

32

1

NATIONAL MEMORIAL DAY
THE PACIFIC

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**

C 1300

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

ALVAM

DIRECTIVE NUMBER
8730 00000

DATE
25 09 47
DAY MONTH YEAR

NAME

UNKNOWN X-000284

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

8

CEMETERY

QUADALCANAL

DAY MONTH YEAR

DISPOSITION OF REMAINS
0492 64

PLOT

E 148

ROW

GRAVE

COUNTRY

9 SOLOMON ISLANDS

CODE DIST. PT.

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-284

SERIAL NUMBER

UNK

RANK

UNK

DATE OF DEATH

UNK

DATE DISTINTERRED

UNK

IDENTIFICATION TAG ON

REMAINS

MARKER

ORGANIZATION

UNK

RELIGION

UNK

IDENTIFICATION VERIFIED BY

UNK

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Two (2) Grave Markers. One (1) Mortuary Tag.

FILE
18 MAY 1949

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 July 1948

BY

LA JONES, EMBALMER

CASKET SEALED BY

G. D. MEEK

EMBALMER (Signature)

L. A. JONES

CASKET BOXED AND MARKED

DATE 7/6/48

BY

G. D. MEEK

SHIPPING ADDRESS VERIFIED BY

T. P. MADINE

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

William A. McNamary
WILLIAM A. McNAMARY

SIGNATURE OF GRS INSPECTOR

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

"Inspected for identification only per paragraph 2, 1st I OCMG, file QMOMO 293 (Pacific), dated 5 May 1948."

Level # 87

NLN

Final 84

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S. ARMY		TO HAWN DIST CENTER	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., OMC 01589344	DATE JAN 13 1954	SIGNATURE OF RECEIVER James D. Harris	DATE JAN 19 1954

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 (EX ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HMMVTT HOMONOQ HALLONAV CERELEKA	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-284 Guadalcanal				2. DATE OF REPORT 26 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT E	5. ROW 148	6. GRAVE 30	7. DATE OF DISINTERMENT 26 Mar '48	REINTERMENT 26 Mar '48

PHYSICAL DESCRIPTION Age 20 to 22 years.

8. ESTIMATED WEIGHT 160 to 155 lbs.	9. ESTIMATED HEIGHT 176.0-69.3-5'9 1/4"	10. COLOR OF HAIR U. T. D.	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown X-284, P-E, R-149, Gr-9.
 One (1) embossed plate with remains reads: Unidentified.

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

None

REASON OF LAST OF IDENTIFYING DATA

1948. 11. 30-1107395 *Eyrl B Disney* 30 Dec 1948

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

Incl. 25

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>Unknown X-284</p>	<p><i>Tooth Missing</i></p>	
<p>Guadalcanal</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

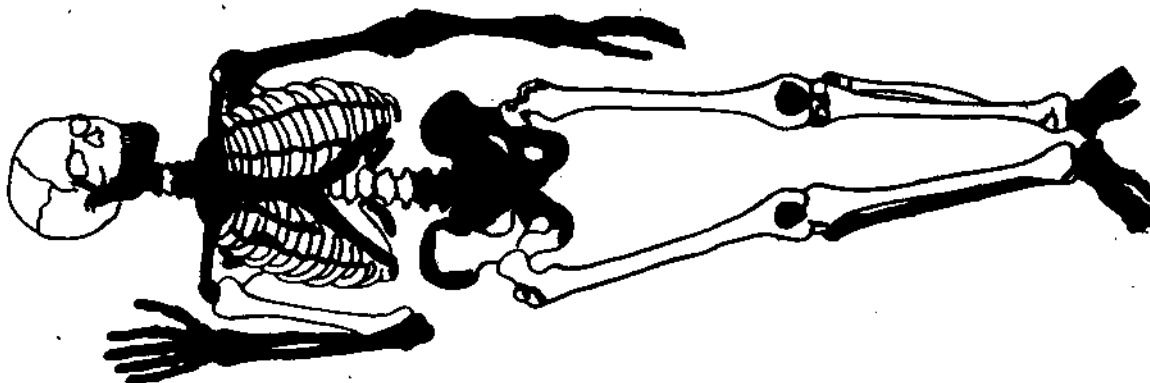
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		90	A										A	A	M	90
Side Views																
Top Views																
Side Views																
	<p>Mandible and Teeth Missing</p>															
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

REMARKS:

1. R-4 is in torsi version.

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:

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

Paul L. Gravenor
 Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather young man of medium height in his early twenties weighing 150 to 155 pounds with an average body build.
 The skull is average in size and forms an oval outline.
 The frontal and parietal bosses are prominent.
 The forehead has the usual slope with medium size browridges.
 The backhead is rather wide, with very little projection.
 The nose is average in height and appears to have been rather straight.
 The extra skeletal parts listed under paragraph 20 have been removed and classified as C.I.L. 685.

Fluoroscopical 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. W. GREENWOOD, CAPT., MC


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

SIGNATURE

O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.8	Mandible missing; fragments of zygomatic arch missing.
VERTEBRAE	CERVICAL	1		6 missing.
	THORACIC	2		Fragmentary, 10 missing.
	LUMBAR	2		Fragmentary, 3 missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured-portions of ilium, ischium & pubis missing.
	LEFT	0		Missing.
RIBS		20		All fragmentary; 4 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	1		Fractured, portion of inferior angle and acromion process missing.
	LEFT	1		Fractured, portion of inferior angle missing.
NUMERI	RIGHT	1	33.7	
	LEFT	0		Missing.
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	47.2	Greater trochanter fractured.
	LEFT	1	47.3	Greater trochanter and head fractured.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	38.8	Head & distal extremities slightly fractured.
	LEFT	1	39.1	" " " " " "
FIBULAE	RIGHT	0		Missing.
	LEFT	1	approx 37.8	Portion of head missing.
FEET	RIGHT	0		Missing.
	LEFT	0		"
NUMERO-CLAVICULAR RATIO				APPROXIMATE
ESTIMATED HEIGHT 176.0 69.3 5' 9 1/4"		AGE	20 to 22 YEARS	
ESTIMATED WEIGHT 150 to 155 lbs.		LEG-HIP DR RATIO		
ENCLOSURE TO: Unknown X-249 Guadalcajal				

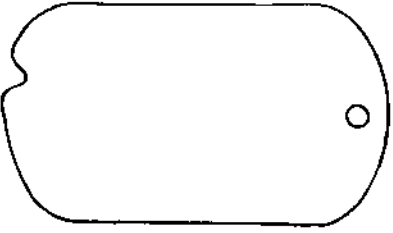

 Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

NARRATIVE

Unknown X-284
(Guadalcanal).

The above mentioned case was given a complete processing, and after a careful examination of the skeletal parts, it was found to contain a non-matching articulating left humerus and left ulna of a smaller and less muscular man.

The remains of X-283 and X-285, Guadalcanal, were checked in an effort to associate the above mentioned skeletal parts, but no association was possible, therefore they have been classified as C.I.L. 635 and placed in its file.

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 27 Sept 1945	
For Inprint of Identification Tag 		NAME (Last, First, Middle Initial) Unknown X-284			
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 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		
NAME, NUMBER AND LOCATION OF CEMETERY.					
Army Navy Marine Cemetery Guadalcanal B.S.I.					
DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
24 Sept 45 (Reburial)	1511	"E"	148	9	Wooden Cross
TYPE OF RELIGIOUS CEREMONY			PERSON REPORTING BURIAL		
Previous Service Unknown			/s/ S/Sgt. Richard J. Moyer		
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)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Anderson, Ben.		F 3c	6301172	US Navy	
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Mays, Rodford D.		Cpl.	293578	USMC Co F, 8th Mar Regt.	
PERSON CONDUCTING BURIAL RITES			VERIFIED BY G. R. S. OFFICER		
Unknown			/s/ John R. Nolan /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 as X-43 in Row 5, Grave 106, Plot B USN & USMC Cemetery Tulagi					

INSTRUCTIONS FOR []

1. **PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach DMT 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:

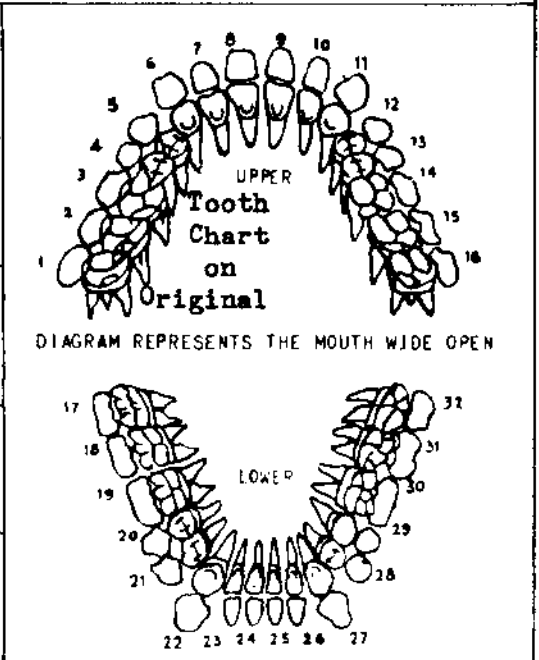
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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 #3, #13, #14, #18, #19, #20, #31 and #30	SILVER FILLING GOLD FILLING
CAVITIES None	CAVITY DECAYED
MISSING TEETH None	TOOTH MISSING
CROWNED TEETH None	PORCELAIN CROWN GOLD CROWN
BRIDGE WORK None	GOLD BRIDGE



SKETCH AND MAP REFERENCE

A TRUE COPY

E. A. Miller, Jr.

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

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	

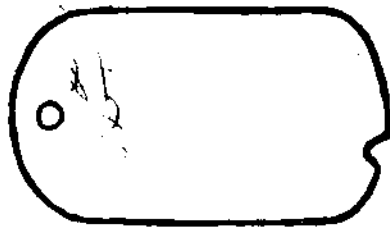
WD OMC Form 1042
 Rev. 1 November 1942
 (GRS 1, dated 11 May 1942
 may be used until exhausted)

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

DATE REPORT FILLED OUT

27 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-284

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulegi, 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

24 Sept 45
(Reburial)

HOUR

1511

PLOT NO.

9E

ROW NO.

14B

GRAVE NO.

9

GRAVE MARKER

Wooden Cross.

Army Navy Marine Cemetery Guadalcanal H.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

Sgt. Richard J. Mayan

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 5 on Reverse)

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

Anderson, Ben.

RANK

~~Unknown~~

SERIAL NO.

6301172

ORGANIZATION

US Navy

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

Mays, Rodford D.

RANK

Cpl.

SERIAL NO.

293578

ORGANIZATION

USMC
Co F, 8th Mar Regt

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 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 as X-43 in Row 5, Grave 106, Plot B
 USN + USMC Cemetery Tulagi*

INSTRUCTIONS FOR DIAL

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.






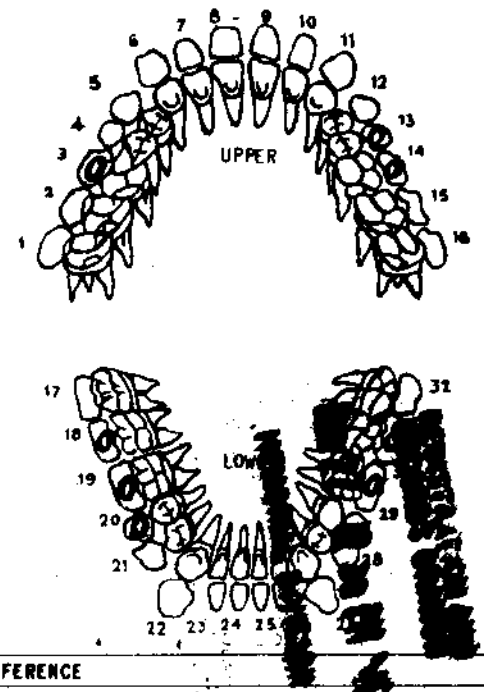
LEFT THUMB	FILLINGS Silver Fillings #3, #13, #14, #18, #19, #20, #31 and #30. CAVITIES	 SILVER FILLING GOLD FILLING
RIGHT THUMB	None	 CAVITY DECAYED
	MISSING TEETH	 TOOTH MISSING
	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
	BRIDGE WORK	 GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N


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

WD QMC 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

15 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-43		
	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 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
21 Dec. 1944 (Reburial)	0930	B	5	106	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Sgt. Richard J. Mayes</i>
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
RANKIN, Marion H.	Unknown	381-33-20	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
ALVERSON, Frances J	Unknown	376-17-41	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 # 43

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

LEFT THUMB

RIGHT THUMB






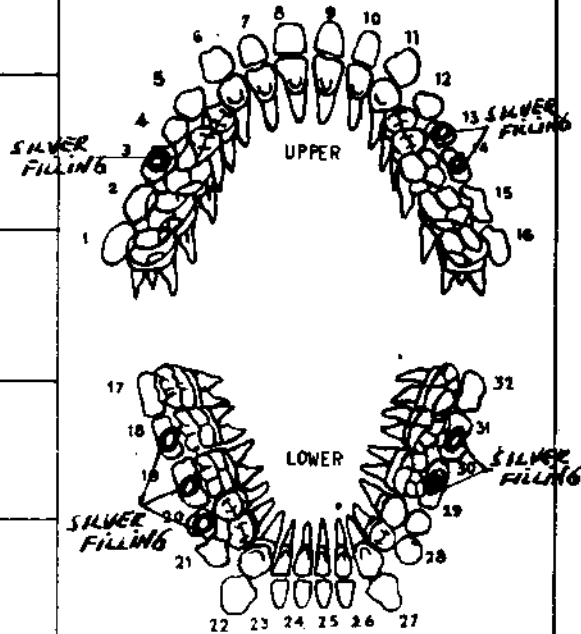
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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