

A I R M A I L

QUICMP 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 Reference is made to basic communication and inclosures, withdrawn.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-90, 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-668, X-872, X-875, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emynlabegan; X-30, formerly Kunning; 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 Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/a

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

S. Morganfire
Salsor
JW
cc--Administrative Section

A I R M A I L

X-293
Total Unknowns
X-290

REC
NJS

COPY
AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

INRREG 203

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) QMG Forms 104a for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Sanyukobogen Cometeries, stamped and signed in accordance with letter, DA QMG, QMGNO 203 QRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Decedents, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Mann
s/ HORACE MANN
Captain, QMG
Chief, RR Div

83 Incls

1. QMG Form 104a-104aa-104ab-
Bone List X-8-Guadalcanal
2. QMG Form 104a-104aa-104ab-
Bone List X-12-Guadalcanal
3. QMG Form 104a-104aa-104ab-Bone List-
Fluoroscopic Findings X-14-
Guadalcanal
4. QMG Form 104a-104aa-104ab-Bone List-
X-16-Guadalcanal
5. QMG Form 104a-104aa-104ab-Bone List-
X-19 Guadalcanal
6. QMG Form 104a-104aa-104ab-Bone List-
X-25 Guadalcanal
7. QMG Form 104a-104aa-104ab-Bone List-
X-27 Guadalcanal
8. QMG Form 104a-104aa-104ab-Bone List-
X-32 Guadalcanal

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RRRMC 293

SUBJECT: Resolution 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-Fluoroscopic 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-90 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-219-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

83 Incls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-228-Guadalcanal
- 33. QMC Form 1044-1044a-1044b-Bone List-
X-235-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-233-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-293-Guadalcanal
- 52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadalcanal
- 53. QMC Forms 1044-1044a-1044b-Bone List-
X-298-Guadalcanal

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SUBJECT: Resolution of Unidentified Remains

83 Incls

64. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
65. QMC Form 1044-1044a-1044b- Bone List-
X-298 Guadaluacanal
66. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
67. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
68. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
69. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadaluacanal
60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadaluacanal
61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadaluacanal
62. QMC Form 1044-1044a-1044b-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-853-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-Enlabogan
71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kunning
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-146-Barrackpore
75. QMC Form 1044-1044a-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

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SUBJECT: Resolution of Unidentified Remains

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-233-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

1

OF THE PACIFIC
Interred 14 March 1949
ALVAN C. BAKER - Cemetery Superintendent

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

NAME UNKNOWN SERIAL NUMBER X-000290 RANK ARM 8 DATE OF DEATH

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

PLOT E149 ROW GRAVE 7 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-290 SERIAL NUMBER Unk RANK Unk DATE OF DEATH Unk DATE DISTINTERRED 22 November 47

IDENTIFICATION TAG ON REMAINS ORGANIZATION Unk RELIGION Unk IDENTIFICATION VERIFIED BY George M. Clark, 1st Lt., NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket CONDITION OF REMAINS Skeleton

OTHER MEANS OF IDENTIFICATION One embossed tag reads: "Unk X-290, Guad."

MINOR DISCREPANCIES None

REMAINS PREPARED AND PLACED IN CASKET DATE 1 July 1948 BY N R JOYNES, EMBALMER

CASKET SEALED BY E. E. BRAYBOY EMBALMER (Signature) H. E. JOYNES FILE

CASKET BOXED AND MARKED DATE 7/1/48 BY E. E. BRAYBOY SHIPPING ADDRESS VERIFIED BY 12 JUL 1949 A. D. MACPHE REPAIRATION BRANCH

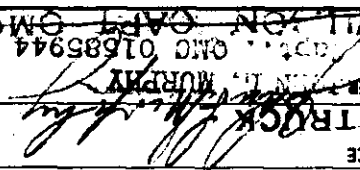
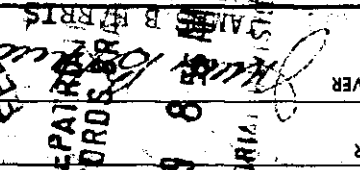
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

LLOYD G. ORMES SIGNATURE OF ORG INSPECTOR

Prepare Discrepancy Report GMC Form 1194a for major discrepancies.

ms
N L N

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO. 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 WILLSON GALT GMD GMD 01685944 MORRIS	
DATE		24 FEB 1949	
NAME OF CONVOYER		HAWN DIST	
SIGNATURE OF RECEIVER		 WILLSON GALT GMD MORRIS	
DATE		FEB 24 1949	
FROM		2. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		3. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		4. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		5. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		6. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		7. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			

RECORDED
 FEB 24 1949
 HAWAIIAN DIST
 WILLSON GALT GMD
 MORRIS

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-290 (Guadalcanal)			2. DATE OF REPORT 27 January 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Guadalcanal Cemetery	4. PLOT E	5. ROW 149	6. GRAVE 7	7. DATE OF	
				DISINTERMENT 27 Jan. 48	REINTERMENT 27 Jan. 48

PHYSICAL DESCRIPTION **Age: 18-20 yrs.**

8. ESTIMATED WEIGHT 125-130 lbs.	9. ESTIMATED HEIGHT 169-66.53"-5' 6½"	10. COLOR OF HAIR None found	11. RACE White
--	---	--	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One embossed plate on blanket reads: "Unidentified".
One embossed plate on casket reads: Unknown X-290, Plot E, Row 149, Grave 7.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND FOR 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* *20 Jan 1949*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Fractures in hip region.**

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

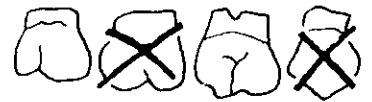
S. C. 79

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

UNKNOWN X-290

TOP VIEW

SIDE VIEW



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

GUADALCANAL

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT

LEFT

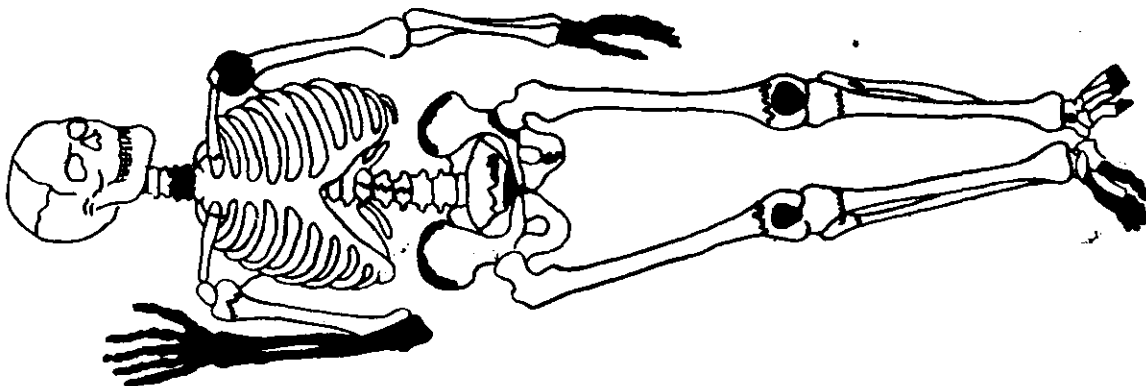
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Sect max + M (RM)	O, O	O, O		A O, D			S D, M	S M, F				A O, D	A O, M, O	O	
Side Views															Side Views
Top Views															Top Views
Side Views															Side Views
	O	R O, M	D, I, F	A D										D, I, F	O
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	16

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-8 may have been impacted during life.

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:
NUMBER

One (1) extra right clavicle.

Charles E. Snow

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man of average build, a low average stature with relatively narrow hips.

The skull is a small, average in size and is oval in shape. There is a moderate degree of right cranial asymmetry. The forehead is lower than average; the browridges are small. There is a moderate backhead projection.

The face appears to have had average proportions; the upper lip was short. The sides of the face are rather flat. In profile the nose appears to be convex and the bridge is rather wide. The chin is fairly prominent and is median in type and rather narrow in width. Most of the facial features appears to be small except that of the nose.

The extra part listed under Item #20 has been compared with the remains of Hutchings, Norman W., 2681935, WT2/C, USN. Since it could not be associated with those remains, it has been classified as C.I.L. Unknown X-499.

Fluoroscopic examination negative. Tooth chart taken.

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

SIGNATURE

O. W. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MUSEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.5	
VERTEBRAE	CERVICAL	5		Nos. 6 and 7 missing.
	THORACIC	12		Multiple fractures.
	LUMBAR	5		
SACRUM		1		Fractured, inferior 1/3 missing.
ILIOPECTINES	RIGHT	1	Approx. BI-ILIAC DIAM. 23.6	Fractured.
	LEFT	1		
RIBS		24		
STERNUM		1		Fractured. Small fragment of manubrium is present.
CLAVICLES	RIGHT	1	Approx. 14.7	
	LEFT	1	Approx. 14.3	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	32.8	
	LEFT	1		Head missing.
RADII	RIGHT	0		Missing.
	LEFT	1	Approx. 23.8	
ULNAE	RIGHT	0		Missing.
	LEFT	1	Approx. 26.0	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	Approx. 47.6	
	LEFT	1	Approx. 47.2	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	Approx. 37.8	
	LEFT	1		
FIBULAE	RIGHT	1		
	LEFT	1	Approx. 35.5	
FEET	RIGHT	1		All missing except calcaneus, talus, navicular, 1st cuneiform and #2 metatarsal.
	LEFT	1		All present except 3rd cuneiform and phalanges.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	169-66.53"-5'6 1/2"	AGE	18-20 YEARS
ESTIMATED WEIGHT	125-130 lbs.	LEG-HIP BR RATIO	

Chas. E. Snow
Charles E. Snow
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-290 (Guadalcanal)

NARRATIVE

C.I.L. Unknown X-408 and C.I.L. Unknown X-409 removed from the casket of Engstrom, Warren L., 123469, Lt. (jg), USN, have been compared with the remains of Hutchings, Norman W., 2681935, Wt2/c, USN, and the remains of Unknown X-290, Plot E, Row 149, Grave 7, Guadalcanal Cemetery. It was found that the right humerus, right ulna and right radius of C.I.L. Unknown X-408 could be associated with the remains of Hutchings; therefore, this C.I.L. Unknown X-408 has been completely absorbed.

C.I.L. Unknown X-409 could not be associated with either Hutchings or Unknown X-290 and, therefore, it has been returned to the C.I.L. files.

During the checking of Hutchings's remains, it was discovered a major discrepancy existed for two left humeri were present. The one not belonging was removed and compared with the remains of Unknown X-290. Since no association could be made, the extra humerus has been classified as C.I.L. Unknown X-498.

Unknown X-290 was completely processed. During processing an extra right clavicle was discovered. This was compared with the remains of Hutchings. Since no association could be made, this extra part has been classified as C.I.L. Unknown X-499.

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

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

DATE REPORT FILLED OUT

28 Sept 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)

Unknown X-290

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

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL
 24 Sept 45
 (Reburial)

HOUR

1505

PLOT NO.

"E"

ROW NO.

149

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 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 2 on Reverse)

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

Hutchings, Norman W.

RANK

Unknown

SERIAL NO.

2681935

ORGANIZATION

US NAVY

GRAVE NO.

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

Unknown X-242

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ John R. Nolan

/t/ JOHN R. NOLAN

1st Lt., OMC

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-41 in Row 5, Grave 102, 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 NUMBBR	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

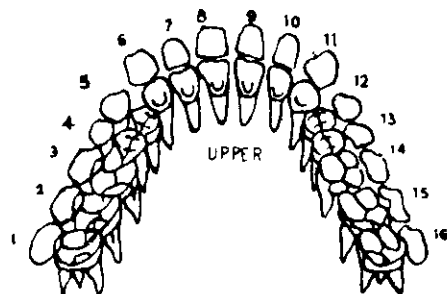
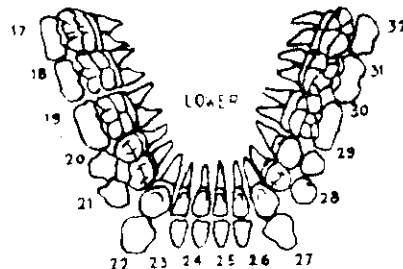


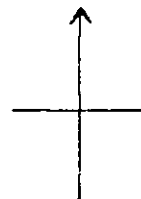
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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.

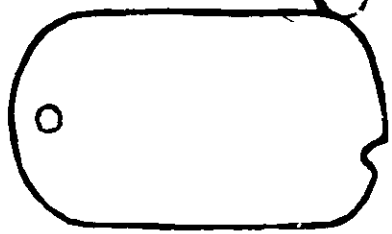
Left Little Finger	
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

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)

Deck

DATE REPORT FILLED OUT
 28 Sept 1945

	NAME (Last, First, Middle Initial)		
	Unknown X-290		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Unknown	

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

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input 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	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
24 Sept 45	1505	*E	149	7	Wooden Cross.
(Reburial)		Army Navy Marine	Cemetery	Madalcanal	B.S.I.

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown.	<i>S/Sgt. Richard J. Mayer</i>

IDENTIFICATION TAGS BURIED WITH BODY	ATTACHED TO MARKER
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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
Hutchings, Norman W.	WT 2/c Unknown	2681935	US Navy
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Unknown X-242	Unknown	Unknown	Unknown

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

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

OVER FOR BURIAL INSTRUCTIONS *Previously buried as X-41 Row 5, Grave 102 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 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
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2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

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

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

LEFT THUMB

RIGHT THUMB

FILLINGS



CAVITIES



MISSING TEETH



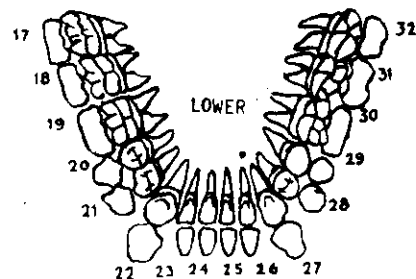
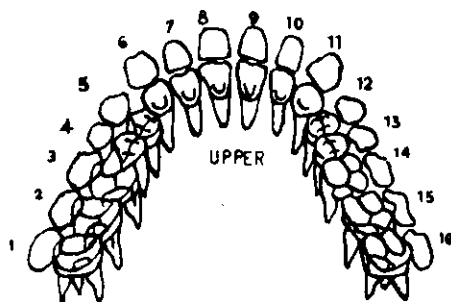
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N

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 15 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG <div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> O NO TAGS </div>		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-41			
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		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 21 Dec. 1944 (Reburial)	HOUR 0930	PLOT NO. B	ROW NO. 5	GRAVE NO. 102	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY Previous service Unknown			PERSON REPORTING BURIAL <i>Sgt. William J. Mayel</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) POWELL, Norman A.		RANK Unknown	SERIAL NO. 360-36-58	ORGANIZATION USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) BARRON, Donald E.		RANK Unknown	SERIAL NO. 346-81-23	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 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					

J. 2#41

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:


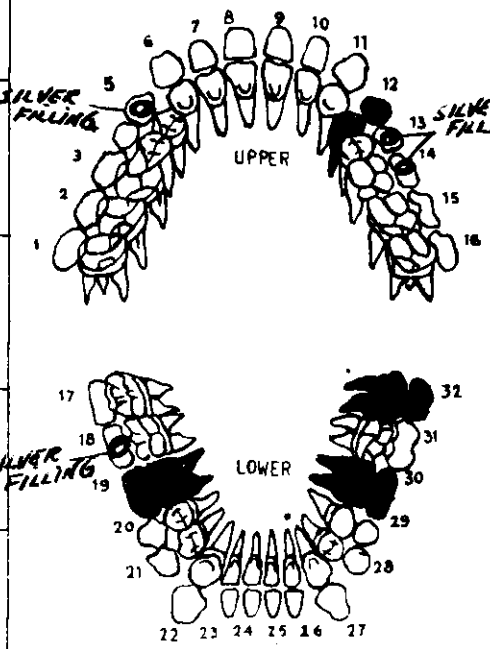




HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

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

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

SKETCH AND MAP REFERENCE

