

A I R M A I L

QUIGLY 293

GRS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-196, X-217, X-219, X-220, X-225, X-226, X-235, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-282, X-285, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-863, X-872, X-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Ennylabegan; X-30, formerly Kunning; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-238, X-238, formerly Barrackpore.

3. Further reference is made to inclosures 82 and 83, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/d

T. H. METZ
Lt. Colonel, QMC
Memorial Division

S. Morganatic

Salsar

JW

cc--Administrative Section

A I R M A I L

Vertical handwritten notes on the right margin, including "X-238" and other illegible text.

REB
NJS

C O P Y

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

FORM 288

JAN 24 1949

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.

1. Enclosed herewith eighty-three (83) QMG Forms 104a for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Enayikobagan Cemeteries, stamped and signed in accordance with letter, DA QMG, QMGHQ 288 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Mann
s/ HORACE MANN
Captain, QMG
Chief, RR Div

83 Incls

1. QMG Form 104a-104a-104b-
Bone List X-9-Guadalcanal
2. QMG Form 104a-104a-104b-
Bone List X-12-Guadalcanal
3. QMG Form 104a-104a-104b-Bone List-
Fluoroscopic Findings X-14-
Guadalcanal
4. QMG Form 104a-104a-104b-Bone List-
X-16-Guadalcanal
5. QMG Form 104a-104a-104b-Bone List-
X-19 Guadalcanal
6. QMG Form 104a-104a-104b-Bone List-
X-25 Guadalcanal
7. QMG Form 104a-104a-104b-Bone List-
X-27 Guadalcanal
8. QMG Form 104a-104a-104b-Bone List-
X-28 Guadalcanal

A I R M A I L

83 Incls

9. QMC Form 1044-1044a-1044b-Bone List
X-53 Guadalcanal
10. QMC Form 1044-1044a-1044b- Bone List
X-55 Guadalcanal
11. QMC Form 1044-1044a-1044b- Bone List
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluoroscopic Findings
X-41 Guadalcanal
13. QMC Form 1044-1044a-1044b-Bone List
X-52-Guadalcanal
14. QMC Form 1044-1044a-1044b-Bone List
X-58-Guadalcanal
15. QMC Form 1044-1044a-1044b-Bone List
X-54 Guadalcanal
16. QMC Form 1044-1044a-1044b-Bone List
X-61 Guadalcanal
17. QMC Form 1044-1044a-1044b- Bone List
X-90 Guadalcanal
18. QMC Form 1044-1044a-1044b-Bone List
X-91 "A" Guadalcanal
19. QMC Form 1044-1044a-1044b-Bone List
X-91 "B" Guadalcanal
20. QMC Form 1044-1044a-1044b-Bone List
X-104 Guadalcanal
21. QMC Form 1044-1044a-1044b-Bone List
X-117-Guadalcanal
22. QMC Form 1044-1044a-1044b-Bone List
X-177 Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List
X-182-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List
X-183 Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List
X-190 Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List
X-195 Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List
X-94 Guadalcanal
28. QMC Form 1044-1044a-1044b- Bone List
X-217 Guadalcanal
29. QMC Form 1044-1044a-1044b-Bone List
X-219-Guadalcanal
30. QMC Form 1044-1044a-1044b-Bone List
X-220 Guadalcanal
31. QMC Form 1044-1044a-1044b-Bone List
X-225 Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadalcanal
33. QMC Form 1044-1044a-1044b-Bone List-
X-235-Guadalcanal
34. QMC Form 1044-1044a-1044b-Bone List-
X-237-Guadalcanal
35. QMC Form 1044-1044a-1044b-Bone List-
X-242-Guadalcanal
36. QMC Form 1044-1044a-1044b-Bone List-
X-243-Guadalcanal
37. QMC Form 1044-1044a-1044b-Bone List-
X-244-Guadalcanal
38. QMC Form 1044-1044a-1044b-Bone List-
X-245-Guadalcanal
39. QMC Form 1044-1044a-1044b-Bone List-
X-247-Guadalcanal
40. QMC Form 1044-1044a-1044b-Bone List-
X-249-Guadalcanal
41. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadalcanal
42. QMC Form 1044-1044a-1044b-Bone List-
X-255-Guadalcanal
43. QMC Form 1044-1044a-1044b-Bone List-
X-277-Guadalcanal
44. QMC Form 1044-1044a-1044b-Bone List-
X-281-Guadalcanal
45. QMC Form 1044-1044a-1044b-Bone List-
X-282-Guadalcanal
46. QMC Form 1044-1044a-1044b-Bone List-
X-285-Guadalcanal
47. QMC Form 1044-1044a-1044b-Bone List-
X-287-Guadalcanal
48. QMC Form 1044-1044a-1044b-Bone List-
X-288-Guadalcanal
49. QMC Form 1044-1044a-1044b-Bone List-
X-290-Guadalcanal
50. QMC Form 1044-1044a-1044b-Bone List-
X-291-Guadalcanal
51. QMC Form 1044-1044a-1044b-Bone List-
X-293-Guadalcanal
52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadalcanal
53. QMC Form 1044-1044a-1044b-Bone List-
X-296-Guadalcanal

RRREC 293

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83 Incls

64. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
65. QMC Form 1044-1044a-1044b- Bone List-
X-298-Guadaluacanal
66. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
67. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
68. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
69. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadaluacanal
60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadaluacanal
61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadaluacanal
62. QMC Form 1044-1044a-1044c-Bone List-
X-743 Remains Depot
63. QMC Form 1044-1044a-1044b-Bone List-
X-744-Remains Depot
64. QMC Form 1044-1044a-1044b-Bone List-
X-868-Remains Depot
65. QMC Form 1044-1044a-1044b-Bone List-
X-872-Remains Depot
66. QMC Form 1044-1044a-1044b-Bone List-
X-873-Remains Depot
67. QMC Form 1044-1044a-1044b-Bone List-
X-874-Remains Depot
68. QMC Form 1044-1044a-1044b-Bone List-
X-875-Remains Depot
69. QMC Form 1044-1044b-Bone List X-902-
Remains Depot.
70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Enlabegan
71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kunming
72. QMC Form 1044-1044a-1044b-Bone List-
X-893 Shanghai
73. QMC Form 1044-1044a-1044b-Bone List-
X-125-Barrackpore
74. QMC Form 1044-1044a-1044b-Bone List-
X-146-Barrackpore
75. QMC Form 1044-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

RRRRC 295

SUBJECT: Resolution of Unidentified Remains

83 Incls

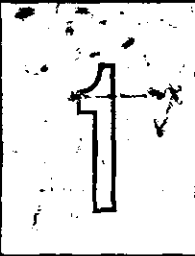
76. QIC Form 1044-1044b-Bone List K-149 "B".
Barrackpore
77. QIC Form 1044-1044b-Bone List K-149 "C".
Barrackpore
78. QIC Form 1044-1044b-Bone List K-150
"A" Barrackpore
79. QIC Form 1044-1044a-1044b-Bone List.
K-150 "B" Barrackpore
80. QIC Form 1044-1044a-1044b-Bone List.
K-233 Barrackpore
81. QIC Form 1044-1044a-1044b- Bone List.
K-233-Barrackpore
82. QIC Form 1044-1044b-Bone List K-515 "A"
Barrackpore
83. QIC Form 1044-1044b-Bone List K-515 "B"
Barrackpore

AIR MAIL

IFW

145

Beall



NATIONAL MEMORIAL CEMETERY
 OF THE PACIFIC DISINTERMENT DIRECTIVE
 Interred 11 March 1949
 N 293

-Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 8730 00000		DATE 26 09 47 DAY MONTH YEAR	
NAME UNKNOWNX-000225		SERIAL NUMBER UNKNOWN	RANK	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY QUADALCANAL				DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.	
PLQI	ROW	GRAVE	COUNTRY 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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-225	SERIAL NUMBER UNK	RANK UNK	DATE OF DEATH UNK	DATE DISTINTERRED 20 November 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNK	RELIGION UNK	IDENTIFICATION VERIFIED BY George M. Clark, 1st Lt., INF. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket	CONDITION OF REMAINS Skeleton
OTHER MEANS OF IDENTIFICATION Subs ID Tag. Embossed Tag.	

MINOR DISCREPANCIES 1
None

FILE
 12 JUL 1948
 REPAIRATION
 REVISION
 REM. DIV.

REMAINS PREPARED AND PLACED IN CASKET
 DATE 6 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 DATE 7/6/48 BY E. E. Brayboy SHIPPING ADDRESS VERIFIED BY 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 GRS INSPECTOR *Lloyd Ormes*

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

med
new

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		<i>John I. Mowery</i>	
DATE		24 FEB 1948	
SIGNATURE OF RECEIVER		<i>James H. ...</i>	
NAME OF CONVOYER		HAWN DIST GENT	
1. SHIPPED			
FROM		TO HAWN DIST GENT	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		(BY ADMINISTRATIVE ORDER)	
SIGNATURE OF SHIPPER		HONOLULU NATIONAL CEMETERY	
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
NAME OF CONVOYER			

REPAIRS TO RECORDS DIVISION
 JUN 3 8 1948
 GENERAL DIVISION
 CAPTAIN

Capt. CWS 01585914

JOHN I. MOWERY

24 FEB 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-225 GUADALCANAL				2. DATE OF REPORT - 25 March 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal			4. PLOT E	5. ROW C	6. GRAVE 4	7. DATE OF DISINTERMENT REINTERMENT 25 Mar '48 25 Mar '48	

PHYSICAL DESCRIPTION **Age: 22 - 23 years.**

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE White.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
**I. D. tag reading: Unknown X-225.
 Embossed plate reading: Unidentified.
 Embossed casket plate reading: Unknown X-225, Died - - -, P-E, R-168, G-4.**

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. DINEY
1st. Lt., FA 0-1167395 *Cyril C. Diney* *20 Jan 1949*

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Vertebral column. both legs, skull.
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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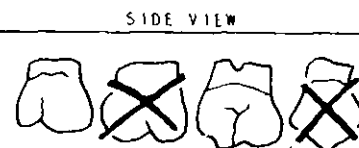
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
None.

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 31

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

X-225



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

Guadalcanal



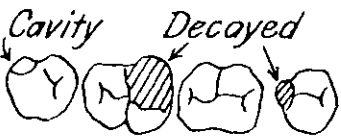
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
IMP.	0,0	0,0	X					SPACING			CAVITY	M	M	IMP.	
DRIPT			BROKEN TEETH												
BROKEN TOOTH															
PART															
IMP	F	F											F	F	IMP
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Side Views (Left and Right)

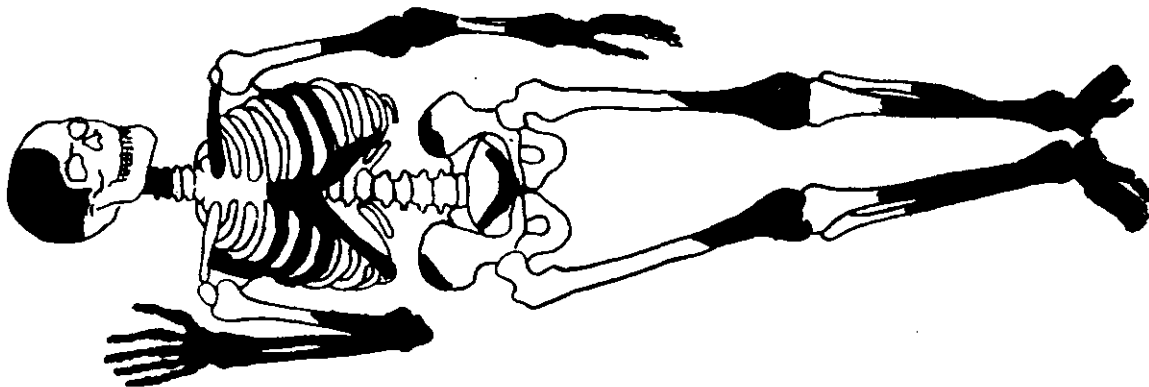
Top Views (Upper and Lower)

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:

Crowded lower anteriors.

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 two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

- One (1) extra left tibia, upper third.
- One (1) extra left fibula, upper third.

Above listed extra bones assigned C.I.L. Unknown X-626.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man of fairly large proportions, and approximately 22-23 years of age.

Due to absence of any intact "long" bones, it is not possible to offer an accurate estimation of height.

Portion of skull remains suggests a rather large, long oval outline. Forehead is erect and fairly high. Browridges are quite normal. Face is long, of average width and presents a marked degree of right facial asymmetry.

Chin is of rather massive construction, slight degree of gonial flaring and presents a very marked degree of left asymmetry. Broad, bilateral chin eminence.

Fluoroscopic examination negative. 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., QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Right frontal, rt. parietal, and posterior left parietal, upper occipital missing.
VERTEBRAE	CERVICAL	5		3 and 4 missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		Lower half in fragments.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.8	Fractured.
	LEFT	1		
RIBS		19		Multiple fractured: 3 right missing. 2 left missing.
STERNUM		1		
CLAVICLES	RIGHT	1		Distal tip missing.
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		
HUMERI	RIGHT	1		Lower half missing.
	LEFT	1		Lower half missing.
RADII	RIGHT	0		Missing.
	LEFT	1		Fragment only, upper 1/3 minus tip.
ULNAE	RIGHT	0		Missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Lower third missing.
	LEFT	1		Lower third missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1		Fragment of upper third present.
	LEFT	1		Fragment of upper third present.
FIBULAE	RIGHT	1		Lower half missing.
	LEFT	1		Lower 2/3 rds missing.
FEET	RIGHT	0		Missing.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO	UTD		APPROXIMATE
ESTIMATED HEIGHT	Probably fairly tall.	AGE	22-23 YEARS
ESTIMATED WEIGHT	UTD		LEG-HIP BR RATIO UTD.

ENCLOSURE TO: X-225 GUADALCANAL Paul L. Gravenor,
Lab Supervisor.

Paul L. Gravenor
ANTHROPOLOGIST

NARRATIVE

X-225, Guadalcanal, Plot-E, Row-168, Grave-4.
X-226 Guadalcanal, Plot-E, Row-164, Grave-8.
X-227, Guadalcanal, Plot-E, Row-168, Grave-6.
X-228, Guadalcanal, Plot-E, Row-165, Grave-6.

The remains of X-225 and X-227 were processed simultaneously and an extra left humerus was found in the casket of X-227.

An extra left tibia (upper third) and an extra left fibula (upper one-third) were found in the casket of X-225.

In an attempt to associate the extra bones, the above listed "A" numbers were checked. X-225, X-227, and X-228 were processed completely at this time. X-226 had been processed previously.

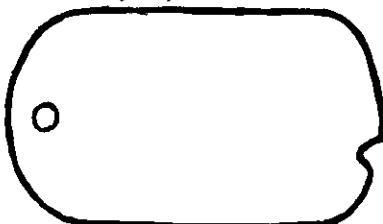
X-228 lacked a left humerus, but difference in size and age disallowed association. The extra bones from X-225 also could not be associated.

The extra parts were removed and classified as C.I.L. Unknown X-620 and X-626 respectively.

QMC Form 1002
 Rev. 1, November 1942
 GRS 1, dated 1 May 1942
 may be used until exhausted)

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

DATE REPORT FILLED OUT
 12 October 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	Unknown X-225		
	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.)
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 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	HOUR 0915	PLOT NO. E	ROW NO. 168	GRAVE NO. 4	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous service unknown			PERSON REPORTING BURIAL <i>Sgt. Richard J. Hayes</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 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) George, Raymond G.	RANK Cpl	SERIAL NO. 38072859	ORGANIZATION 25th Evac Hosp
BODY ON RIGHT, NAME (Last, First, Middle Initial) Jones, Julius	RANK Tec 4	SERIAL NO. 36131087	ORGANIZATION 76th CA (AA)

PERSON CONDUCTING BURIAL RITES unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> FOR JOHN R. NOLAN, 1st Lt., MC,
---	--

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC 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 in Plot B, Row 1, Grave 15 as unknown X-7 in USN & USMC Cemetery #1, Tulagi, BSI

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 52D. 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
--------	--------	---------------	---------------	------------------------------

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
--------------------------	---------------	-----------------------

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 ADDRESS 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.


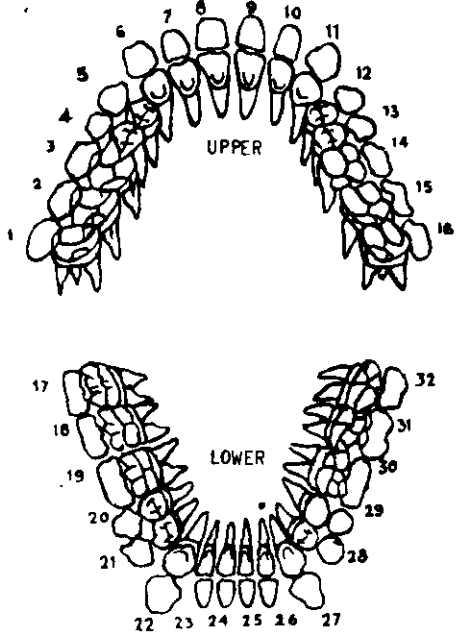




LEFT THUMB

RIGHT THUMB

4


4

3

FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
(Empty space for notes)	

SKETCH AND MAP REFERENCE

N



RECORDS BRANCH
NOV 27 1950

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

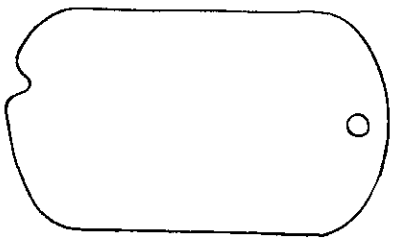
WD QMC FORM 1042
Rev. 1 February 1945
Supersedes form dated
3 Jan. 1945. Existing stocks
may be used until exhausted.

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

DATE REPORT FILLED OUT

12 October 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-225

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

NAME, NUMBER AND LOCATION OF CEMETERY.
Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
17 Sept 45	0915	E	168	4	Wooden Cross

TYPE OF RELIGIOUS CEREMONY
Previous service unknown

PERSON REPORTING BURIAL
/s/ S/Sgt. Richard J. Moyer

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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
George, Raymond G.	Cpl	38072859	25th Evac Hosp	

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Jones, Julius	Tec 4	36131087	76th CA(AA)	

PERSON CONDUCTING BURIAL RITES
unknown

VERIFIED BY G. R. S. OFFICER
/s/ Ellsworth Marshall
1st Lt. QMC for
/t/ JOHN R. NOLAN, 1st Lt., QMC.

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 in Plot B, Row 1, Grave 15 as Unknown X-7
in USN & USMC Cemetery #1, Tulagi, BSI

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
--------	--------	---------------	---------------	------------------------------

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
--------------------------	---------------	-----------------------

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 collection point.

The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

FILLINGS



SILVER FILLING
GOLD FILLING

CAVITIES



CAVITY
DECAYED

MISSING TEETH



TOOTH MISSING

CROWNED TEETH



PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK



GOLD BRIDGE

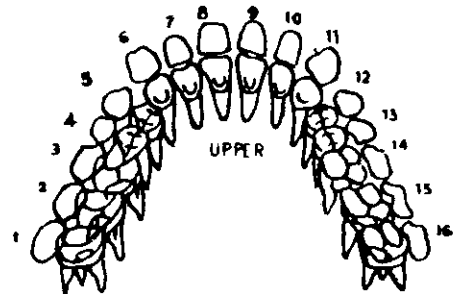
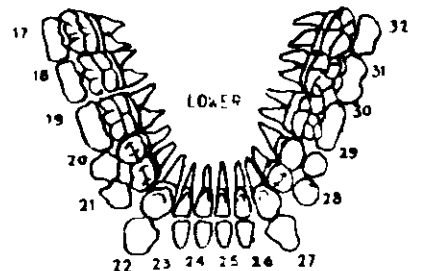


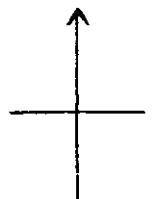
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY;

C. M. Isley
C. M. Isley
Lt. Col., G.S.C.



When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Left
Little Finger

Left
Ring Finger

Left
Middle Finger

Left
Index Finger

Left
Thumb

Right
Thumb

Right
Index Finger

Right
Middle Finger

Right
Ring Finger

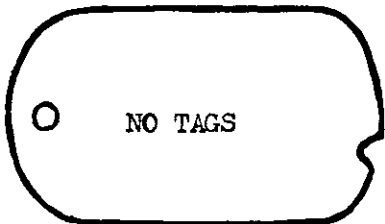
Right
Little Finger

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-7		
	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 <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 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. 15	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

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

BODY ON LEFT, NAME (Last, First, Middle Initial) GORDON, William O.	RANK Unknown	SERIAL NO. 380-82-36	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-3	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 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

and #7

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
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

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

LEFT THUMB

RIGHT THUMB

4

3

2

1






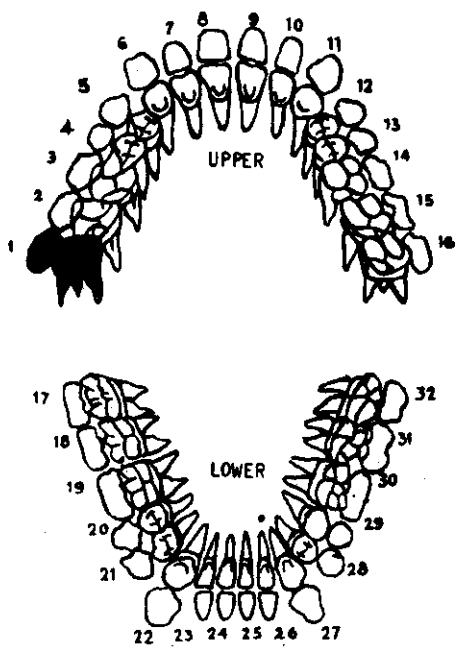
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



WD OMC Form 1082
 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-7

RANK	SERIAL NUMBER	COUNTRY
Unknown	Unknown	Unknown
ORGANIZATION	BRANCH	
Unknown	Unknown	
RACE	RELIGION	DATE OF DEATH
Unknown	Unknown	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	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
14 Dec. 1944 (Reburial)	1030	B	1	15	Wooden Cross

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

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

1st Lt. Richard J. Mayel

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)	RANK	SERIAL NO.	ORGANIZATION
GORDON, William O.	Unknown	380-82-36	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
UNIDENTIFIED BODY X-8	Unknown	Unknown	Unknown

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

and #7