

A I R M A I L

QMGAT 293

GRS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OQMG, 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 Reference is made to basic communication and inclosures, withdrawn.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-195, 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-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Ennylabegan; X-30, formerly Kunning; X-125, X-145, 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, QMC
Memorial Division

S. Morgan: lrc

Salsor

JW

cc--Administrative Section

A I R M A I L

X
293
/

REB
WJS

C O P Y

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

AMREG 288

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 104a for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Hagibogyan Cemeteries, stamped and signed in accordance with letter, DA QMG, AMREG 288 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 1044-1044a-1044b-
Bone List X-8-Guadalcanal
2. QMC Form 1044-1044a-1044b-
Bone List X-12-Guadalcanal
3. QMC Form 1044-1044a-1044b-Bone List-
Fluoroscopic Findings X-14-
Guadalcanal
4. QMC Form 1044-1044a-1044b-Bone List-
X-16-Guadalcanal
5. QMC Forms 1044-1044a-1044b-Bone List-
X-19 Guadalcanal
6. QMC Form 1044-1044a-1044b-Bone List-
X-25 Guadalcanal
7. QMC Form 1044-1044a-1044b-Bone List-
X-27 Guadalcanal
8. QMC Form 1044-1044a-1044b-Bone List-
X-32 Guadalcanal

A I R M A I L

SUBJECT: Resolutions of Unidentified Remains

23 Incls

9. QMC Form 1044-1044a-1044b-Bone List
I-33 Guadalcanal
10. QMC Form 1044-1044a-1044b-Bone List
I-35 Guadalcanal
11. QMC Form 1044-1044a-1044b-Bone List
I-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluoroscopic Findings
I-41 Guadalcanal
13. QMC Form 1044-1044a-1044b-Bone List
I-52-Guadalcanal
14. QMC Form 1044-1044a-1044b-Bone List
I-63-Guadalcanal
15. QMC Form 1044-1044a-1044b-Bone List
I-64 Guadalcanal
16. QMC Form 1044-1044a-1044b-Bone List
I-61 Guadalcanal
17. QMC Form 1044-1044a-1044b-Bone List
I-90 Guadalcanal
18. QMC Form 1044-1044a-1044b-Bone List
I-91 "A" Guadalcanal
19. QMC Form 1044-1044a-1044b-Bone List
I-91 "B" Guadalcanal
20. QMC Form 1044-1044a-1044b-Bone List
I-104 Guadalcanal
21. QMC Form 1044-1044a-1044b-Bone List
I-117-Guadalcanal
22. QMC Form 1044-1044a-1044b-Bone List
I-177 Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List
I-182-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List
I-183 Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List
I-190 Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List
I-195 Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List
I-94 Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List
I-217 Guadalcanal
29. QMC Form 1044-1044a-1044b-Bone List
I-219-Guadalcanal
30. QMC Form 1044-1044a-1044b-Bone List
I-220 Guadalcanal
31. QMC Form 1044-1044a-1044b-Bone List
I-225 Guadalcanal

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83 Incls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-226-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-288-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-296-Guadalcanal

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83 Incls

54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
55. QMC Form 1044-1044a-1044b- Bone List-
X-298-Guadaluacanal
56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
58. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
59. 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-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-868-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-Enulabegan
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-148-Barrackpore
75. QMC Form 1044-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

RRREC 295

SUBJECT: Resolution of Unidentified Remains

85 Incls

76. QMC Forms 1044-1044b-Bone List X-149 "D"-
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

393

Paul CAM

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC
Interred 15 March 1949
F 504

DISINTERMENT DIRECTIVE

-Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
O. BAKER

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME
UNKNOWNX-000295

SERIAL NUMBER
RANK

ARM
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
GUADALCANAL

DISPOSITION OF REMAINS
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
#191 2 SOLOMON ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
HONOLULU NATIONAL CEMETERY
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-295
Army, Navy, Mar. Cemetery
Guadalcanal

SERIAL NUMBER
Unk

RANK
Unk

DATE OF DEATH
Unk

DATE DISINTERRED
2 July 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
Unk

RELIGION
Unk

IDENTIFICATION VERIFIED BY
John L. Murphy,
Capt., QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Casket

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Grave marker and mortuary tag

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 2 July 1948 BY ROBERT W RALSTON, EMBALMER

CASKET SEALED BY
IRA J. VONK

EMBALMER (Signature)
R. W. RALSTON

CASKET BOXED AND MARKED
DATE 7/2/48 BY IRA J. VONK

SHIPPING ADDRESS VERIFIED BY
A. J. EDBERTSON

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

JOHN L. MURPHY CAPT., QMC
SIGNATURE OF GRS INSPECTOR

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

NLX incl 60

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U S ARMY MAUS NO 3
TO HAWAIIAN DIST CENTER

KIND OF CONVEYANCE **TRUCK**

SIGNATURE OF SHIPPER *[Signature]*

DATE

24 FEB 1949

SIGNATURE OF RECEIVER *[Signature]*

NAME OF CONVOYER

JAMES B HARRIS

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

8. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-295 Guadalcanal				2. DATE OF REPORT 24 February 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Guadalcanal		4. PLOT F	5. ROW B 191	6. GRAVE 2 2	7. DATE OF DISINTERMENT 20 Feb '48	REINTERMENT 24 Feb '48

PHYSICAL DESCRIPTION Age 20 to 21 years.

8. ESTIMATED WEIGHT approx 165 lbs.	9. ESTIMATED HEIGHT 176-69.29-5'9¹/₂"	10. COLOR OF HAIR U. T. D.	11. RACE White
-----------------------------------------------	-----------------------------------------------------------------------	--------------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown X-295 Plot-F, Row-191, Grave-2.

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

None

UNIDENTIFIABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CIVIL G. DIVISION
 1st. Lt., FA 0-1367593 *April 6, Diney 20 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

Exostosis, about an inch long, of the inter osseus crest of the distal end of the left ulna. May represent a healed fracture.

Third left rib had a small projection on the superior surface near the sternal end.

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

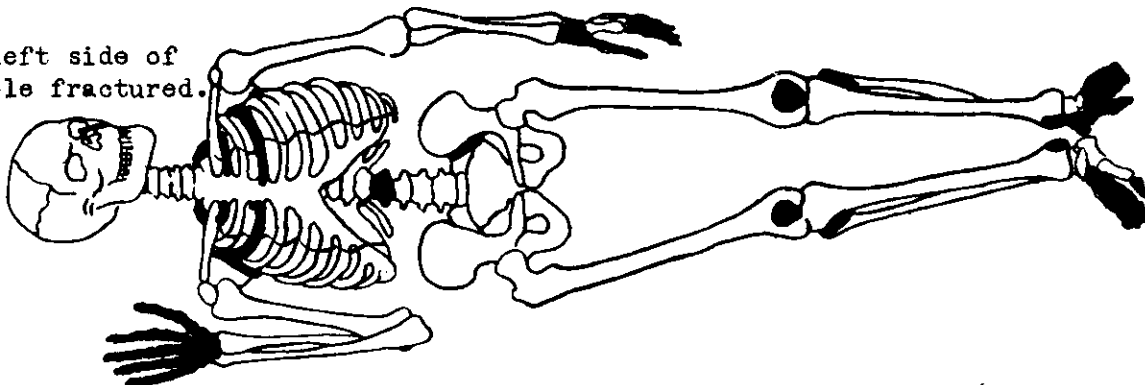
18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" OUT AND LABELED THUS: X-295			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Guadalcanal			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
A	A	A				⊙					A	SECTION MAXILLA + TEETH MISSING		A		
O	OD	ODM									OD					
Side Views															Side Views	
Top Views																
Side Views																
														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

Rear left side of mandible fractured.



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.

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a taller than average, rather heavy set young man of 20 to 21 years of age with fairly wide hips,
The skull is average in size and a broad oval in shape. There is some backhead projection and the external occipital protuberance was palpable. The skull is high. There are two mound-like eminences behind the ears and below and to each side of the external occipital protuberance which probably gave shape to the top of the neck. The frontal bosses are fairly prominent.
The face has average proportions, flat sides and quite a sharp chin. In profile the mouth parts project leaving the chin eminence receding. The chin point is very narrow bi-lateral one, which sticks forward more on the right side.

Fluoroscopical 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., QMC

SIGNATURE

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

CENTRAL IDENTIFICATION LABORATORY & SOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	54.0	Mandible fractured at left, rear side.
VERTEBRAE	CERVICAL	7		
	THORACIC	12		
	LUMBAR	4		# 1 missing.
SACRUM		1		Left wing of sacrum is fractured.
INNOMINATES	RIGHT	1	approx BI-ILIAC DIAM	
	LEFT	1	28.0	
RIBS		20		2 left and 2 right ribs missing.
STERNUM		1		
CLAVICLES	RIGHT	1	14.5	
	LEFT	1		
SCAPULAE	RIGHT	1		Fractured
	LEFT	1		"
HUMERI	RIGHT	1	34.0	
	LEFT	1	34.4	
RADII	RIGHT	1	26.0	
	LEFT	1	25.5	
ULNAE	RIGHT	1	28.5	
	LEFT	1	27.1	
HANDS	RIGHT	0		Missing
	LEFT	1		#2 & #3 metacarpals only parts present.
FEMORA	RIGHT	1	48.0	
	LEFT	1	48.3	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1		Inferior end fractured.
	LEFT	1		" " "
FIBULAE	RIGHT	1	40.1	Fractured - Superior end missing.
	LEFT	1	40.2	Fractured - Superior end missing.
FEET	RIGHT	1		All missing except calcaneus, talus, cuboid and 1st metatarsal.
	LEFT	1		Only talus bone is present.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT 176-69.29-5'9 $\frac{1}{2}$ "	AGE	20 to 21	YEARS
ESTIMATED WEIGHT approx 165 lbs		LEG-HIP BR	RATIO

Chas. E. Snow

Charles E. Snow
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-295 Guadalcanal

WD OMC Form 1042
 Rev. 1 November 1941
 (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 October 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

Unknown X-295

RANK

unknown

SERIAL NUMBER

unknown

COUNTRY

unknown

ORGANIZATION

unknown

BRANCH

unknown

RACE

unknown

RELIGION

unknown

DATE

DEATH

unknown

PLACE OF DEATH

unknown

CAUSE OF DEATH

unknown

IDENTIFICATION TAGS FOUND ON BODY

1

2

NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS 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 26 Sept 45 Reburial	HOUR 1556	PLOT NO. F	ROW NO. 191	GRAVE NO. 2	GRAVE MARKER Wooden Cross
Army Navy Marine Cemetery Guadalcanal BSI					

TYPE OF RELIGIOUS CEREMONY

Previous service unknown

PERSON REPORTING BURIAL

T-G William H. Lusary

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)
Remenaric, George L.

RANK

Pfc

SERIAL NO.

352424

ORGANIZATION

USMC

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

RANK

Pfc

SERIAL NO.

35100746

ORGANIZATION

31st CA

PERSON CONDUCTING BURIAL RITES

unknown

VERIFIED BY G. R. S. OFFICER

John R. Nolan
 for 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 Unknown X-58, Plot A, Row 1, Grave 4, in the USN & USMC Cemetery #1, Tulagi, B.S.I.

Inc 192

U 655

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.

FILLINGS



CAVITIES



MISSING TEETH



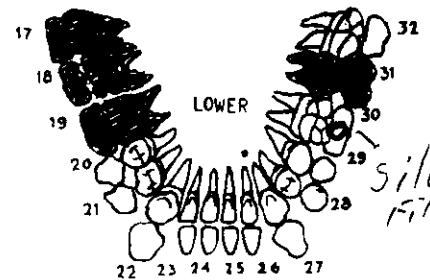
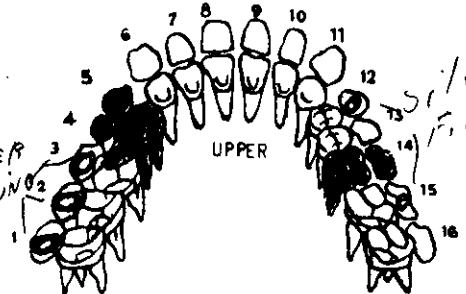
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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

6 SEP 1946

LEFT THUMB

RIGHT THUMB

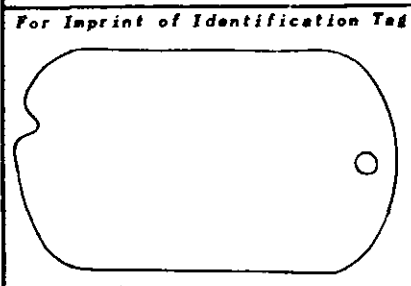
2

1

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
 51 October 1945



For Imprint of Identification Tag

NAME (Last, First, Middle Initial)
 Unknown X-295

RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

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

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found.

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL 26 Sept 45 (Reburial)	HOUR 1556	PLOT NO. F	ROW NO. 191	GRAVE NO. 2	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL /s/ W5 William H. Tussey
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) Remenaric, George L.	RANK Pfc	SERIAL NO. 352424	ORGANIZATION USMC	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Martin, Lister	RANK Pfc	SERIAL NO. 35100746	ORGANIZATION 31st CA	GRAVE NO.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall 1st Lt. OMC for /t/ JOHN NOLAN 1st Lt., OMC
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

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

OVER FOR BURIAL INSTRUCTIONS

FILE
 1046

INSTRUCTIONS FOR 1






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:

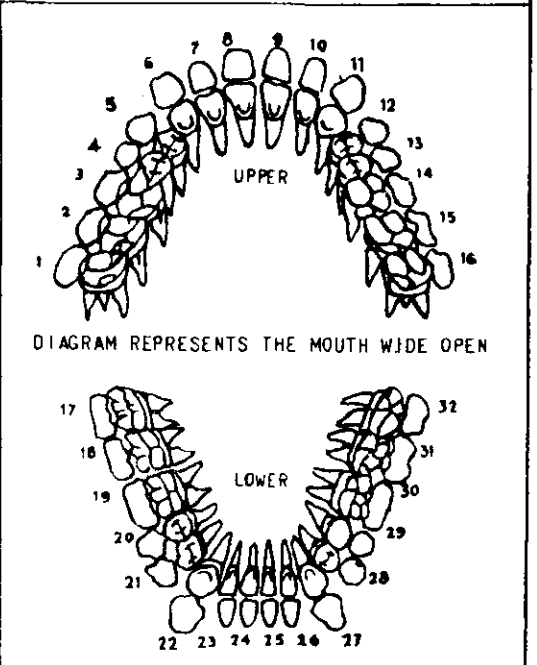
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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	 <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

A TRUE COPY


 C. M. ISELEY
 Lt. Col., ZSC

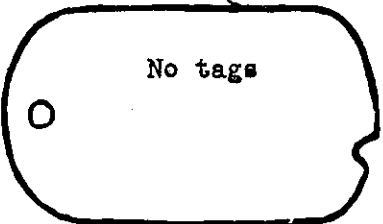


Left Little Finger	When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

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

REPORT OF INTERMENT
 (TM 10-639 and AR 30-1815)

DATE REPORT FILLED OUT
 19 February 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Unidentified Body X-58		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown		BRANCH Unknown
	RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

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

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 4 Jan 1945 (REBURIAL)	HOUR 0930	PLOT NO. A	ROW NO. 1	GRAVE NO. 4	GRAVE MARKER Wooden Cross USN & USMC Cemetery # 1, Tulagi, B.S.I.
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TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL <i>John R. Nolan</i>
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) Giffels, Gordon J.	RANK Sgt.	SERIAL NO. 267534	ORGANIZATION 1st Mar Bdr. Bn.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Stapleton, W. L.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown

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

Doc # 58

INSTRUCTIONS FOR BURIAL

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

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

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

LEFT THUMB

RIGHT THUMB






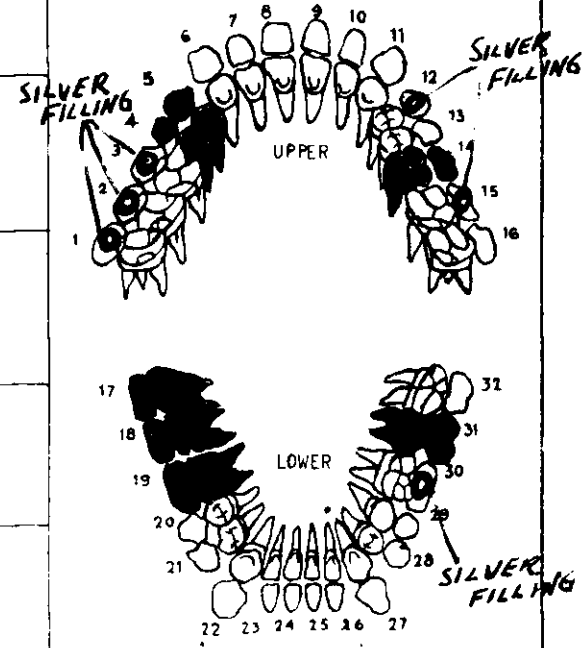
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE