

OF THE PACIFIC

Handwritten initials and checkmarks

Interred 7 February 1948  
B 898

DISINTERMENT DIRECTIVE

- Cemetery Superintendent

*Alvan C. Baker*

SECTION A - ALVAN C. BAKER  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 0000

DATE  
26 09 47  
DAY MONTH YEAR

NAME  
UNKNOWN X-000239

SERIAL NUMBER  
UNKNOWN X-000239

RANK

ARM  
1

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
GUADALCANAL

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
E171 6 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-239  
A. N. M. Cemetery Guadalcanal

SERIAL NUMBER UNK

RANK UNK

DATE OF DEATH UNK

DATE DISINTERRED  
10 Dec. '47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION UNK

RELIGION UNK

IDENTIFICATION VERIFIED BY  
John L. Murphy  
Capt. QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Casket

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
Grave marker

MINOR DISCREPANCIES  
None

MAP FILE RECORDS ANNOTATED  
DATE 9 1948  
NAME HEMBERLY  
R & N BR.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 2 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.

*John L. Murphy*  
JOHN L. MURPHY, CAPT., QMC  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>U S ARMY MAUS NO 3</b>		TO <b>HAWN DIST CENTER</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>TRUCK</i> <b>JOHN L. MURPHY</b>	DATE	SIGNATURE OF RECEIVER <b>James B. Hines</b> <i>JAMES B. HINES</i> <b>CAPTAIN</b>	DATE <b>1943</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(FOR ADMINISTRATIVE USES)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>JOHN L. MURPHY</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>5131 2 2070404 1271402</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

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

COMGENUSARPAC FT SHAFTER TH

PRIORITY

X

CHARGES GRAVES WW II

FROM QMGMT REURLET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION  
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWNX XRAY FOUR SIX XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN  
XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR  
XRAY EIGHT FIVE XRAY NINE TWO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE  
ONE FOUR ABLE CMA BAKER AND CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX  
XRAY ONE SEVEN EIGHT XRAY ONE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TWO SEVEN  
XRAY TWO TWO EIGHT XRAY TWO THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE  
XRAY TWO THREE NINE XRAY TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX  
XRAY TWO FIVE SEVEN XRAY TWO EIGHT ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE  
AND BAKER XRAY TWO NINE FOUR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL  
PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWNX AS UNIDENTIFIABLE

UNCLASSIFIED

QMGMT 293  
GFS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QMC  
MEMORIAL DIVISION

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

RRREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.

3. The remainder that have dental anatomy could possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. QMC Form 1044-1044b  
Bone List-Chemical  
Laboratory Findings-X-46
2. QMC Form 1044-1044a-1044b-  
Bone List-Unknown X-47
3. QMC Form 1044-1044a-1044b-  
Bone List-Unknown X-48
4. QMC Form 1044-1044a-1044b  
Bone List-Fluoroscopical  
Findings for Identification  
Unknown X-57

HORACE MANN  
Captain, QMC  
Chief, RR Div

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

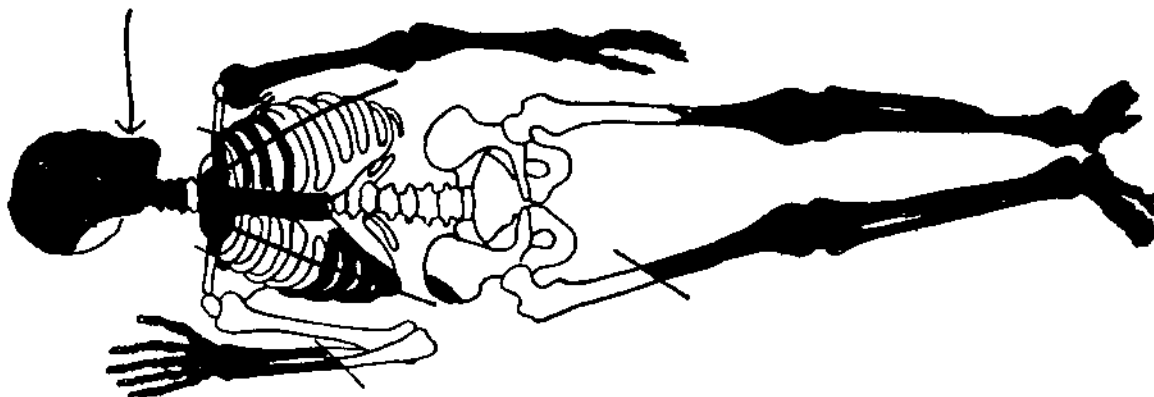
37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
7. QMC Form 1044-1044b-Bone List-Major Discrepancy X-67
8. QMC Form 1044-1044b-Bone List-X-70
9. QMC Form 1044-1044b-Bone List-X-84
10. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
18. QMC Form 1044-1044b-Bone List-Unknown X-176
19. QMC Form 1044-1044b-Bone List- Unknown X-178
20. QMC Form 1044-1044b-Bone List-Unknown X-179
21. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
22. QMC Form 1044-1044b-Bone List-Narrative X-227
23. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC Form 1044-1044b-Bone List-X-230
25. QMC Form 1044-1044b-Bone List-Narrative-X-232
26. QMC Form 1044-1044b-Bone List-X-233
27. QMC Form 1044-1044b-Bone List-X-239
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303



19. BLACK OUT PARTS OF BODY NOT RECORDED

#3 cervical vertebrae present.



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 slender, muscular, individual of approximately 27 to 30 years of age and of average build.

The skull parts present, indicate that the head was about average in size and in all probability of an oval shape. The skull base and occipital show a prominent backhead with average occipital protuberance. The absence of facial parts precludes description.

The weight estimation given is definitely an approximation, due to the absence of necessary skeletal parts.

Fluoroscopic examination unnecessary. No teeth present.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION O. W. GREENWOOD, CAPT., OMC CENTRAL IDENTIFICATION LABORATORY AND ANALYTICAL DIVISION, APO 957	SIGNATURE <i>O. W. Greenwood</i>
---	-------------------------------------

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		All missing except a portion of occipital and basilar region. Fractured.
VERTEBRAE	CERVICAL	2		#1, 2, 4, 5 and 6 missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.0	A portion of ilium is missing due to erosion.
	LEFT	1		
RIBS		16		All fractured. 5 right and 3 left missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Fractured midshaft 1/2 missing.
	LEFT	1		Fractured midshaft 1/2 missing.
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	33.5	
	LEFT	0		Missing.
RADII	RIGHT	1		Distal half missing.
	LEFT	0		Missing.
ULNAE	RIGHT	1		Distal half missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Proximal 1/2 present, distal missing.
	LEFT	1		Proximal 1/2 present, distal missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	0		Missing.
	LEFT	0		Missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		Missing.
FEET	RIGHT	0		Missing.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO	UTD		APPROXIMATE
ESTIMATED HEIGHT	67.71	AGE	27 to 30 YEARS
ESTIMATED WEIGHT	145 lbs.		LEG-HIP BR RATIO UTD

X-239 GUADALCANAL

Paul L. Gravenor,  
Lab Supervisor.

*Paul L. Gravenor*  
ANTHROPOLOGIST

ENCLOSURE TO:

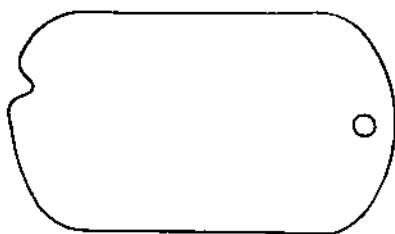


WD OMC FORM 1082  
Rev. 1 February 1945  
(Supersedes form dated  
3 Jan. 1945. Existing stocks  
may be used until exhausted.)

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-239

RANK  
Unknown

SERIAL NUMBER  
Unknown

COUNTRY  
Unknown

ORGANIZATION  
Unknown

BRANCH  
Unknown

RACE  
Unknown

RELIGION  
Unknown

DATE OF DEATH  
Unknown

PLACE OF DEATH

Tulagi, BSI

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  
Reburial  
17 Sept 1945

HOUR  
0925

PLOT NO.  
E

ROW NO.  
171

GRAVE NO.  
6

GRAVE MARKER  
Wooden Cross

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)

Compass, January W.

RANK

Pvt

SERIAL NO.

38655233

ORGANIZATION

161st Port Co.

GRAVE NO.

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

Pettit, Edward G.

RANK

Arm 2/c

SERIAL NO.

707 76 81

ORGANIZATION

VT-305 USNR

GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ (Signature Illegible) 1st Lt., OMC

/t/ FOR JOHN R. NOLAN, 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 Unknown X-21 Plot B, Row 3, Grave  
61, 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:

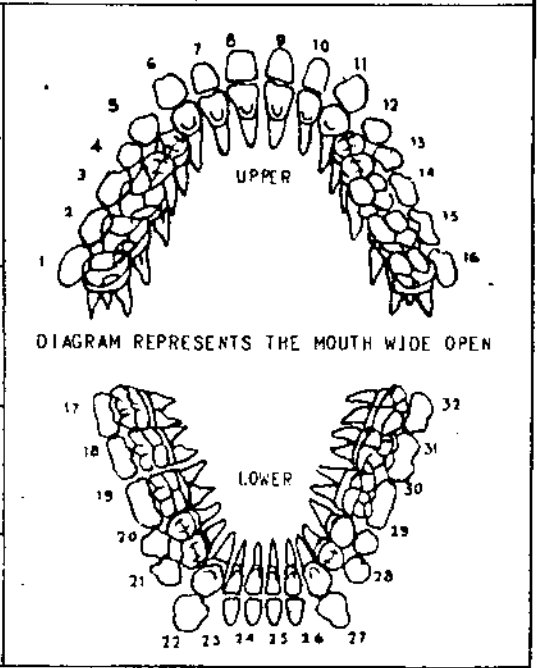
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**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.*

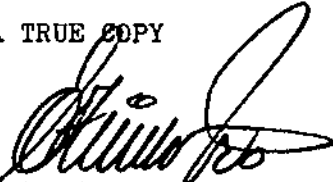
FILLINGS	 SILVER FILLING GOLD FILLING	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	



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

SKETCH AND MAP REFERENCE

A TRUE COPY

  
 E.A. Miller Jr.  
 1st Lt., QMC



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	

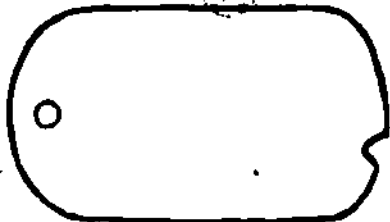
WD OMC Form 1042  
 Rev. 1 November 1942  
 (GRS 1, dated 11 May 1942  
 may be used until exhausted)

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

*Car III*

9215  
 DATE REPORT FILLED OUT

12 October 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X - 239		
	RANK	SERIAL NUMBER	COUNTRY	<i>Sup</i> Unknown      Unknown      Unknown		
	ORGANIZATION		BRANCH	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
--	--

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 Reburial	HOUR 0925	PLOT NO. E	ROW NO. 171	GRAVE NO. 6	GRAVE MARKER Wooden Cross
Army Navy Marine Cemetery Guadalcanal BSI					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>T. G. William H. Tussan</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) Compass, January W.	RANK Pvt	SERIAL NO. 38655233	ORGANIZATION 161st Port Co.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Pettit, Edward G.	RANK Arm 2/c	SERIAL NO. 707 76 81	ORGANIZATION VT-305 USNR
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. S. OFFICER <i>[Signature]</i> 1st Lt. OMC For 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.

Previously buried as Unknown X-211 Plot B, Row 3, Grave 61  
 USN & USMC Cemetery #1, Tulagi, B.S.I.

# INSTRUCTIONS FOR BURIAL


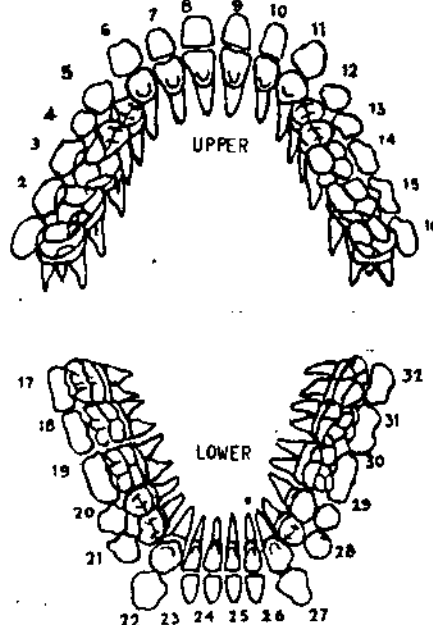




**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH ENT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT 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

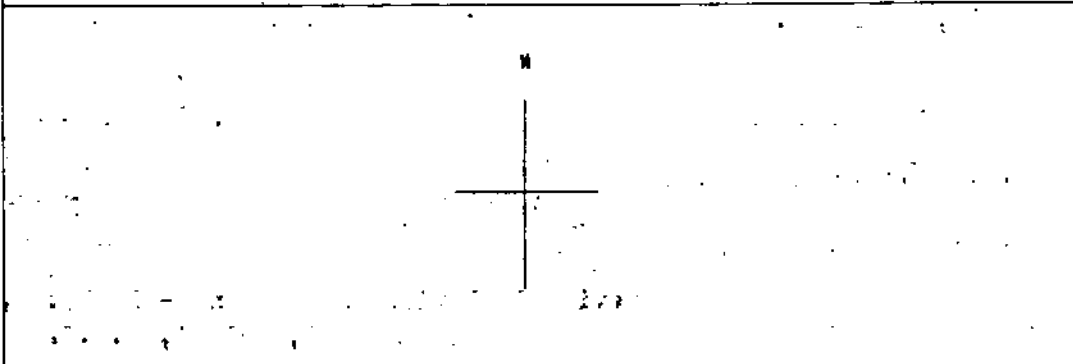
**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE 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.**

LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
	CAVITIES  CAVITY DECAYED	
RIGHT THUMB	MISSING TEETH  TOOTH MISSING	
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
	BRIDGE WORK  GOLD BRIDGE	

### SKETCH AND MAP REFERENCE



REGISTRATION AND RECORDS BRANCH  
 NOV 27 12 27 PM '46  
 MEMORIAL SECTION


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

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

REPORT OF INTERMENT  
(TM 10-639 and AR 30-1815)

DATE REPORT FILLED OUT

11 April 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-21					
	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
--	--

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
18 Dec. 1944 (Reburial)	0900	B	3	61	Wooden Cross

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

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

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

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

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
PASTRE, Raymond H.	Unknown	622-17-39	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
MAVIS, George C.	Unknown	382-91-77	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 21

## 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






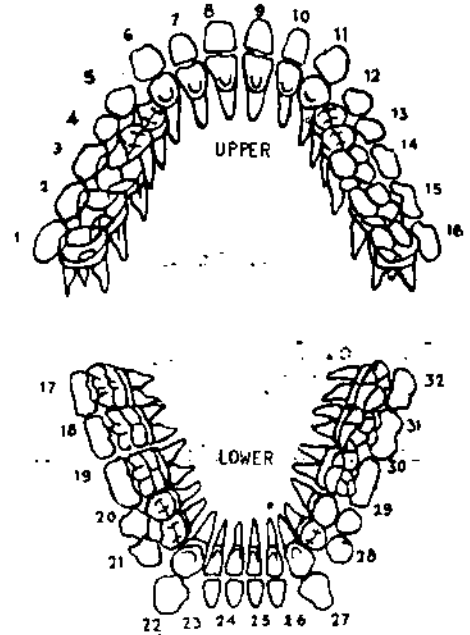
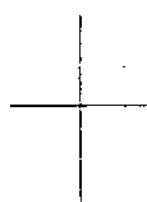
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N




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

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

DATE REPORT FILLED OUT

11 April 1943

FOR IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)			
		UNIDENTIFIED BODY		X-21	
		RANK	SERIAL NUMBER	COUNTRY	
		Unknown		Unknown	
		ORGANIZATION	BRANCH		Unknown
Unknown		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
18 Dec. 1944	0900	B	3	61	Wooden Cross
(Reburial)		USN & USMC CEMETERY #1 TULAGI, B.S.I.			
TYPE OF RELIGIOUS CEREMONY			PERSON REPORTING BURIAL		
Previous Service Unknown			<i>Sgt. Richard D. [Signature]</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 8 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	
PASTRE, Raymond H.		Unknown	622-17-39	USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	
MAVIS, George C.		Unknown	382-91-77	USN	
PERSON CONDUCTING BURIAL RITES			VERIFIED BY G. R. S. OFFICER		
Unknown			<i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		
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					

Dec 21

**REPORT OF INTERMENT**

(FM 10-630 AND AR 30-1815)

**Restricted**

SEP 22 1944

933

UNKNOWN X-21

Last Name	First	Initial	Serial number	Rank	Organization
Place of death		Date of death		Cause of death	
Time and date of burial		Name of cemetery		Name or coordinates of location	
Grave number	Row number	Plot number	Type of marker - Regulation V-shaped or other		

Disposition of indification 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	UNKNOWN X-22-				94
	Name	Serial number	Rank	Organization	Grave number
Body buried on LEFT	UNKNOWN X-20				92
	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 OF BODY and disposition of same:

No record of effects

**Restricted**



LEFT HAND

4

3

2

1

THUMB

## IF DECEASED UNIDENTIFIED

**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79 : 3/10/43). If unable to obtain a complete set of fingerprints **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able.

Height : \_\_\_\_\_ Apparent nationality : \_\_\_\_\_  
 Weight : \_\_\_\_\_ Laundry marks : \_\_\_\_\_  
 Color of eyes : \_\_\_\_\_ Number of rifle : \_\_\_\_\_  
 Color of hair : \_\_\_\_\_ Wear glasses ? \_\_\_\_\_  
 Race : \_\_\_\_\_ Is tooth chart attached ? \_\_\_\_\_

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc. : \_\_\_\_\_

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. : \_\_\_\_\_

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

*Sgt. Richard Meyer*

Signature of officer or other person reporting burial

*John L. Stewart*

JOHN L. STEWART 1st Lt., QMC

4

3

2

1

THUMB

RIGHT HAND