

THE PACIFIC

Interred 31 January 1949
C 1170

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-000286

SERIAL NUMBER

RANK

ARM
8

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

GUADALCANALES

DISPOSITION OF REMAINS

0.492 64

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

SOLOMON ISLANDS

CAUSE OF DEATH

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-286

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

13 MAY 1949
Skeletal

OTHER MEANS OF IDENTIFICATION

One (1) Grave Marker and Two (2) Mortuary Tags.

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE

6 July 1948

BY

IRA J. VONK

ROBERT W RALSTON, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

R. W. RALSTON

CASKET BOXED AND MARKED

DATE

7-6-1948

BY

IRA J. VONK

SHIPPING ADDRESS VERIFIED BY

A. J. ROBERT

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

R. D. JOHNSON, CAPT. A. C.

SIGNATURE OF GRS INSPECTOR

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

Inspected for identification only per paragraph 2, 1st Ind. file QMSMO 293 (Pacific), dated 5 May 1948.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|--|--------------------|--|--------------------|
| FROM U.S. ARMY MAUS NO 1 | | TO HAWAII DIST CENTER | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>[Signature]</i> | DATE JUN 1 1947 | SIGNATURE OF RECEIVER <i>James B Harris</i> | DATE JUN 1 1947 |

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 | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | 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-286 Guadalcanal | | | | 2. DATE OF REPORT 29 March 1948 | | |
| 3. NAME OF CEMETERY U. S. Army Mausoleum #1 Guadalcanal | | 4. PLOT E | 5. ROW B 148 | 6. GRAVE 156 5 | 7. DATE OF DISINTERMENT 26 Mar '48 | REINTERMENT 29 Mar '48 |

PHYSICAL DESCRIPTION Age 27 to 30 years.

| | | | |
|--|---|---|-------------------|
| 8. ESTIMATED WEIGHT 155 to 160 lbs. | 9. ESTIMATED HEIGHT 174-68.51-5'8 1/2" | 10. COLOR OF HAIR Light golden brown, medium texture, nearly straight. | 11. RACE White |
|--|---|---|-------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate with remains reads: Unknown X-286, Plot-E, Row-148, Grave-5.
 One (1) embossed plate on box reads: Unknown X-286.
 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

BY REVISION OF IDENTIFYING DATA

1st Lt., 11 C-1167395 *April C. Disney* 30 Dec 1948

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY HANGLED? 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

Inst 26

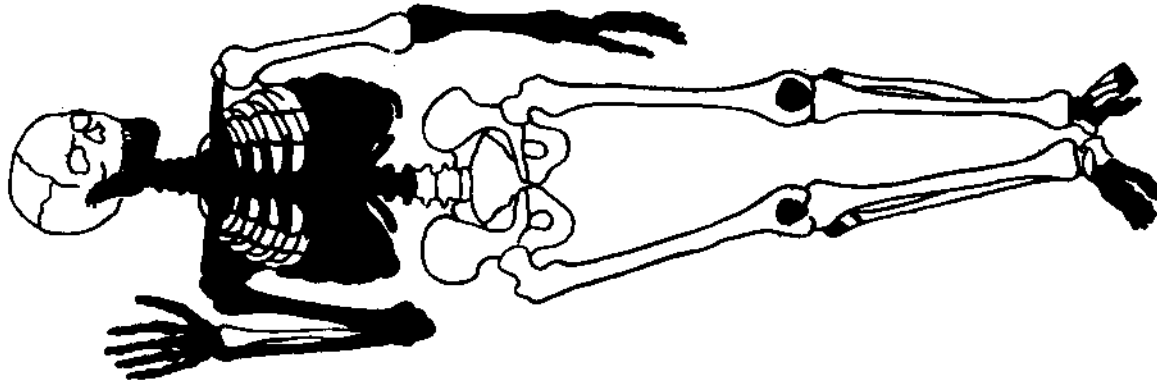
| | TOP VIEW | SIDE VIEW |
|---|---|-----------|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: Unknown X-286</p> | <p><i>Tooth Missing</i></p> | |
| <p>Guadalcanal</p> <p>CROWNED TEETH: BLOCK IN SOLID 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 | | |
| | A O | | | | | | | | | | | | | A O | A O | | |
| Side Views | | | | | | | | | | | | | | | | | Side Views |
| Top Views | | | | | | | | | | | | | | | | | Top Views |
| Side Views | | | | | | | | | | | | | | | | | Side Views |
| <p><i>Mandible and Teeth missing</i></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. L-5 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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.

Paul L. Gravenor

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of average height and build, with golden brown hair, in his late twenties.
The skull is broad-oval in shape, small-average in size and fairly high in the vault. The browridge-glabella region is rather prominent. There is marked left cranial asymmetry.
The nasal root is high and rather pinched indicating a sharp, prominent nose.
The palate is "U" shaped, quite broad and shallow.
The lack of mandible precludes further description.
It cannot be demonstrated that this skull belongs with these remains.

Fluoroscopic 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., USMC

SIGNATURE

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

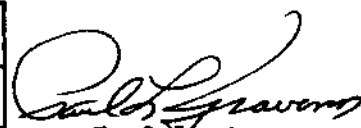
O. W. Greenwood

726

**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL
BONE LIST**

| NAME | SIDE | NO | BONE LENGTHS IN CM | REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) |
|------------|----------|----|-----------------------|---|
| SKULL | | 1 | 52.2 | Mandible missing. |
| VERTEBRAE | CERVICAL | 0 | | Missing. |
| | THORACIC | 3 | | 9 missing. |
| | LUMBAR | 3 | | 2 missing. |
| SACRUM | | 1 | | |
| INOMINATES | RIGHT | 1 | BI-ILIAC DIAM 28.0 | |
| | LEFT | 1 | | |
| RIBS | | 10 | | 14 missing. |
| STERNUM | | 0 | | Missing. |
| CLAVICLES | RIGHT | 0 | | " |
| | LEFT | 0 | | " |
| SCAPULAE | RIGHT | 0 | | " |
| | LEFT | 1 | | |
| HUMERI | RIGHT | 0 | | Missing. |
| | LEFT | 1 | 32.9 | |
| RADII | RIGHT | 1 | 24.9 | |
| | LEFT | 0 | | Missing. |
| ULNAE | RIGHT | 0 | | " |
| | LEFT | 0 | | " |
| HANDS | RIGHT | 0 | | " |
| | LEFT | 0 | | " |
| FEMORA | RIGHT | 1 | 46.4 | |
| | LEFT | 1 | 46.9 | |
| PATELLAE | RIGHT | 0 | | Missing. |
| | LEFT | 0 | | " |
| TIBIAE | RIGHT | 1 | 38.0 | |
| | LEFT | 1 | 38.0 | |
| FIBULAE | RIGHT | 1 | approx 38.3 | Proximal head missing. |
| | LEFT | 1 | approx 38.1 | " " " |
| FEET | RIGHT | 1 | | Calcaneus, talus, #1 cuneiform present. |
| | LEFT | 1 | | Calcaneus, #2,3,4 & 1 metatarsals, present. |

| | | |
|----------------------------------|-----|-----------------------|
| NUMERO-CLAVICULAR RATIO | | APPROXIMATE |
| 174 68.51 | | |
| ESTIMATED HEIGHT 5' 8 1/2" | AGE | 27 to 30 YEARS |
| ESTIMATED WEIGHT 155 to 160 lbs. | | LEG-HIP BR RATIO 60.0 |


 Paul V. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-286 Guadalcanal.

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.

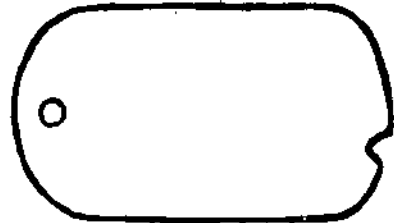
Both remains were completely processed and returned to temporary caskets.

9215

WD OMC Form 4082
 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-286 | | |
| | 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|--|

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

| | |
|---|--|
| NAME OF EMERGENCY ADDRESSEE 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 1509 | PLOT NO. "E" 148 | ROW NO. 5 | GRAVE NO. 5 | GRAVE MARKER Wooden Cross. |
| Army Navy Marine Cemetery Guadalcanal B.S.I. | | | | | |

| | |
|--|--|
| TYPE OF RELIGIOUS CEREMONY Previous Service Unknown. | PERSON REPORTING BURIAL <i>Capt. Richard J. Mayer</i> |
|--|--|

| | |
|--|--|
| IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|--|

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

BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)

| | | | |
|--|------------------------|------------------------------|--------------------------------|
| BODY ON LEFT, NAME (Last, First, Middle Initial) Unknown X-216 | RANK Unknown | SERIAL NO. Unknown | ORGANIZATION Unknown |
| BODY ON RIGHT, NAME (Last, First, Middle Initial) Ryan, William H. | RANK SG 3e | SERIAL NO. 2875055 | ORGANIZATION US Navy |

| | |
|--|---|
| PERSON CONDUCTING BURIAL RITES Unknown | VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMG |
|--|---|

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-50 in Row 6 Grave 128, P150 B
 USN + USMC Cemetery Tulagi*

INSTRUCTIONS FOR BURIAL


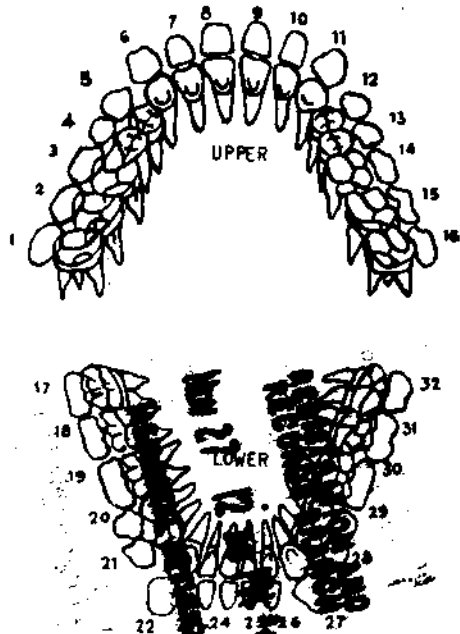




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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 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 | DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  |
| RIGHT THUMB | CAVITIES  CAVITY DECAYED | |
| | MISSING TEETH  TOOTH MISSING | |
| | CROWNED TEETH  PORCELAIN CROWN GOLD CROWN | |
| | BRIDGE WORK  GOLD BRIDGE | |

SKETCH AND MAP REFERENCE

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

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 4 |
| 3 |
| 2 |
| 1 |

| 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-286 | | | | | |
| | | 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN. | | | | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. No personal effects found. | | | | | | | |
| NAME OF EMERGENCY ADDRESSEE 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 1509 | PLOT NO. "B" | ROW NO. 148 | GRAVE NO. 5 | 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) Unknown X-216 | | | RANK Unknown | SERIAL NO. Unknown | ORGANIZATION Unknown | GRAVE NO. | |
| BODY ON RIGHT, NAME (Last, First, Middle Initial) Ryan, William H. | | | RANK SC 3c | SERIAL NO. 2875055 | 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-50 in Row 6, Grave 128, 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:

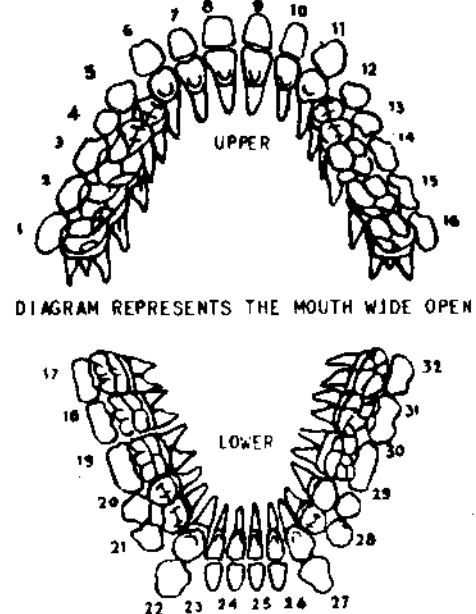
| | | | | |
|--------------------------|--------|---------------|---------------|------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS OR TATTOOS |
| WEAPON AND SERIAL NUMBER | | LAUNDRY MARKS | | WHERE BODY WAS BURIED |

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.

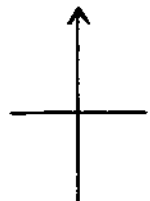
| | |
|---------------|---|
| FILLINGS |  SILVER FILLING GOLD FILLING |
| CAVITIES |  CAVITY DECAYED |
| MISSING TEETH |  TOOTH MISSING |
| CROWNED TEETH |  PORCELAIN CROWN GOLD CROWN |
| BRIDGE WORK |  GOLD BRIDGE |



SKETCH AND MAP REFERENCE


A TRUE COPY


B. 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 16 April 1945 | |
| FOR IMPRINT OF IDENTIFICATION TAG  | | NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-50 | | | |
| 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 <p style="text-align: center;">No personal effects found.</p> | | | | | |
| 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. 128 | GRAVE MARKER Wooden Cross |
| USN & USMC CEMETERY #1 TULAGI, B.S.I. | | | | | |
| TYPE OF RELIGIOUS CEREMONY Previous Service Unknown | | | PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</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 3 on Reverse) | | | | | |
| BODY ON LEFT, NAME (Last, First, Middle Initial) RUSH, A.L. | | RANK Unknown | SERIAL NO. Unknown | ORGANIZATION USN | |
| BODY ON RIGHT, NAME (Last, First, Middle Initial) GAEDECKE, F.C. | | 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 | | | | | |

A. L. # 50

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 SNELL 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.

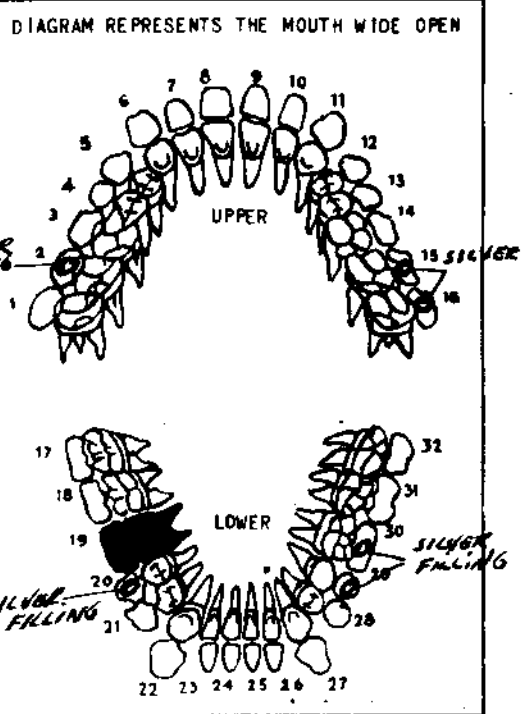
THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

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> |



SKETCH AND MAP REFERENCE

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