

QMGMT EPT OF ARMY WASH DC CAPT SLOANE EXT 2462

UNCLASSIFIED

COMGENUSARPAC FT SHAFTER TH

*3 2-19*

PRIORITY

X

CHARGE GRAVES WW II

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

UNKNOWN XRAY TWO FIVE ONE CMA XRAY TWO EIGHT THREE AND XRAY TWO  
EIGHT NINE CMA ALL FORMERLY GUADALCANAL PD THIS OFFICE CONCURS IN THE  
CLASSIFICATION OF SUBJECT UNKNOWN AS UNIDENTIFIABLE

*X 293 (M) X-5*

UNCLASSIFIED

QMGMT 293  
GRS PACIFIC

*J.G. Holloway*  
JAN 49

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

*(Holloway)*  
*(Holloway)*

CAM Beale

382

1

OF THE PACIFIC  
 Interred 3 March 1949  
 M 209  
**DISINTERMENT DIRECTIVE**  
 -Cemetery Superintendent

SECTION A -  
 NAME AND BURIAL LOCATION OF DECEASED  
 ALVARO DIRECTIVE NUMBER  
**8730 00000**  
 DATE  
**26 09 47**  
 DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
**UNKNOWNX-000251**  
**1**

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
**E167 6 SOLOMON ISLANDS**  
**6**

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED  
**Unknown X-251 Unknown Unk Unknown UnknownX**

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER  
**Unknown Unknown Unknown Unknown**  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
**Casket Skeleton**

OTHER MEANS OF IDENTIFICATION  
**Substitute I. D. tag reads: Unknown X-251**

MINOR DISCREPANCIES /  
**None**

REMAINS PREPARED AND PLACED IN CASKET  
 DATE **2 July 1948** BY **N R JOINES, EMBALMER**

CASKET SEALED BY  
**E. E. BRAYBOY**  
 EMBALMER (Signature)  
**N. R. JOINES**

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
**E. E. BRAYBOY**  
**A. D. MACFIE**

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

**LLOYD G. ORMES**  
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies  
 QMC, file QMGMO 293 (Pacific), dated 5 May 1948.

File 205

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		Capt. G.M. 01585944 <i>[Signature]</i>	
DATE		JAN 10 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
1. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
2. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
3. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
4. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
5. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
6. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	
7. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		James B. BROWN	
DATE		MAY 11 1948	
SIGNATURE OF RECEIVER		James B. BROWN	
NAME OF CONVOYER		HAWN DIST CENTER	
TO		HAWN DIST CENTER	

RECORDS BRANCH  
MAY 11 1948  
MAY 11 1948  
MAY 11 1948

JUL 1948  
JAN 10 1948

J. B. WILSON CAPT OMC  
Capt. G.M. 01585944

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-251 GUADALCANAL</b>				2. DATE OF REPORT <b>20 February 1948</b>	
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Formerly of Guadalcanal</b>		4. PLOT <b>B</b>	5. ROW <b>167</b>	6. GRAVE <b>6</b>	7. DATE OF DISINTERMENT <b>20 Feb '48</b>
					REINTERMENT <b>20 Feb '48</b>

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>150 - 155 lbs.</b>	9. ESTIMATED HEIGHT <b>179 - 70.46 - 5' 10<math>\frac{1}{2}</math>"</b>	10. COLOR OF HAIR <b>UTD</b>	Age: <b>20-21</b> 11. RACE <b>White.</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unidentified.  
 One (1) embossed plate reading: Unknown X-251, P-E, R-167, Gr-8.  
 One (1) duplicate I.D. tag reading: Unknown X-251.

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

**U N I D E N T I F I C A B L E**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None.

14. Lt. Col. C. D. DREW *Cyril C. Drew* 22 Dec 1948

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT? **The head from frontal bone back has been burned. Right humerus burned.**

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT? **Hip region, ribs, upper arms and head fractured.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Extra facets at ankle joints indicate habit of squatting. Arthritis of left ankle joint.**

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)

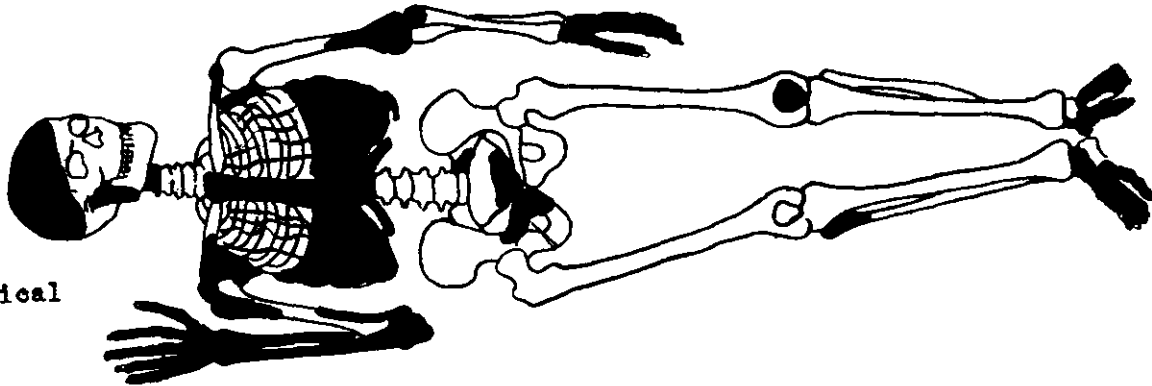
None.

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> 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-251</p>			
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Guadalupe</p>	<p>Gold Crown, Porcelain Crown</p>		
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>		
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>		
<p><b>CARIES (Cavities):</b> 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	
Side View																Side View
Top View																Top View
																Top View
Side View																Side View
	16	15	14	13	12	11	10	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



1st cervical vertebra 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 two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

- One (1) extra left ulna.
- One (1) extra left radius.

Charles E. Snow,

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather tall, rather slender young man of 20 - 21 years of age.

Fragmentary skull base and face suggest a skull that is a small average in size. The browridges are larger than usual. The face is a narrow rectangle in shape with rather flat sides.

The face is upright. The nose was probably high bridged and prominent. The upper lip was probably rather short. The chin appears to have been rather prominent and forms a median, rather narrow point. The line of the lower face is rather short. There is no gonial eversion.

The extra parts listed under Item # 20 have been classified as CIL Unknown X-585.

Fluoroscope 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 MUSEUM, APO 957**

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & USOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	UTD	Fractured, base of occipital bone, face and part of frontal bone are present.
VERTEBRAE	CERVICAL	5		#1 and # 4 missing.
	THORACIC	6		#7 to # 12 inc. missing.
	LUMBAR	5		
SACRUM		1		Fractured, inferior 1/2 missing.
INNOMINATES	RIGHT	1	APPROX. BI-ILIAC DIAM	Fractured.
	LEFT	1	27.2	
RIBS		10		Multiple fractures, fragments of approximately ten ribs are present.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Fractured, distal 1/2 missing.
	LEFT	1		Fractured, distal end missing.
SCAPULAE	RIGHT			Fractured.
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured, shaft fractured vertically inferior end missing.
	LEFT	1		Fractured, inferior 1/2 missing.
RADII	RIGHT	0		Missing.
	LEFT	1		Fractured, superior end missing.
ULNAE	RIGHT	0		Missing.
	LEFT	1		
HANDS	RIGHT	0		Missing.
	LEFT	1		Only 4th metacarpal is present.
FEMORA	RIGHT	1	47.5	
	LEFT	1	47.2	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	39.8	
	LEFT	1	39.6	
FIBULAE	RIGHT	1		Fractured, superior end missing.
	LEFT	1	39.6	
FEET	RIGHT	1		Only calcaneus is present.
	LEFT	1		Only 2nd metatarsal and talus are present.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	179 - 70.46 5' 10 <sup>1/2</sup> "	AGE	20-21 YEARS
ESTIMATED WEIGHT	150 - 155 lbs.	LEG-HIP BR RATIO	

*Charles E. Snow*

ENCLOSURE TO: X-201 GUADALCANAL

Charles E. Snow  
ANTHROPOLOGIST

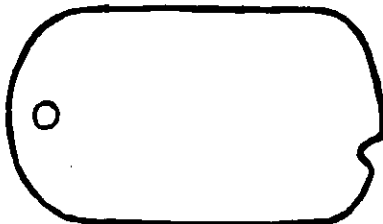
WD OMC Form 1942  
 Rev. 1 November 1942  
 (GRS 1, dated 11 May 1942  
 may be used until exhausted)

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

DATE REPORT FILLED OUT  
 11 October 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)



X-251 Unknown

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

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH Unknown
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
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DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
-----------------------------------------	--

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input 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 Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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**IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE**

DATE 9-17-45	HOUR 0915	PLOT NO. E	ROW NO. 167	GRAVE NO. 6	GRAVE MARKER Wooden Cross
Reburial Army Navy Marine Cemetery Guadalcanal BSI					

TYPE OF RELIGIOUS CEREMONY previous service unknown	PERSON REPORTING BURIAL 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) Sanders, Alfred F.	RANK Sgt	SERIAL NO. 35501347	ORGANIZATION 105 ord Bomb plis sqd
BODY ON RIGHT, NAME (Last, First, Middle Initial) Austry, Eddie	RANK Cox.	SERIAL NO. 8607610	ORGANIZATION USN

PERSON CONDUCTING BURIAL RITFS Unknown	VERIFIED BY R. S. OFFICER 1st Lt JOHN R. NOLAN, 1st Lt., OMC, Graves Registration Officer.
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**INSTRUCTIONS FOR FILLING OUT BURIAL REPORT:** MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS ) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

**OVER FOR BURIAL INSTRUCTIONS** Previously buried in Plot B, Row 4, Grave 86 as unknown X-33  
 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:

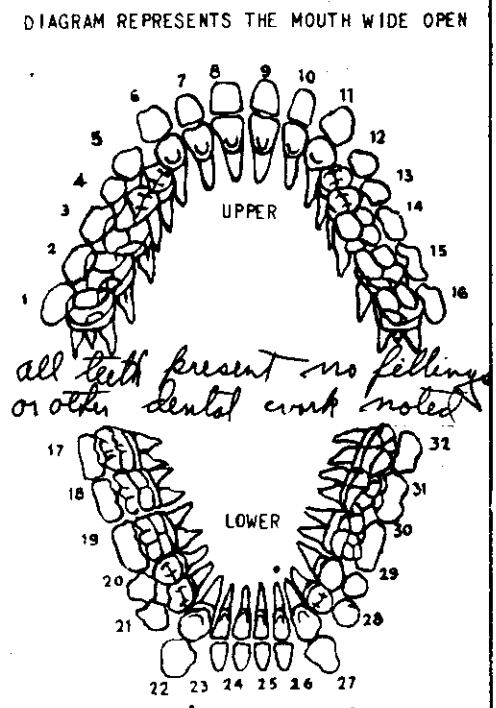
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**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.

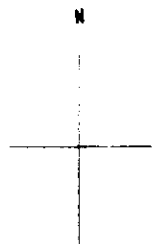
**3. PERSONAL EFFECTS:** LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION 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  SILVER FILLING GOLD FILLING
RIGHT THUMB	CAVITIES  CAVITY DECAYED
	MISSING TEETH  TOOTH MISSING
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN
	BRIDGE WORK  GOLD BRIDGE



**SKETCH AND MAP REFERENCE**



READING ROOM  
 12-22 PM '46

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

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

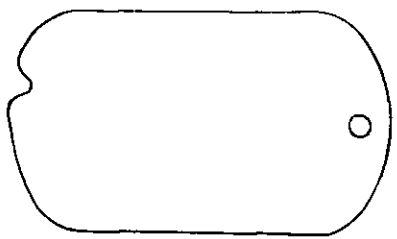
REPORT OF INTERMENT  
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

11 October 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)



X-251 Unknown

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

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH Unknown
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input 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 Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
----------------------------------------	-------------------------------------------

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

DATE OF BURIAL 9-17-45 Reburial	HOUR 0915	PLOT NO. E	ROW NO. 167	GRAVE NO. 6	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 <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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Sanders, Alfred F.	RANK Sgt	SERIAL NO. 35501347	ORGANIZATION 105 Ord Bomb Dis Sqd	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Autry, Eddie	RANK Cox.	SERIAL NO. 8607610	ORGANIZATION USN	GRAVE NO.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall, 1st Lt., OMC for /t/ JOHN R. NOLAN, 1st Lt., OMC Graves Registration Officer
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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 86 as unknown X-33  
 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
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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 collection point.

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

FILLINGS



SILVER FILLING  
GOLD FILLING

CAVITIES



CAVITY  
DECAYED

MISSING TEETH



TOOTH  
MISSING

CROWNED TEETH



PORCELAIN CROWN  
GOLD CROWN

BRIDGE WORK



GOLD BRIDGE

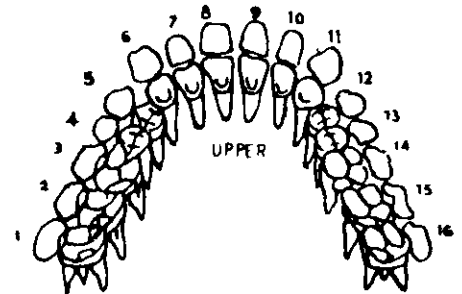
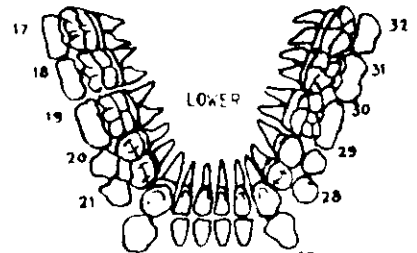


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

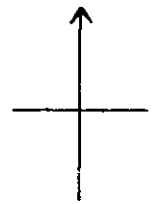


Tooth chart on original

SKETCH AND MAP REFERENCE

A TRUE COPY:

*C. M. Iseley*  
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

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

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

DATE REPORT FILLED OUT

12 April 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-33					
	RANK	SERIAL NUMBER	COUNTRY			
	Unknown	Unknown	Unknown			
ORGANIZATION			BRANCH			
Unknown			Unknown			
RACE	RELIGION	DATE OF DEATH				
Unknown	Unknown	Unknown				

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

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	

DISPOSITION OF SUBSTITUTE TAGS, IF MADE
-----------------------------------------

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

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

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>1st Lt. Richard J. Hays</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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
SPLAWN, Charles M.	Unknown	393-44-39	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
PARKS, John B.	Unknown	300-18-15	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 # 33

# 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 526. 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.**

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

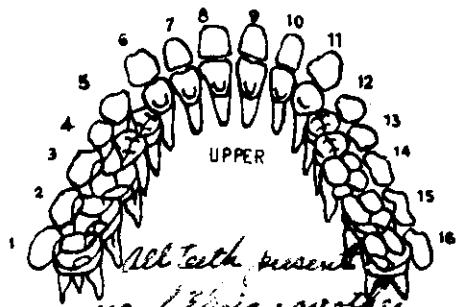
LEFT THUMB

FILLINGS



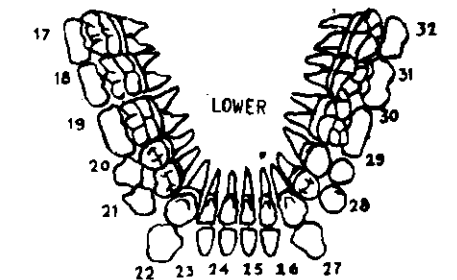
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

CAVITIES



RIGHT THUMB

MISSING TEETH



CROWNED TEETH



BRIDGE WORK



SKETCH AND MAP REFERENCE



WD OMC Form-1042  
 Rev. 1 November 1942  
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REPORT OF INTERMENT  
 (TH 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

12 April 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)



UNIDENTIFIED BODY X-33  
 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 HOUR 1430 PLOT NO. B ROW NO. 4 GRAVE NO. 86 GRAVE MARKER Wooden Cross  
 (Reburial) USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

*Richard J. Mayes*

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) SPLAWN, Charles M. RANK Unknown SERIAL NO. 393-44-39 ORGANIZATION USN  
 BODY ON RIGHT, NAME (Last, First, Middle Initial) PARKS, John B. RANK Unknown SERIAL NO. 300-18-15 ORGANIZATION USN

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

*John R. Nolan*  
 JOHN R. NOLAN  
 1st Lt., OMC

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OVER FOR BURIAL INSTRUCTIONS

Incl # 33