

Interred 11 March 1949
 F 176
DISINTERMENT DIRECTIVE
 - Cemetery Superintendent

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

NAME: UNKNOWN X-000220
SERIAL NUMBER: X-000220
RANK:
ARM: Q
DATE OF DEATH:
DAY MONTH YEAR

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

PLOT: E 145
ROW:
GRAVE: 8
COUNTRY: 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-220
SERIAL NUMBER: UNK
RANK: UNK
DATE OF DEATH: UNK
DATE DISTINTERRED: 1 December 47
UNK
IDENTIFICATION TAG ON:
 REMAINS
 MARKER
ORGANIZATION: UNK
RELIGION: UNK
IDENTIFICATION VERIFIED BY: L. L. Latham, Embalmer
UNK NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Casket
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION:
 Mortuary Tag. Grave Marker.

MINOR DISCREPANCIES:
 None

REMAINS PREPARED AND PLACED IN CASKET

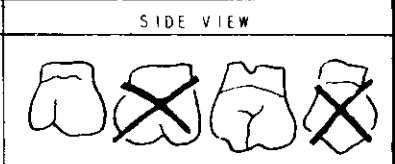
DATE: 6 July 1948
BY: LAWRENCE A. JONES EMBALMER
CASKET SEALED BY:
 EMBALMER (Signature): LAWRENCE A. JONES
SHIPPING ADDRESS VERIFIED BY:
 FILE
 7 JUL 1948
 HONOLULU

RECORD OF CUSTODIAL TRANSFER
 FROM:
 1. SHIPPED

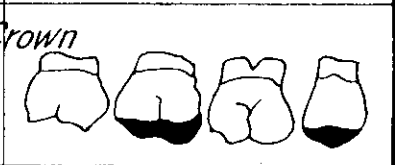
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-220 Guadalcanal						2. DATE OF REPORT 25 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of Guadalcanal				4. PLOT 3	5. ROW C 145	6. GRAVE 29 8	7. DATE OF DISINTERMENT 24 Mar '48	REINTERMENT 25 Mar '48
PHYSICAL DESCRIPTION Age 20 to 22 years.								
8. ESTIMATED WEIGHT 130 lbs.		9. ESTIMATED HEIGHT 166.0-65.4-5'5 3/8"		10. COLOR OF HAIR U.T.D.		11. RACE Probably white		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed plate on casket reads: "X-220 Unknown, 04." One (1) embossed plate with remains reads: "Unknown X-220 - Plot 3, Row 145, Gr. 8."								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">UNIDENTIFIABLE</div> BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA None CYRIL C. DISNEY 1st. Lt., FA 0-1167395 <i>Cyril C. Disney</i> 20 Jan 1949								
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?						
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Perforated electron fossa of left humerus. Episternic bone on left temporal.								
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None								

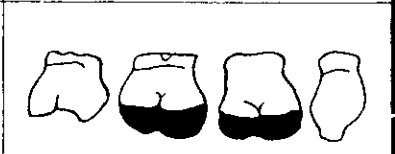
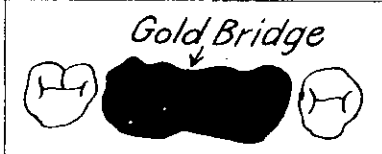
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:
 X-220



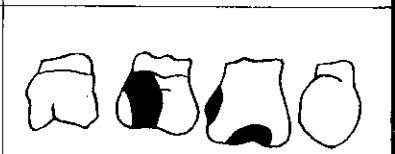
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:
 Guadalcanal



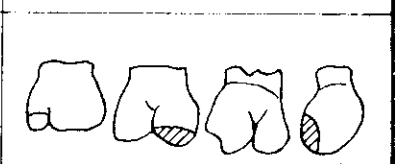
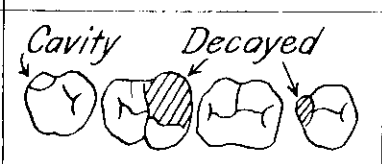
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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

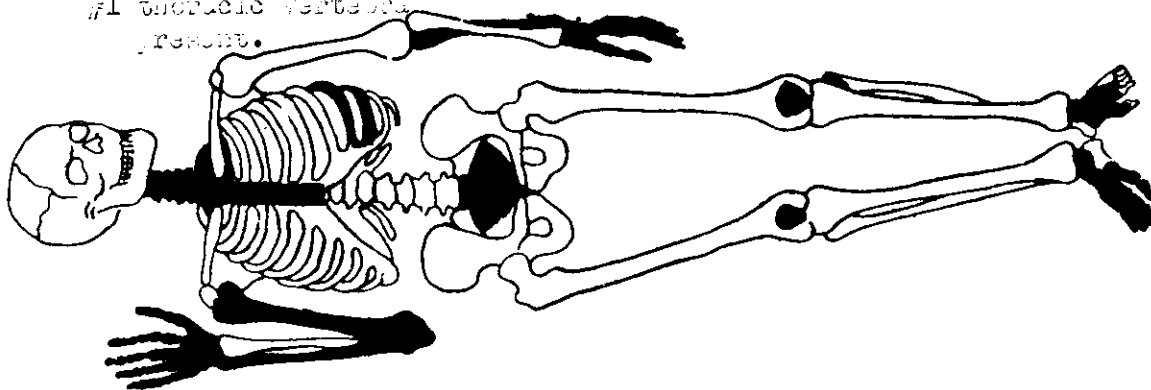


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

17. BLACK OUT PARTS OF BODY NOT REQUIRED

#1 thoracic 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, SIGNATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather slender individual of approximately 20 to 22 years of age.
The head is small in circumference, somewhat below average, and is of a round-oval type.
The skull vault is high, noticeably so at oregma. The backhead is average with slight occipital protuberance.
The facial characteristics are small-average, indicating youth.
The palate is rather deep. The lower jaw is small and shows a slight gonial flare.
The chin is deep and prominent and forms a bilateral eminence.

Fluoroscopic examination unnecessary. 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. J. GREENWOOD, CAPT., 4 C


SIGNATURE

LABORATORY

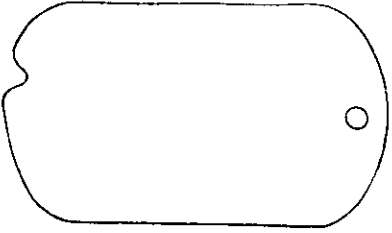
**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	50.0	
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	9		#2 thru #8 missing.
	LUMBAR	4		#5 missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM U.T.D.	
	LEFT	1		
RIBS		21		#1, 9, & 10 left missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	13.5	
	LEFT	1	14.0	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	1	31.0	
RADII	RIGHT	1	23.7	
	LEFT	1	23.5	
ULNAE	RIGHT	0		Missing.
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	44.5	
	LEFT	1	44.5	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	(36.0)	
	LEFT	1	30.6	
FIBULAE	RIGHT	1	36.5	
	LEFT	1		Deteriorated at each end.
FEET	RIGHT	1		All missing except calcaneus and #5 metatarsal.
	LEFT	1		All missing except calcaneus.

HUMERO-CLAVICULAR RATIO	42.4		APPROXIMATE	
ESTIMATED HEIGHT	65.04"	AGE	20 to 22	YEARS
ESTIMATED WEIGHT	(130)		LEG-HIP BR RATIO	U.T.D.


 Paul L. Gravenor
 Lab. Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: X-220 Guadalcanal

For Imprint of Identification Tag 	NAME (Last, First, Middle Initial) Unknown X-220		
	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
--

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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NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal, B.S.I.

DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 0815	PLOT NO. "E"	ROW NO. 145	GRAVE NO. 8	GRAVE MARKER Wooden Cross.
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL /s/ S/Sgt. Richard J. Moyer
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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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Morris, George K.	RANK Pfc.	SERIAL NO. 336457	ORGANIZATION USMC Spl Wpns Gb 3 Def Bn	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-280	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <div style="text-align: right;"> /s/ John R. Nolan /t/ JOHN R. NOLAN 1st Lt., OMC </div>			

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 buries as X-2 in Grave 3, Row 1, Plot B. USN & USMC Cemetery, Tulagi.

WD OMC Form 1082
 Rev. 1 November 1942
 (GRS 1, dated 11 May 1942,
 may be used until exhausted)

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

DATE REPORT FILLED OUT
 26 Sept 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-220		
	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	
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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
--	--

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 0815	PLOT NO. "E"	ROW NO. 145	GRAVE NO. 8	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery Guadalcanal, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown.	PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</i>
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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) Morris, George K.	RANK Pfc.	SERIAL NO. 336457	ORGANIZATION USMC Splz Wpns Gp 3 Def Bn
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-280	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER 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 *For use to burial X-2 in row 3 Row 1 Plot 15 on 4 side cemetery Tulagi*

WD QMC Form 1082
 Rev. 1 November 1942
 (GRS 1; dated 11 May 1942
 may be used until exhausted)

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

DATE REPORT FILLED OUT

9 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-2		
	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	
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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
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
--	---

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

DATE 14 Dec. 1944 (Reburial)	HOUR 1030	PLOT NO. B	ROW NO. 1	GRAVE NO. 3	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>Lt. Richard J. Hayes</i>
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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) RYAN, William H.	RANK Unknown	SERIAL NO. 287-50-55	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) WILSON, Ralph A.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <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

File # 2

REPORT OF INTERMENT
GTM 10-10-30 AND AT 30-14-30

Restricted

361

Unknown X-2

SEP 22 1944

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
(Place of death)	USN & USMC Cemetery Tulagi #1			(Date of death)	(Cause of death)
(Time and date of burial)	(Name of cemetery)	(Name or coordinates of location)			

36 1 A 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

Names of adjacent deceased are taken from adjoining grave markers

Body buried on RIGHT	Stapleton, W. L.	(Serial number)	(Rank)	(Organization)	(Grave number)
					37
Body buried on LEFT	Sprott, J. L.	(Serial number)	(Rank)	(Organization)	(Grave number)
					35

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

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

No record of effects

Insured