

A I R M A I L

QUICMT 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withdrawn.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-58, 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-195, X-217, X-218, 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-668, X-872, X-875, X-874, X-875, X-893,
X-902, formerly Shanghai Remains Depot; X-7, formerly Emmlabegan;
X-30, formerly Kunning; X-125, X-146, X-148A, 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/a

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

S. Morgan:lc
Salsor
JW
cc--Administrative Section

A I R M A I L

275
JWS
REB
EJS
2/17

COPY

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

LEVEG 288

JUN 24 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Enclosed herewith eighty-three (83) QMC Forms 1046 for Kunming, Shanghai, Romains Depot, Guadalcanal, Barrackpore, Shanghai and Enayilabagan Cemeteries, stamped and signed in accordance with letter, DA QMC, QUERSU 288 QRS (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, QMC
Chief, RR Div

88 Incls

1. QMC Form 1046-1046a-1046b-
Bone List X-8-Guadalcanal
2. QMC Form 1044-1044a-1044b-
Bone List X-12-Guadalcanal
3. QMC Form 1046-1046a-1046b-Bone List-
Fluoroscopic Findings X-14-
Guadalcanal
4. QMC Form 1044-1044a-1044b-Bone List-
X-16-Guadalcanal
5. QMC Form 1041-1041a-1041b-Bone List-
X-19 Guadalcanal
6. QMC Form 1046-1046a-1046b-Bone List-
X-25 Guadalcanal
7. QMC Form 1044-1044a-1044b-Bone List-
X-27 Guadalcanal
8. QMC Form 1046-1046a-1046b-Bone List-
X-32 Guadalcanal

AIR MAIL

SUBJECT: Resolutions of Unidentified Remains

85 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-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-237-Guadalcanal
- 48. QMC Form 1044-1044a-1044b-Bone List-
X-233-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

SUBJECT: Resolution of Unidentified Remains

83 Incls

54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
55. QMC Form 1044-1044a-1044b- Bone List-
X-298 Guadaluacanal
56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
58. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
59. QMC Form 1044-1044a-1044b-Bone List-
X-325-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-1044b-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-368-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-502-
Remains Depot.
70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Ennlabegan
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-148-Barrackpore
75. QMC Form 1044-1044a-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

85 Incls

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

AIR MAIL

- 5 -

al FW

NATIONAL MEMORIAL CEMETERIES
OF THE PACIFIC

Beale
Cam

1

Interred 11 March 1948
F 57

DISINTERMENT DIRECTIVE

-Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

ALVAN C.

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47
DAY MONTH YEAR

NAME
UNKNOWN X0000249

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

CEMETERY
CADALCANAL

DAY MONTH YEAR

DISPOSITION OF REMAINS
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
E166 8 SOLOMON ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
HONOLULU NATIONAL CEMETERY
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-249

SERIAL NUMBER
UNK

RANK
UNK

DATE OF DEATH
UNK

DATE DISTINTERRED
20 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNK

RELIGION
UNK

IDENTIFICATION VERIFIED BY
George M. Clark,
1st Lt. 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 two (2) mortuary tags

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 1948 BY
CASKET SEALED BY
IRA J. VONK

ROBERT W RALSTON, EMBALMER
EMBALMER (Signature)
R. W. RALSTON

CASKET BOXED AND MARKED
DATE 7/2/48 BY IRA J. VONK

SHIPPING ADDRESS VERIFIED BY
A. J. ROBERTSON
12 JUL 1949

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, CAPT. QMC
SIGNATURE OF GAS INSPECTOR

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

NLN incl 230

RECORD OF CUSTODIAL TRANSFER

REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION
JUN 3 11 20 PM '49

FROM U S ARMY MAUS NO 3

KIND OF CONVEYANCE TRUCK

SIGNATURE OF SHIPPER *John J. Murphy*
Capt. G.M.C. 01685944

DATE FEB 24 1949

NAME OF CONVOYER

SIGNATURE OF RECEIVER

TO HAWN DIST

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

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NAME OF CONVOYER JAMES B HARRIS

SIGNATURE OF RECEIVER

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IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-249 Guadalcanal			2. DATE OF REPORT 20 February 1948		
3. NAME OF CEMETERY U.S. Army Mausoleum # 1 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	E	A 166	70 8	DISINTERMENT	REINTERMENT
				20 Feb '48	20 Feb '48

PHYSICAL DESCRIPTION **Age 22 - 24**

8. ESTIMATED WEIGHT 150 to 155 lbs	9. ESTIMATED HEIGHT 67.7 inches	10. COLOR OF HAIR Fairly fine to med texture straight. Med ash Brn	11. RACE White
----------------------------------------------	-------------------------------------------	------------------------------------------------------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed metal plate on casket reads: **Unknown X-249 Died ___ PLE, R-166, Gr-8.**

One (1) embossed plate with remains reads: **Unknown X-249.**

One (1) embossed plate with remains reads: **Unidentified.**

One (1) I.D. (duplicate) tag with remains reads: **Unknown X-249.**

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

Cyril C. Disney 20 Jan 1949

1st. Lt. FA O-1167395

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Osteoporotic pitting of skull.

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)

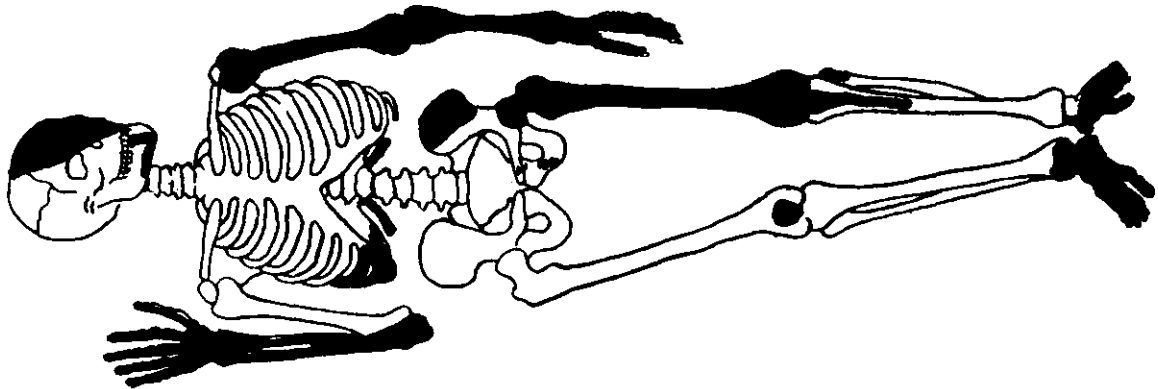
None

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p>Unknown X-249</p>		<p>← Tooth Missing →</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Guadelcanal</p>		<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p>Cavity Decayed</p>	

RIGHT										LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
<p>PART. H IMP. 0</p> <p>THIS SECTION OF MAXILLA AND TEETH MISSING</p>																	
<p>Side Views</p> <p>Side Views</p>																	
<p>Top Views</p> <p>CHIPPED</p> <p>LOWER</p>																	
<p>Side Views</p> <p>Side Views</p>																	
<p>(SECTION MANDIBLE AND TEETH MISSING)</p>																	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

19. BLACK OUT PARTS OF BODY NOT 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 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

- Upper half left humerus.
- Left femur - portion of anterior distal end missing (burned).
- Portion of left radius.
- Portion of left ulna.
- One (1) right scapula.
- One (1) left clavicle.
- Four (4) thoracic vertebrae.

- Portion of left ramus of mandible.
- Ten (10) ribs - (6 left - 4 right).

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man, average in height, weighing 150 to 155 lbs. The shoulders were narrow and he was of average muscularity. The skull is average in size and a narrow oval in outline. The backhead projects slightly and has an external occipital protuberance that was probably palpable. The vault is relatively high and there is an uneven sagittal crest. The forehead is high, narrow and sloping. In profile the face was straight and the nose convex. The face is narrow and rather long. The lower jaw is rather shallow. Although most of the nose region is missing it would appear that the nasal bridge was high and thin.

Parts listed under item # 20 have been made into C.I.L. # 587.

Fluoroscopical 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

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

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & SOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	approx 52.0	Greater portion of the left frontal, left parietal, and left temporal missing. Left malar missing.
VERTEBRAE	CERVICAL	7		
	THORACIC	11		No. 5 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	approx. BI-ILIAC DIAM 29.8	Fractured portions missing.
	LEFT	1		
RIBS		20		4 missing.
STERNUM		1		Xiphoid process missing.
CLAVICLES	RIGHT	1	13.4	
	LEFT	1	14.0	Distal end missing.
SCAPULAE	RIGHT	1		
	LEFT	1		Lower portion missing.
HUMERI	RIGHT	1	33.4	
	LEFT	0		Missing
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	47.1	
	LEFT	0		Missing
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	1		Distal end missing.
	LEFT	1		Proximal end and portion of shaft missing.
FIBULAE	RIGHT	1	37.6	
	LEFT	1		Portion of proximal end missing.
FEET	RIGHT	1		All missing except talus.
	LEFT	0		Missing

HUMERO-CLAVICULAR RATIO	41.1		APPROXIMATE	
ESTIMATED HEIGHT	172.6 67.7	AGE	22 to 24	YEARS
ESTIMATED WEIGHT	155 to 160 lbs		LEG-HIP BR RATIO	63.4

Charles E. Snow

ENCLOSURE TO: Unknown X-249 Guadalcanal

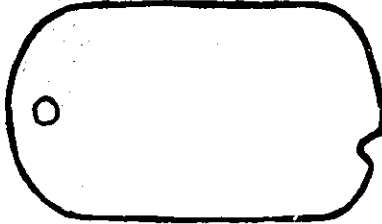
Charles E. Snow
ANTHROPOLOGIST

WD OMC Form 1002
 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
 12 October 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-249

RANK unknown	SERIAL NUMBER unknown	COUNTRY unknown
ORGANIZATION unknown		BRANCH unknown
RACE unknown	RELIGION unknown	DATE OF DEATH unknown

PLACE OF DEATH

Tulagi, B.S.I

CAUSE OF DEATH

unknown

IDENTIFICATION TAGS FOUND ON BODY

1 2 NONE

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES NO

COMPLETE TOOTH CHART ON REVERSE

YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

unknown

ADDRESS OF EMERGENCY ADDRESSEE

unknown

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

DATE 17 Sept 45	HOUR 0900	PLOT NO. E	ROW NO. 166	GRAVE NO. 8	GRAVE MARKER Wooden Cross.
Reburial		Army Navy Marine Cemetery		Guadalcanal B.S.I	

TYPE OF RELIGIOUS CEREMONY

Previous service unknown

PERSON REPORTING BURIAL

T-5 William H. Tusey

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) Richey, John W.	RANK Lt	SERIAL NO. 103982	ORGANIZATION VP-91 USNR
BODY ON RIGHT, NAME (Last, First, Middle Initial) Canty, Lee	RANK T/4	SERIAL NO. 34026693	ORGANIZATION 76th CA (AA)

PERSON CONDUCTING BURIAL RITES

John R. Nolan
 1st Lt OMC
 unknown

VERIFIED BY G. R. S. OFFICER

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.

OVER FOR BURIAL INSTRUCTIONS

Previously buried en Plot B, Row 4, Grave 82 as unknown X-31
 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:

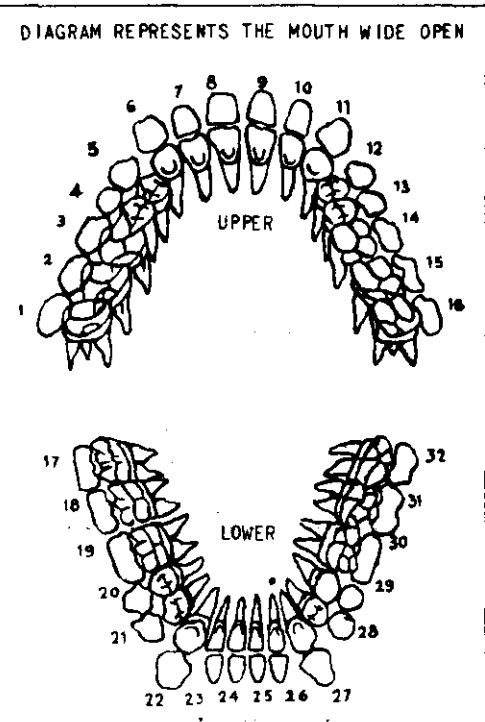
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

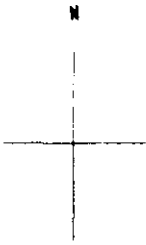
3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE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

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

LEFT THUMB	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
RIGHT THUMB	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>



SKETCH AND MAP REFERENCE



N

REGISTRATION AND RECORDS BRANCH

WHEN HAND PRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

WD QMC 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-249

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 B.S.I.

DATE OF BURIAL 17 Sept 45 Reburial	HOUR 0900	PLOT NO. E	ROW NO. 166	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) Richey, John W.	RANK Lt	SERIAL NO. 103982	ORGANIZATION VP-91 USNR	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Canty, Lee	RANK T/4	SERIAL NO. 34026693	ORGANIZATION 76th CA (AA)	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 QUADRUPLICATE 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 4, Grave 82 as Unknown X-31

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:

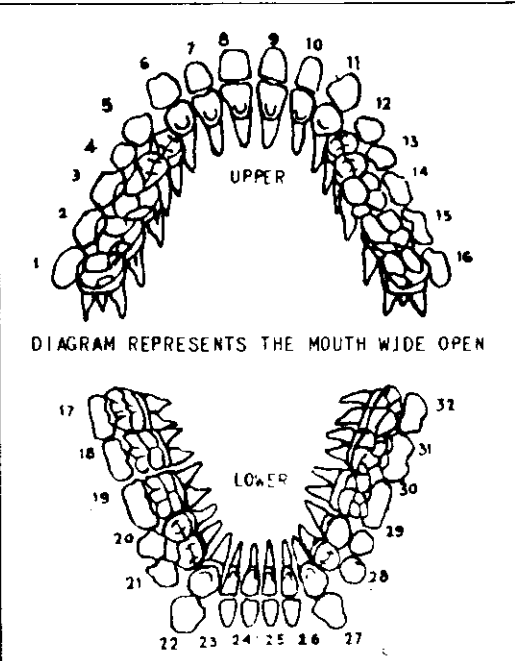
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

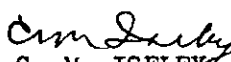
The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

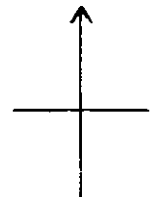
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE

A TRUE COPY:


 C. M. ISELEY,
 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	

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

12 April 1944

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-31		
	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.)
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DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
-----------------------------------------	--

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input 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
19 Dec. 1944 (Reburial)	1430	B	4	82	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>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
ROSCOE, Samuel H.	Unknown	360-23-98	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
WHITCHER, Ralph H.	S 2/c	Unknown	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 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

Incl # 31

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

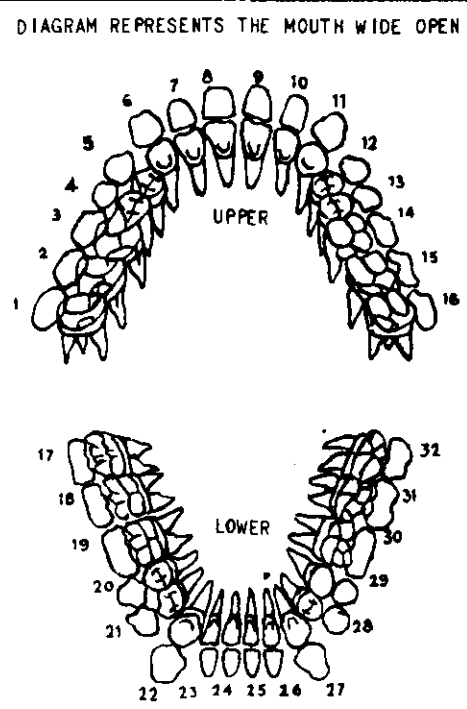
2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC,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

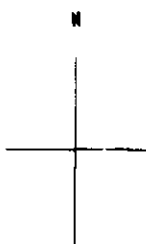
THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

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

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>



SKETCH AND MAP REFERENCE



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

Restricted

1486
SEP 22 1944

UNKNOWN X-91

Last Name	First	Initial	Serial number	Rank	Organization
Place of death		Date of death		Cause of death	
		USN & USMC CEMETERY #1.		TULAGI, B.S.I.	
Time and date of burial		Name of cemetery		Name or coordinates of location	
148	6	B	Wooden Cross		
Grave number	Row number	Plot number	Type of marker— Regulation V-shaped or other		

Disposition of identification tags: Buried with body ~~Yes~~ No Attached to marker ~~Yes~~ No
/ No record of any attempt to identify body

~~Identifications tags attached to remains of skeleton or other remains found with the body~~

Names of adjacent deceased are taken from adjoining grave markers

~~If no identification tags, but identity of body established by other means~~

Body buried on RIGHT	Rome, D.O.	Name	Serial number	Rank	Organization	Grave number
					USN	149
Body buried on LEFT	Cowdrey, R.M.	Name	Serial number	Rank	Organization	Grave number
					USN	147

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

6514200

IF DECEASED UNIDENTIFIED

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

Height :

Weight :

Color of eyes :

Color of hair :

Race :

Is tooth chart attached ?

Wear glasses ?

Number of ribs :

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

W. D. Richard Meyer

JOHN L. BIRKBECK, JR., Sheriff

John L. Birkbeck, Jr.

4

3

2

1

THUMB

LEFT HAND

THUMB

1

2

3

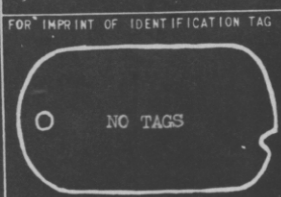
RIGHT HAND

C 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

12 April 1944



FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial)
 UNIDENTIFIED BODY X-31

RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

PLACE OF DEATH Tulagi, B.S.I. CAUSE OF DEATH Unknown

IDENTIFICATION TAGS FOUND ON BODY 1 2 NONE
 IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE YES NO
 COMPLETE TOOTH CHART ON REVERSE YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
 No personal effects found.

NAME OF EMERGENCY ADDRESSEE Unknown ADDRESS OF EMERGENCY ADDRESSEE Unknown

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

DATE 19 Dec. 1944 (Reburial)	HOUR 1430	PLOT NO. B	ROW NO. 4	GRAVE NO. 82	GRAVE MARKER Wooden Cross
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USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown PERSON REPORTING BURIAL *1st Lt. Richard J. Mayer*

IDENTIFICATION TAGS BURIED WITH BODY YES NO ATTACHED TO MARKER YES NO

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

BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) ROSCOE, Samuel H.	RANK Unknown	SERIAL NO. 960-28-98	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) WHITCHER, Ralph H.	RANK S 2/c	SERIAL NO. Unknown	ORGANIZATION USN

PERSON CONDUCTING BURIAL RITES Unknown VERIFIED BY G. R. S. OFFICER *John R. Nolan*
 JOHN R. NOLAN
 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.

OVER FOR BURIAL INSTRUCTIONS

Incl # 31