounded bilateral eminence.

There is medium gonial eversion.

Fluoroscopic examination unnecessary. Teeth charted.

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., MC

SIGNATURE

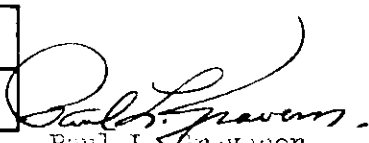
GREENWOOD

O. W. Greenwood
 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	54.3	Fractured - portions of nasal, both maxillae, and right temporal bones missing.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	4		8 missing.
	LUMBAR	4		No. 4 missing.
SACRUM		1		Fractured - promontory and sacral crest present only.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Small portions of ilium, ischium & pubis missing.
	LEFT	1	Approx. 23.8	Portions of ilium, ischium, & pubis missing.
RIBS		18		Fractured - 6 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	18.3	
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		
	LEFT	0		Missing.
HUMERI	RIGHT	1	35.2	
	LEFT	1	34.5	
RADII	RIGHT	1	26.6	
	LEFT	1	26.5 (approx.)	Head missing.
ULNAE	RIGHT	1	28.3	
	LEFT	1		Distal extremity missing.
HANDS	RIGHT	0		Missing.
	LEFT	1		All missing except metacarpal #3.
FEMORA	RIGHT	1	50.8	Portion of both condyles missing.
	LEFT	1	50.9	Portion of both condyles & greater trochanter missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	41.6	
	LEFT	1	41.4 (approx.)	Portion of head & medial malleolus missing.
FIBULAE	RIGHT	1	40.5 (approx.)	Head missing.
	LEFT	1		Head missing & distal extremity fractured.
FEET	RIGHT	1		All missing except calcaneus.
	LEFT	1		All missing except talus.

HUMERO-CLAVICULAR RATIO	46.4	APPROXIMATE	
ESTIMATED HEIGHT	164.0-172.4-183/6 AGE	25 to 27	YEARS
ESTIMATED WEIGHT	170 to 195 lbs.	LEG-HIP BR RATIO	56.0
ENCLOSURE TO:	Unknown X-219	Guadalcanal	


 Paul L. Gravenor
 Lab. Supervisor
ANTHROPOLOGIST

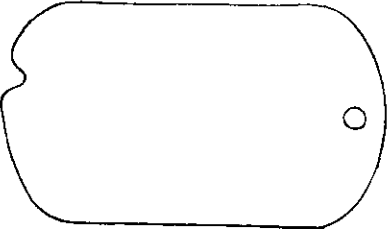
WD OMC FORM 1042

Rev. February 1945
 (Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.)

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

DATE REPORT FILLED OUT

27 Sept 1945

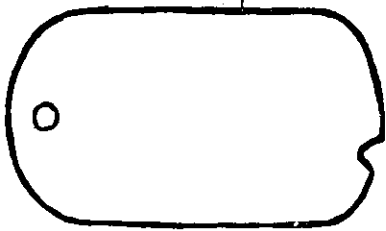
		NAME (Last, First, Middle Initial)			
		Unknown X-219			
		RANK	SERIAL NUMBER	COUNTRY	
		Unknown	Unknown	Unknown	
ORGANIZATION		BRANCH			
Unknown		Unknown			
RACE		RELIGION	DATE OF DEATH		
Unknown		Unknown	Unknown		
PLACE OF DEATH		CAUSE OF DEATH			
Tulagi, B.S.I.		Unknown			
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE					
DISPOSITION OF SUBSTITUTE TAGS, IF MADE					
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE		COMPLETE TOOTH CHART ON REVERSE			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input 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 personal effects found.					
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EMERGENCY ADDRESSEE			
Unknown		Unknown			
NAME, NUMBER AND LOCATION OF CEMETERY.					
Army Navy Marine Cemetery Guadalcanal B.S.I.					
DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
17 Sept 45 (Reburial)	0815	"E"	146	6	Wooden Cross
TYPE OF RELIGIOUS CEREMONY		PERSON REPORTING BURIAL			
Previous Service Unknown		/s/ S/Sgt. Richard J. Moyer			
IDENTIFICATION TAGS BURIED WITH BODY		ATTACHED TO MARKER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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 2 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Barron, Donald E.		GM 3c	3468123	US Navy	
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Taverlaw, Dell.		STM 2c	6338372	US Navy	
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G. R. S. OFFICER			
Unknown		/s/ John R. Nolan /t/ JOHN R. NOIAN 1st Lt., OMC			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE 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-1, in Row 1, Grave 1, Plot B					

USN & USMC Cemetery, Tulagi

WD OMC Form 1042
 Rev. 1 September 1942
 (GRS, P. Dated 13 May 1942
 may be used until exhausted)

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

DATE REPORT FILLED OUT
 27 Sept. 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-219		
	RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Unknown	
	ORGANIZATION Unknown			BRANCH Unknown		
	RACE Unknown		RELIGION Unknown		DATE OF DEATH Unknown	

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH Unknown
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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.)
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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 checked="" type="checkbox"/> YES <input 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 personal effects found.

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 17 Sept 45 (Reburial)	HOUR 0815	PLOT NO. "E"	ROW NO. 146	GRAVE NO. 6	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</i>
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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 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Harron, Donald E.	RANK GM 3c	SERIAL NO. 3468123	ORGANIZATION US Navy
BODY ON RIGHT, NAME (Last, First, Middle Initial) Taverlaw, Dell.	RANK STM 2c	SERIAL NO. 633837	ORGANIZATION US Navy

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER JOHN R. NOLAN 1st. Lt., OMC
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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-1 in Row 1, Grave 11, ...*

WD OMC Form 1042
 Rev. 1 November 1942
 (GRS 1, dated 11 May 1942
 may be used until exhausted)

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

DATE REPORT FILLED OUT

9 April 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

UNIDENTIFIED BODY X-1

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

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 personal effects found.

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
 14 Dec. 1944
 (Reburial)

HOUR
 1030

PLOT NO.
 B

ROW NO.
 1

GRAVE NO.
 1

GRAVE MARKER
 Wooden Cross

USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

S/Sgt. Richard J. Meyer

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)

Beginning of Row

RANK

SERIAL NO.

ORGANIZATION

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

RYAN, William H.

RANK

Unknown

SERIAL NO.

287-50-55

ORGANIZATION

USN

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John R. Nolan
 JOHN R. NOLAN
 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

Serial #1

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1816)

SEP 22 1944 301

Unknown X-1

Restricted

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

USN & USMC Cometary # 1 Tulagi, B.S.I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

30 1 A Wooden Cross
(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

No Record of any attempt to identify body

~~All identification tags, what means of identification are buried with the body?~~

Names of adjacent deceased are taken from adjoining grave markers

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

Body buried on RIGHT Hart, D. H. 31
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT McKelvey, R. S. 29
(Name) (Serial number) (Rank) (Organization) (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:

No record of effects

RECEIVED