

AIR MAIL

QNGMT 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 Reference is made to basic communication and inclosures, withdrawn.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-53, X-54, X-61, X-80, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-196, X-217, X-219, 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-868, X-872, X-875, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emmylabegan; X-30, formerly Eumming; X-125, X-146, X-149A, 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 Parrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/d

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

S. Morgenthau
Salser
JW
cc--Administrative Section

AIR MAIL

*X-298
and
Admin
Shanghai
Emmylabegan
Eumming
Barrackpore
X-298
REB
EJS*

0 0 P E

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 953

INREC 283

JAN 24 1949

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 1041 for Kunming, Shanghai, Haining Depot, Guadalcanal, Barrackpore, Shanghai and Emuclabogon Cemeteries, stamped and signed in accordance with letter, DA CGRS, QMCAS 283 GRS (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

83 Incls

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

A I R M A I L

SUBJECT: Residual of Unidentified Remains

83 Incls

9. QMC Form 1044-1044a-1044b-Bone List
X-33 Guadalcanal
10. QMC Form 1044-1044a-1044b-Bone List
X-35 Guadalcanal
11. QMC Form 1044-1044a-1044b-Bone List
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluoresceoptical 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-60 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-218-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

63 Incls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadalcanal
- 33. QMC Form 1044-1044a-1044b-Bone List-
X-236-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-287-Guadalcanal
- 48. QMC Form 1044-1044a-1044b-Bone List-
X-283-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-295-Guadalcanal
- 52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadalcanal
- 63. QMC Forms 1044-1044a-1044b-Bone List-
X-296-Guadalcanal

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83 Incls

54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadalucaanal
55. QMC Form 1044-1044a-1044b- Bone List-
X-298 Guadalucaanal
56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadalucaanal
57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadalucaanal
58. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadalucaanal
59. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadalucaanal
60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadalucaanal
61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadalucaanal
62. QMC Form 1044-1044a-1044c-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-902-
Remains Depot.
70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Annlabegan
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-128-Barrackpore
75. QMC FORM 1044-1044b-Bone List X-149-
"A" Barrackpore.

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83 Incls

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

AIR MAIL

- 5 -

1		Interred 14 March 1949 F 1120 Cemetery Superintendent					
SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 8730 00000		DATE 26 09 47 DAY MONTH YEAR	
NAME M UNKNOWN			SERIAL NUMBER X-000285		RANK	ARM B	DATE OF DEATH DAY MONTH YEAR
CEMETERY GUADALCANAL						DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
E148	7	SOLOMON ISLANDS				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-285		SERIAL NUMBER Unk		RANK Unk	DATE OF DEATH Unk		DATE DISTINTERRED 22 November 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION Unk			RELIGION Unk	IDENTIFICATION VERIFIED BY N. Joynes, Embalmer NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL a Casket				CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION Grave Marker and mortuary tag.							
MINOR DISCREPANCIES ? None							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 6 July 1948		BY ROBERT W RALSTON, EMBALMER					
CASKET SEALED BY IRA J. VONK				EMBALMER (Signature) R. W. RALSTON <i>Robert W. Ralston</i>			
CASKET BOXED AND MARKED DATE 7/6/48 BY IRA J. VONK				SHIPPING ADDRESS VERIFIED BY A. J. ROBERTSON			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. <i>R. D. Johnson</i> R. D. JOHNSON, Capt., A. C. SIGNATURE OF GRS INSPECTOR							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM U S ARMY MAIL NO	TO A W W M I R T		
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER		
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE FEB 19 1944	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE FEB 19 1944
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 (SPECIAL ORDER)	NAME OF CONVOYER		
SIGNATURE OF SHIPPER MONROE P. WILLIAMS (CENTRAL)	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

JUN 9 8 54 AM '44
 DEPARTMENT OF THE ARMY
 OFFICE OF THE ADJUTANT GENERAL
 DIVISION

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-285 Guadalcanal				2. DATE OF REPORT 29 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Guadalcanal		4. PLOT E	5. ROW B	6. GRAVE 44	7. DATE OF DISINTERMENT 26 Mar '48
					REINTERMENT 29 Mar '48

PHYSICAL DESCRIPTION **Age 27 to 30 years.**

8. ESTIMATED WEIGHT 140 to 145 lbs.	9. ESTIMATED HEIGHT 166-65.36-5'5 3/8"	10. COLOR OF HAIR Light Brown, med texture.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate reads: Unidentified, with remains.
One (1) embossed plate on box reads: Unknown X-285, Plot-E, Row-148, Gr-7.**

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
1st. Lt., FA 0-1167395 *Cyril C. Disney* **28 Jan 1949**

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

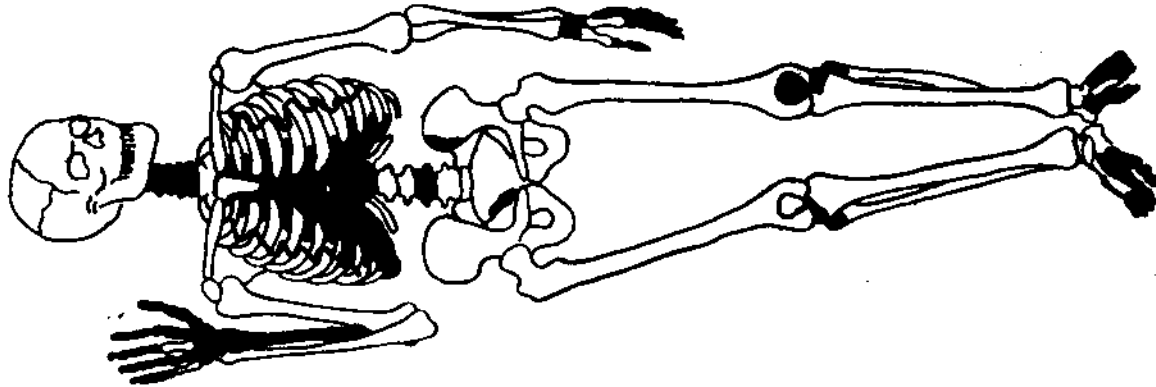
Serial 46

	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-285</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
					(D)									(M)		(F)
Side Views																
Top Views																
Side Views																
		(A)	(A)											(A)	(A)	
	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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

One (1) extra left humerus. (see attached narrative).

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man in his late twenties, of average body build and muscularity, with light brown hair. The skull is small-average in size, long oval in shape with prominent parietal bosses. The backhead shows noticeable projection and the vault is relatively low. The browridge, glabella, is quite prominent and the forehead is receding. The face is average in length and widest in the upper portion. The nasal root is high and narrow and indicates a rather short prominent nose, slightly skewed to the right. The mouth parts show marked alveolar prognathism. The lower jaw is rather light in structure and shows moderate gonial flare. The chin is fairly deep, and quite prominent, and the eminence is a well rounded type. The extra humerus mentioned in paragraph 20, was associated with X-286, on the basis of age, color, texture and morphology.

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, BRANCH OR SERVICE, AND ORGANIZATION
O. W. GREENWOOD, CAPT., QMC


SIGNATURE

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

Mc.

CENTRAL IDENTIFICATION LABORATORY & JOSELEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.3	
VERTEBRAE	CERVICAL	3		4 missing.
	THORACIC	8		4 missing.
	LUMBAR	4		1 missing.
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.2	Portion of ilium missing.
	LEFT	1		
RIBS		24		Fractured.
STERNUM		1		Lower portion of body missing.
CLAVICLES	RIGHT	1	15.2	
	LEFT	1	14.8	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	32.4	
	LEFT	1	32.2	
RADII	RIGHT	0		Missing.
	LEFT	1	approx 23.7	
ULNAE	RIGHT	1	25.9	
	LEFT	1	25.8	
HANDS	RIGHT	1		#3 and 5 metacarpals only.
	LEFT	1		#1, 2, 5, metacarpals only.
FEMORA	RIGHT	1	43.4	
	LEFT	1	43.5	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	approx 35.0	Lateral portion of head, eroded.
	LEFT	1	approx 35.6	" " " " "
FIBULAE	RIGHT	1		Proximal head missing.
	LEFT	1		" " "
FEET	RIGHT	1		#1 cuneiform, calcaneus, talus, cuboid and #3 metatarsal present.
	LEFT	1		Calcaneus, talus and #2 metatarsal present.
HUMERO-CLAVICULAR RATIO 46.1			APPROXIMATE	
166 65.36 ESTIMATED HEIGHT 5' 5 3/8"		AGE	27 to 30	YEARS
ESTIMATED WEIGHT 140 to 146 lbs.			LEG-HIP BR RATIO 60.3	
ENCLOSURE TO: Unknown X-286		Guadalcanal		


 Paul V. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

Central Identification Laboratory

29 March 1948

NARRATIVE

Upon examining the remains, Unknown X-285, Plot-E, Row-148, Grave-7, Guadalcanal, it was found that one (1) extra left humerus was present.

This extra part was associated with the remains known as X-286, Plot-E, Row-148, Grave-5, on the basis of age, color, texture and morphology.

Both remains were completely processed and returned to temporary caskets.

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)

9215
 DATE REPORT FILLED OUT
 27 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-285

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, H.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)

HOOR

1510

PLOT NO.

52

ROW NO.

148

GRAVE NO.

7

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. 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 4 on Reverse)

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

Ryan, William H.

RANK ~~SG 3c~~

SERIAL NO.

2875055

ORGANIZATION

US Navy

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

Anderson, Ben

RANK ~~I 3c~~

SERIAL NO.

6301172

ORGANIZATION

US Navy

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John R. Nolan
 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 as X-52 in Row 6, Grave 132, Plot B
 USN + USMa Cemetery Tulagi

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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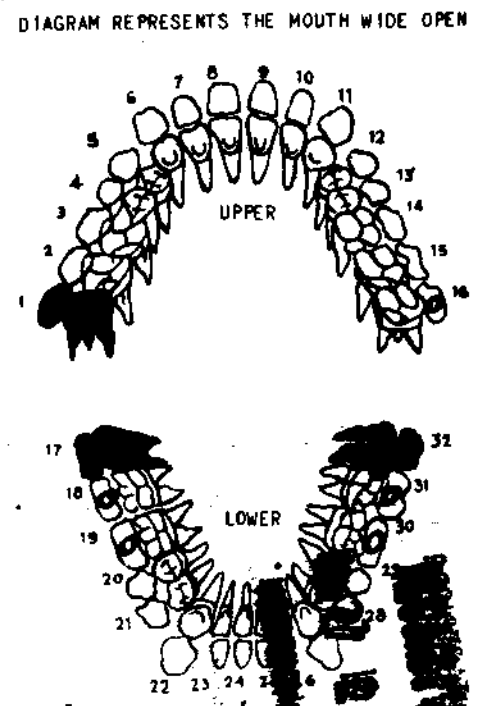
WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND 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 COLLECTING POINT.

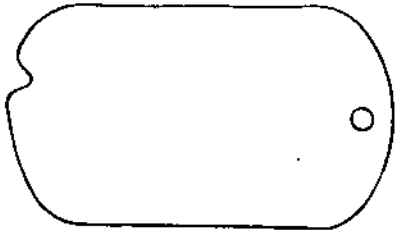
THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

LEFT THUMB	FILLINGS Silver fillings. #16, #18, #19, #30 and #31		SILVER FILLING GOLD FILLING
RIGHT THUMB	CAVITIES None		CAVITY DECAYED
	MISSING TEETH #1, #17 and #32		TOOTH MISSING
	CROWNED TEETH None		PORCELAIN CROWN GOLD CROWN
	BRIDGE WORK None		GOLD BRIDGE



SKETCH AND MAP REFERENCE

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

WD QMC 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 27 Sept 1945	
		NAME (Last, First, Middle Initial) Unknown X-285					
		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 <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			
NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal B.S.I.							
DATE OF BURIAL 24 Sept 45 (Reburial)		HOUR 1510	PLOT NO. "E"	ROW NO. 148	GRAVE NO. 7	GRAVE MARKER Wooden Cross	
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown				PERSON REPORTING BURIAL /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) Ryan, William H.			RANK SC 3c	SERIAL NO. 2875055	ORGANIZATION US Navy	GRAVE NO.	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Anderson, Ben			RANK F 3c	SERIAL NO. 6301172	ORGANIZATION US Navy	GRAVE NO.	
PERSON CONDUCTING BURIAL RITES Unknown				VERIFIED BY G. R. S. OFFICER /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 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-52 in Row, 6, Grave 132, Plot B, USN & USMC Cemetery Tulagi							

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

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

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.

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

FILLINGS	Silver Filling SILVER FILLING GOLD FILLING GOLD FILLING
#16, #18, #19, #30 and #31	
CAVITIES	CAVITY DECAYED
None	
MISSING TEETH	TOOTH MISSING
#1, #17 and #32	
CROWNED TEETH	PORCELAIN CROWN PORCELAIN CROWN GOLD CROWN GOLD CROWN
None	
BRIDGE WORK	GOLD BRIDGE
None	

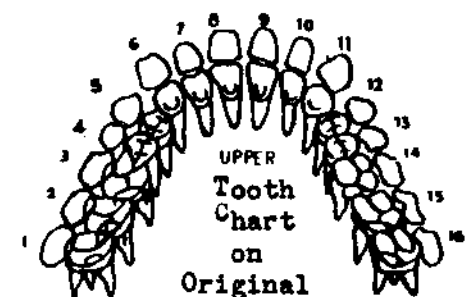
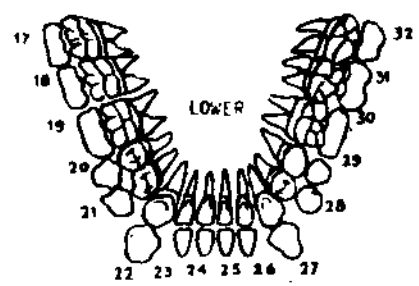


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

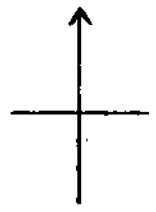


SKETCH AND MAP REFERENCE

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

18 April 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

UNIDENTIFIED BODY X-52

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 27 Dec. 1944 (Reburial)	HOUR 0830	PLOT NO. B	ROW NO. 6	GRAVE NO. 132	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

Sgt. Richard J. Meyer

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) CONDREY, R.M.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) WASHBURN, R.	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., 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

alt # 52

INSTRUCTIONS FOR DIAL


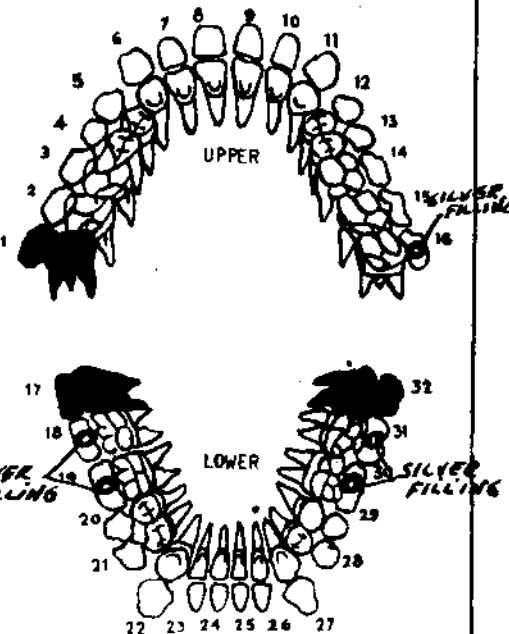




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION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

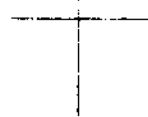
3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE 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.

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

SKETCH AND MAP REFERENCE

N



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