

A I R M A I L

QMGMT 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 953, 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 Reference is made to basic communication and inclosures, withdrawn.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-185, X-190, X-195, 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-868, X-872, X-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emnylabegan; X-30, formerly Kunning; X-125, X-146, X-149A, X-149 B, X-149 C, X-150 A, X-150 B, X-233, 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. Morgansire  
Salsir  
JW  
cc--Administrative Section

A I R M A I L

*X-293*  
*W.H. Johnson*  
*Delivered (Quartermaster)*  
*X-235*  
REB  
HJB

C O P Y

A I R M A I L

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 953

DEWEG 293

JAN 24 1946

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 Englebegan Cemeteries, stamped and signed in accordance with letter, DA QMG, QMMSU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1946.

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-8-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-32 Guadalcanal

A I R M A I L

SUBJECT: Resoluiti of Unidentified Remains

## 85 Incls

9. QMC Form 1044-1044a-1044b-Bone List  
X-33 Guadalcanal
10. QMC Form 1044-1044a-1044b- Bone List  
X-35 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-53-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 Forms 1044-1044a-1044b-Bone List-  
X-296-Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

63 Incls

- 54. QMC Form 1044-1044a-1044b-Bone List-  
X-297-Gudalcanal
- 55. QMC Form 1044-1044a-1044b- Bone List-  
X-298-Gudalcanal
- 56. QMC Form 1044-1044a-1044b-Bone List-  
X-301-Gudalcanal
- 57. QMC Form 1044-1044a-1044b-Bone List-  
X-304-Gudalcanal
- 58. QMC Form 1044-1044a-1044b-Bone List-  
X-308-Gudalcanal
- 59. QMC Form 1044-1044a-1044b-Bone List-  
X-323-Gudalcanal
- 60. QMC Form 1044-1044a-1044b-Bone List-  
X-324-Gudalcanal
- 61. QMC Form 1044-1044a-1044b-Bone List-  
X-344-Gudalcanal
- 62. QMC Form 1044-1044a-1044c-Bone List-  
Z-743 Remains Depot
- 63. QMC Form 1044-1044a-1044b-Bone List-  
X-744-Remains Depot
- 64. QMC Form 1044-1044a-1044b-Bone List-  
X-368-Remains Depot
- 65. QMC Form 1044-1044a-1044b-Bone List-  
X-372-Remains Depot
- 66. QMC Form 1044-1044a-1044b-Bone List-  
X-373-Remains Depot
- 67. QMC Form 1044-1044a-1044b-Bone List-  
X-374-Remains Depot
- 68. QMC Form 1044-1044a-1044b-Bone List-  
X-375-Remains Depot
- 69. QMC Form 1044-1044b-Bone List X-302-  
Remains Depot.
- 70. QMC Form 1044-1044a-1044b-Bone List-  
X-7-Ennlabogan
- 71. QMC Form 1044-1044a-1044b-Bone List-  
X-30 Kunming
- 72. QMC Form 1044-1044a-1044b-Bone List-  
X-393 Shanghai
- 73. QMC Form 1044-1044a-1044b-Bone List-  
X-125-Barrackpore
- 74. QMC Form 1044-1044a-1044b-Bone List-  
X-248-Barrackpore
- 75. QMC Form 1044-1044a-1044b-Bone List X-149-  
"A" Barrackpore.

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

76. QMC Forms 1044-1044b-Bone List X-149 "B"-  
Barrackpore
77. QMC Form 1044-1044b-Bone List X-149 "C"-  
Barrackpore
78. QMC Form 1044-1044b-Bone List X-150  
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Bone List-  
X-150 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Bone List-  
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Bone List-  
X-238-Barrackpore
82. QMC Form 1044-1044b-Bone List X-315 "A"  
Barrackpore
83. QMC Form 1044-1044b-Bone List X-315 "B"  
Barrackpore

AIR MAIL

- 5 -

432

TJ

X

1 ✓

INTERMEDIATE CEMETERY  
OF THE PACIFIC  
Interred 11 March 1949  
N 298  
*Alvin C. Baker*  
Cemetery Superintendent

ALVIN C. BAKER  
DIRECTIVE NUMBER

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

8730 00000

DATE  
26 | 09 | 47  
DAY | MONTH | YEAR

NAME  
UNKNOWN X-000235

SERIAL NUMBER  
UNKNOWN X-000235

RANK  
0

ARM  
0

CEMETERY  
GUADALCANAL

DISPOSITION OF REMAINS  
0492 | 64  
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY  
E157 5 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-235

SERIAL NUMBER  
UNK

RANK  
UNK

DATE OF DEATH  
UNK

DATE DISINTERRED  
22 November 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNK

RELIGION  
UNK

IDENTIFICATION VERIFIED BY  
N. R. Joynes,  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Casket

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
Grave marker and mortuary tag

MINOR DISCREPANCIES  
None

FILE  
12 JUL 1949  
IDENTIFICATION  
BRANCH  
MEMP. CITY.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 1 July 1948

BY ROBERT W RALSTON, EMBALMER

CASKET SEALED BY  
IRA J. VONK

EMBALMER (Signature)  
R. W. RALSTON  
*Robert W. Ralston*

CASKET BOXED AND MARKED  
DATE 7/1/48 BY IRA J. VONK

SHIPPING ADDRESS VERIFIED BY  
A. J. ROBERTSON

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

*J. L. Murphy*  
J. L. MURPHY, CAPT, QMC  
SIGNATURE OF QMC INSPECTOR

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

*ms*

*VON*

FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
U S ARMY MAUS NO 3		TRACK		<i>[Signature]</i>		FEB 1949	
HAWAIIAN DIST CENTER		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
1. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
2. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
HONOLULU NATIONAL TELETYPE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	

WILLIAM B. HARRIS  
CAPTAIN & M.G.

RECEIVED  
FEB 23 1949

HAWAIIAN DIST CENTER

RECORD OF CUSTODIAL TRANSFER  
HAWAIIAN DIST CENTER  
FEB 23 1949

FEB 19 1949  
FEB 23 1949

U S ARMY MAUS NO 3  
TRACK  
SIGNATURE OF SHIPPER  
WILLIAM B. HARRIS  
CAPTAIN & M.G.



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>Unknown X-235</b>			2. DATE OF REPORT <b>11 February 1948</b>		
3. NAME OF CEMETERY <b>U.S. Army Mausoleum #1 Guadalcanal</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>E</b>	<b>A 157</b>	<b>13 8</b>	DISINTERMENT <b>11 Feb '48</b>	REINTERMENT <b>11 Feb '48</b>

PHYSICAL DESCRIPTION    **Age 27-30 years.**

8. ESTIMATED WEIGHT <b>145 - 150</b>	9. ESTIMATED HEIGHT <b>170-66.93"-5'6 7/8"</b>	10. COLOR OF HAIR <b>U.T.D.</b>	11. RACE <b>White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) duplicate I.D. tag reads: Unknown X-235.**  
**One (1) embossed plate reads: Unknown X-235**  
**Died**  
**Plot-E, Row-157, Gr-8.**

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

**None**

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hip region and chest fractured.</b>

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Slight arthritic lipping in ankle joints.**  
**Arthritic lipping of vertebral column.**

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**

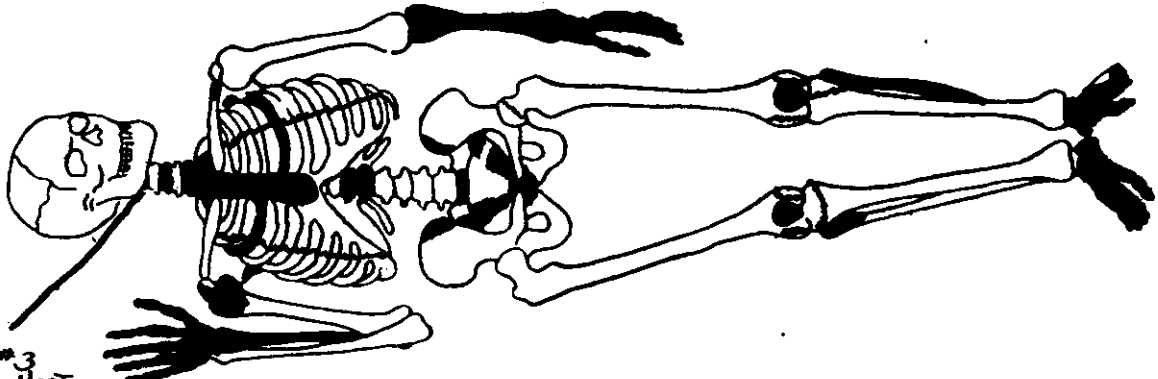
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: X-235		<p>↓ Tooth Missing ↓</p>	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Guadalcanal		<p>Gold Crown, Porcelain Crown</p>	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<p>Gold Bridge</p>	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<p>Gold Filling, Silver Filling</p>	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<p>Cavity, Decayed</p>	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
SEE REMARKS								MAXILLA AND TEETH MISSING									
DRIFT																	
Side View																	Side View
Top View																	UPPER
																	LOWER
Side View																	
DRIFT																	
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."

Remarks:  
 1. There is an extraction in the upper right region; I would say that it possibly is R-6 that is extracted but cannot be said definitely. The others are post-humously missing. R-5 might have been assessed.

19. BLACK OUT PARTS OF BODY NOT REQUIRED



#2 AND #3  
CERVICAL VERTEBRAE  
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

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of average height in his late twenties with broad shoulders and hips. Perhaps heavy set. The head is of a large average size and is broad oval in shape. There is a backhead projection and a palpable external occipital protuberance. The forehead is sloping. The brow ridges and glabella are very prominent although all upper teeth are missing there probably was some degree of alveolar prognathism. The face is long and narrow with flat sides and rather narrow but deep chin. The chin has average prominence and has a narrow bilateral eminence. The nose was probably straight in shape, prominent and had a high bridge.

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, BRANCH OR SERVICE, AND ORGANIZATION  
O. W. GREENWOOD, CAPT., QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY  
AND MAIL ROOM, APO 957  
OIC FORM 1044b  
18 MAR 47

**CENTRAL IDENTIFICATION LABORATORY & SOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	55.5	
VERTEBRAE	CERVICAL	3		#2,3,5 & 7 missing.
	THORACIC	6		#1,6,7,8,11,12 missing.
	LUMBAR	4		# 5 missing.
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	APPROX BI-TIBIAL DIAM 28.5	"
	LEFT	1		"
RIBS		22		2 missing - fractured.
STERNUM		0		Missing
CLAVICLES	RIGHT	1	16.9	
	LEFT	1	approx 16.9	Fractured - distal end missing.
SCAPULAE	RIGHT	1		Fractures
	LEFT			"
HUMERI	RIGHT	1		Fractured - head missing.
	LEFT	1	31.9	
RADII	RIGHT	0		Missing
	LEFT	0		"
ULNAE	RIGHT	1	26.2	
	LEFT	0		Missing
HANDS	RIGHT	1		Only capitate bone is present.
	LEFT	0		
FEMORA	RIGHT	1	46.9	Fractured
	LEFT	1	46.8	"
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	36.8	Fractured
	LEFT	1	36.6	"
FIBULAE	RIGHT	1	approx 37.1	Fractured - head missing.
	LEFT	0		Missing
FEET	RIGHT	1		All parts missing except talus.
	LEFT	1		All parts missing except #4 metatarsal.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	170-66.93" ± 5.6% AGE	27 - 30	YEARS
ESTIMATED WEIGHT	150 to 160 lbs	LEG-HIP BR RATIO	

*Charles E. Snow*

ENCLOSURE TO: Unknown X-235

Charles E. Snow  
ANTHROPOLOGIST

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-236</b>				2. DATE OF REPORT <b>11 February 1948</b>		
3. NAME OF CEMETERY <b>U.S. Army Mausoleum #1 Guadalecanal</b>		4. PLOT <b>E</b>	5. ROW <b>A 157</b>	6. GRAVE <b>13 8</b>	7. DATE OF DISINTERMENT <b>11 Feb '48</b>	REINTERMENT <b>11 Feb '48</b>

**PHYSICAL DESCRIPTION Age 27-30 years.**

8. ESTIMATED WEIGHT <b>145 - 150</b>	9. ESTIMATED HEIGHT <b>170-66.95"-5'6 7/8"</b>	10. COLOR OF HAIR <b>U.T.D.</b>	11. RACE <b>White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) duplicate I.D. tag reads: Unknown X-236.  
One (1) embossed plate reads: Unknown X-236  
Died  
Plot-E, Row-157, Gr-8.**

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

**None**

**U N I D E N T I F I A B L E**  
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

**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 **Hip region and chest fractured.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Slight arthritic lipping in ankle joints.  
Arthritic lipping of vertebral column.**

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**

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

**I-235**

TOP VIEW

SIDE VIEW



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

**Guadalcanal**

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



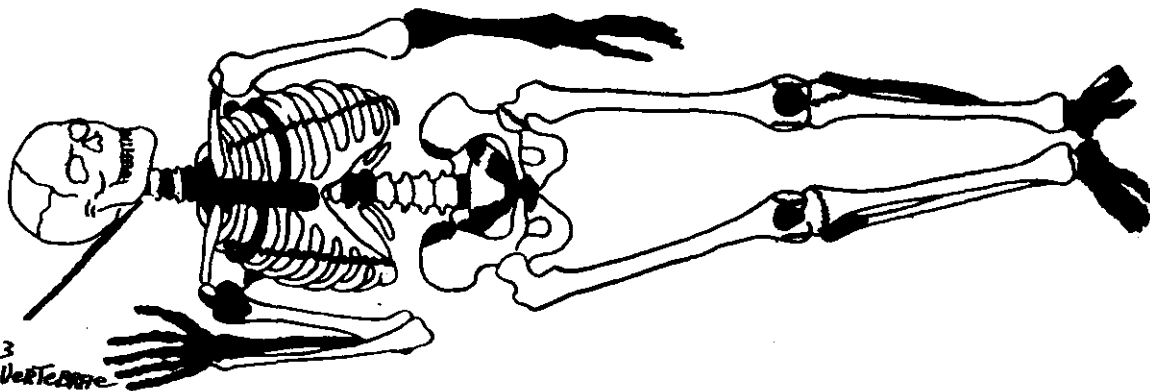
RIGHT													LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
DRIET (SEE REMARKS)								MAXILLA AND TEETH MISSING								
Side Views																
Top Views																
Side Views																
DRIET																
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

Remarks:

1. There is an extraction in the upper right region; I would say that it possibly is R-6 that is extracted but cannot be said definitely. The others are post-humously missing. R-5 might have been abscessed.

19. BLACK OUT PARTS OF BODY NOT COVERED



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

**Charles E. Snow** SIGNATURE OF MEDICAL OFFICER **Anthropologist**

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of average height in his late twenties with broad shoulders and hips. Perhaps heavy set. The head is of a large average size and is broad oval in shape. There is a backhead projection and a palpable external occipital protuberance. The forehead is sloping. The brow ridges and glabella are very prominent although all upper teeth are missing there probably was some degree of alveolar prognathism. The face is long and narrow with flat sides and rather narrow but deep chin. The chin has average prominence and has a narrow bilateral eminence. The nose was probably straight in shape, prominent and had a high bridge.

Fluoroscopic examination negative. Teeth 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, ARMY 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 LOCATON)
SKULL		1	55.5	
VERTEBRAE	CERVICAL	3		#2, 3, 5 & 7 missing.
	THORACIC	6		#1, 6, 7, 8, 11, 12 missing.
	LUMBAR	4		# 5 missing.
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	BI-CONDYLAR DIAM 28.5	"
	LEFT	1	28.5	"
RIBS		22		2 missing - fractured.
STERNUM		0		Missing
CLAVICLES	RIGHT	1	16.9	
	LEFT	1	approx 16.9	Fractured - distal end missing.
SCAPULAE	RIGHT	1		Fractures
	LEFT			"
HUMERI	RIGHT	1		Fractured - head missing.
	LEFT	1	31.9	
RADII	RIGHT	0		Missing
	LEFT	0		"
ULNAE	RIGHT	1	26.2	
	LEFT	0		Missing
HANDS	RIGHT	1		Only capitate bone is present.
	LEFT	0		
FEMORA	RIGHT	1	46.9	Fractured
	LEFT	1	46.8	"
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	36.8	Fractured
	LEFT	1	36.6	"
FIBULAE	RIGHT	1	approx 37.1	Fractured - head missing.
	LEFT	0		Missing
FEET	RIGHT	1		All parts missing except talus.
	LEFT	1		All parts missing except #4 metatarsal.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	170-66.93 ± 5.67	AGE	27 - 30 YEARS
ESTIMATED WEIGHT	150 to 160 lbs	LEG-HIP BR RATIO	

*Chas E. Snow*  
**Charles E. Snow**  
 ANTHROPOLOGIST

ENCLOSURE TO: **Unknown X-235**

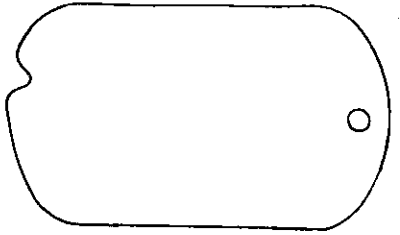


NO QMC FORM 1042  
 Rev. 1 February 1945  
 (Supersedes form dated  
 3 Jan. 1945. Existing stocks  
 may be used until exhausted.)

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

DATE REPORT FILLED OUT  
 3 Oct 45

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)  
 Unknown X-235

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

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 Cemetary Guadalcanal B.S.I.

DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 0825	PLOT NO. "E"	ROW NO. 157	GRAVE NO. 8	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown PERSON REPORTING BURIAL /s/ T-5 William H. Tussey

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) Berg, Max D.	RANK McMM 3c	SERIAL NO. 6215092	ORGANIZATION USNR	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Brown, Leonard J.	RANK S 1c	SERIAL NO. 6632968	ORGANIZATION USS SAN JUAN USNR	GRAVE NO.

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 2, Grave 38, as Unknown X-17 in the USN & USMC Cemetary 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 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 buried bottle, can-teen, 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 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 and 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	CAVITIES -CAVITY	MISSING TEETH TOOTH MISSING	CROWNED TEETH -GOLD CROWN PORCELAIN CROWN	BRIDGE WORK GOLD BRIDGE
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SKETCH AND MAP REFERENCE

UPPER  
LOWER

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

A THOU-GOAT:  
E.S. MILLER, JR.  
1st Lieut. OMC

When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.	Right Little Finger	Right Ring Finger	Right Middle Finger	Right Index Finger	Right Thumb	Left Thumb	Left Index Finger	Left Middle Finger	Left Ring Finger	Left Little Finger
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DD 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

3 Oct 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
				Unknown X-235		
	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, H.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	
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COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	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
17 Sept 45 (Reburial)	0825	"E"	157	8	Wooden Cross.
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	T-5 William H. Turvey

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)	RANK	SERIAL NO.	ORGANIZATION
Berg, Max D.	MoMM 3c	6215092	USNR
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Brown, Leonard J.	S 1c	6632968	USS SAN JUAN

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER
Unknown	<i>John R. Nolan</i> 807 JOHN R. NOLAN 1st Lt. OMC 1st Lt., QMC

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.

Previously buried in Plot "B", Row 2, Grave 38, as Unknown X-17  
OVER FOR BURIAL INSTRUCTIONS in the USN & USMC Cemetery 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
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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.**






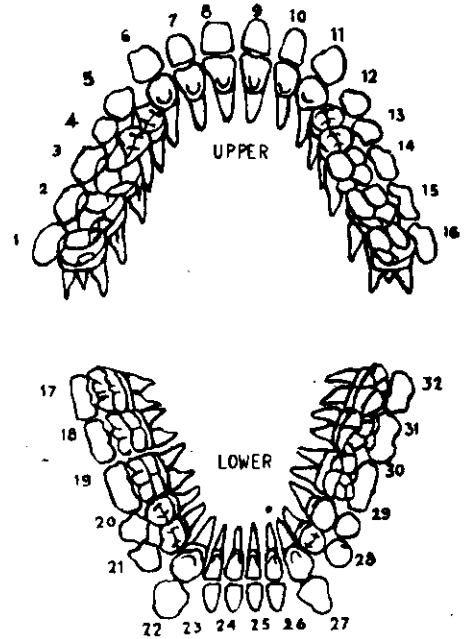
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



JUN AND  
 RECORDS  
 BRANCH


NOV 27 12 27 PM '46

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

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

DATE REPORT FILLED OUT

10 April 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
	UNIDENTIFIED			BODY X-17		
	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 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	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	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	1430	B	2	38	Wooden Cross
(Reburial) USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Sgt. Richard E. 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)	RANK	SERIAL NO.	ORGANIZATION
REYNOLDS, D.L.	Unknown	Unknown	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
GALES, Wesley C.	Unknown	654-20-57	USN
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Unknown	<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

Incl # 17

## INSTRUCTIONS FOR BURIAL

**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH ENT 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
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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.**

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

LEFT THUMB

RIGHT THUMB






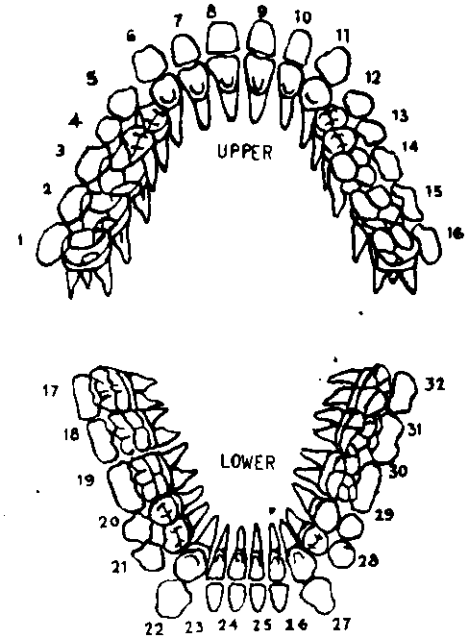
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

2

1

**REPORT OF INTERMENT**

GIM 10-630 AND AR 30-15

**Restricted**

864

SEP 22 1944

UNKNOWN X- 17

Last Name	First	Initial	Serial number	Rank	Organization
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Place of death	Date of death	Cause of death
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Time and date of burial	Name of cemetery	Name or coordinates of location
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Grave number	Row number	Plot number	Type of marker—Regulation V-shaped or other
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86	4	B	Wooden Cross
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Disposition of indication tags: Buried with body ~~Yes~~ No Attached to marker ~~Yes~~ No  
 No record of any attempt to identify body

Names of adjacent deceased are taken from adjoining grave markers

Body buried on RIGHT	Delaney, G.H.	Name	Serial number	Rank	USN	87	Organization	Grave number
Body buried on LEFT	Hart, C.F.	Name	Serial number	Rank	USN	85	Organization	Grave number

Name and address of EMERGENCY ADDRESSEE

Name and address of LEGAL NEXT OF KIN

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

No record of effects

**Restricted**

RIGHT HAND

THUMB

1

2

3

4

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cr. 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 :

Weight :

Color of eyes :

Color of hair :

Race :

Is tooth chart attached ?

Wear glasses ?

Number of rifle :

Laundry marks :

Apparent nationality :

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  
LANDMARKS.**

Signature of officer or other person reporting burial

*Sgt. Richard Meyer*

Vertical File No. (G.S. Officer)

LEFT HAND

1

3

2

1

THUMB



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

DATE REPORT FILLED OUT  
 10 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-17		
	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 <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
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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

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE	HOOR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
14 Dec. 1944 (Reburial)	1430	B	2	38	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Lt. Richard J. Mayes</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
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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
REYNOLDS, D.L.	Unknown	Unknown	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
GALES, Wesley C.	Unknown	654-20-57	USN
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Unknown	<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

*Serial # 17*