

Law CAM  
X

1

Interred 11 March 1949 **DISINTERMENT DIRECTIVE**  
N 288 - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED <b>ALVAN O. B.</b>		DIRECTIVE NUMBER <b>8730 00000</b>	DATE <b>26 09 47</b> DAY MONTH YEAR
NAME <b>UNKNOWN</b>	SERIAL NUMBER <b>X0000296</b>	RANK	ARM <b>Q</b>
CEMETERY <b>GUADALCANAL</b>			DATE OF DEATH DAY MONTH YEAR <b>0492 64</b> CODE DIST. PT.
PLOT <b>F191</b>	ROW <b>6</b>	GRAVE <b>SOLOMON ISLANDS</b>	COUNTRY <b>6</b>
			CAUSE OF DEATH <b>6</b>

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>HONOLULU NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN X-296</b>	SERIAL NUMBER <b>Unk</b>	RANK <b>Unk</b>	DATE OF DEATH <b>Unk</b>	DATE DISTINTERRED <b>6 July 48</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>Unk</b>	RELIGION <b>Unk</b>	IDENTIFICATION VERIFIED BY <b>Robert W. Ralston, Embalmer</b> NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Casket</b>	CONDITION OF REMAINS <b>Skeletal</b>
OTHER MEANS OF IDENTIFICATION <b>Grave marker</b>	
MINOR DISCREPANCIES <b>None</b>	

REMAINS PREPARED AND PLACED IN CASKET	
DATE <b>6 July 1948</b>	BY <b>ROBERT W RALSTON, EMBALMER</b>
CASKET SEALED BY <b>IRA J. VORX</b>	EMBALMER (Signature) <b>ROBERT W. RALSTON</b> <i>Robert W. Ralston</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <b>A. J. ROBERTSON</b>

**FILE**  
**12 JUL 1948**

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*  
**R. D. JOHNSON, CAPT. AC**  
SIGNATURE OF GRS INSPECTOR

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

*ms*

*NLN Incl 62*

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

FROM U S ARMY MAOS NO

KIND OF CONVEYANCE TRUCK

SIGNATURE OF SHIPPER JOHN E. MORPHY

DATE 24 FEB 1949

~~WILSON, CPT, OMC~~  
Capt., OMC 01685944

2. SHIPPED

FROM CAPTAIN Q M O

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)

SIGNATURE OF SHIPPER HONOLULU NATIONAL CEMETERY

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

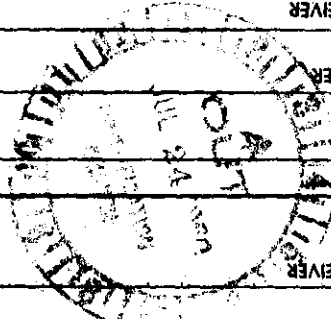
8. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE



REPAIR RECORDS BRANCH  
HAWAIIAN DISTRICT CENTER  
HONOLULU, T.H. 1949  
CAPTAIN Q M O

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-296</b>	2. DATE OF REPORT <b>29 March 1948</b>
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3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 1</b>  <b>Formerly of Guadalcanal</b>	4. PLOT  <b>F</b>	5. ROW <b>B</b>  <b>191</b>	6. GRAVE <b>Box 35</b>  <b>6</b>	7. DATE OF DISINTERMENT <b>29 Mar '48</b>	REINTERMENT <b>29 Mar '48</b>
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**PHYSICAL DESCRIPTION** *Age 22 to 24 years.*

8. ESTIMATED WEIGHT <b>145 to 155 lbs.</b>	9. ESTIMATED HEIGHT <b>170-70.06-5'10"</b>	10. COLOR OF HAIR <b>Golden brown, medium, fine, wavy.</b>	11. RACE <b>Probably White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Embossed plate on box reading: Unknown X-296 - Plot F, Row 191, Grave 6.**

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

**UNIDENTIFIABLE**  
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None

CYRIL C. DISNEY 1st. Lt., FA O-1167395	<i>Cyril C. Disney</i>	<i>20 Jan 1949</i>
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14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Skull fractured.</b>
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Open metopic suture.**  
**Complete hiatus of the sacrum.**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

*Incl. 53*

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p><b>Unknown X-296</b></p>	<p><i>Tooth Missing</i></p>	
<p><b>Guadalcanal</b></p> <p><b>CROWNED TEETH:</b> 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><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p><b>FILLINGS:</b> 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><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

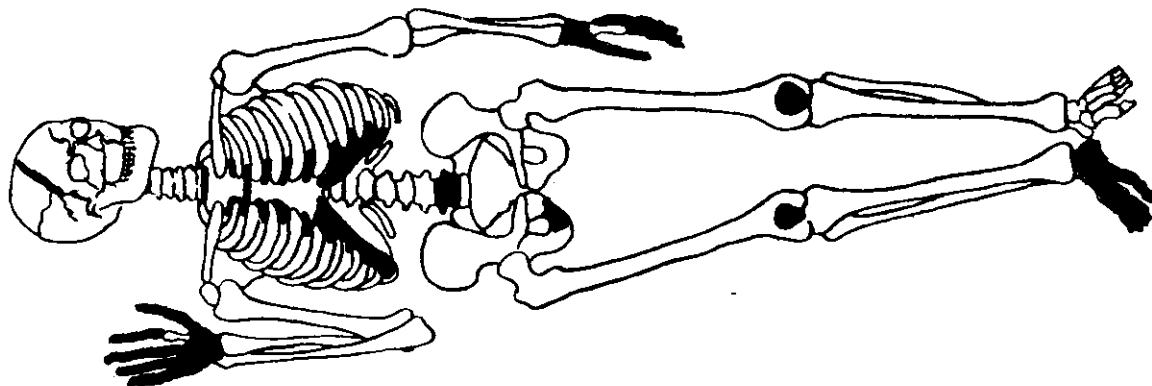
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		AO	A		AO									A	AO	
Side Views																
Top Views																
Side Views																
		AO												AO		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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. Malformation of R-4.
2. L-6 was veridimentary.

19. BLACK OUT PARTS OF BODY NOT REGISTERED



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 4 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

- One (1) extra right articulated radial and ulna.
- One (1) extra right ulna.
- One (1) extra right articulated humerus and ulna.

(See attached narrative.)

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man of average height but of relative slender build in his early 20's. It appears to have been that the left side of the entire body was smaller than that of the right. It is possible that he carried the right hip lower than that of the left. The skull is average in size and oval in shape. The vault is average in height and the backhead is average with a rounded external occipital protuberance which was palpable. The forehead is average and there is an absence of brow-ridges. The nasal root is fairly high, but wide, and the nose was convex in profile. The upper lip was probably very short. The lower jaw is average in proportion and presented a narrow bilateral chin eminence.

Extra parts listed above are catalogued as CIL's X-637-30-39 respectively.

Fluoroscope examination unnecessary. Teeth charted.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, BRANCH OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., MC

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


SIGNATURE

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL*		1	53.2	Fractured.
VERTEBRAE	CERVICAL	7		
	THORACIC	12		fractured.
	LUMBAR	4		#4 missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.4	Fragments missing.
	LEFT	1		
RIBS		24		
STERNUM		1		
CLAVICLES	RIGHT	1	14.3	
	LEFT	1	14.4	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	34.1	
	LEFT	1	33.6	
RADII	RIGHT	1	26.0	
	LEFT	1	25.1	
ULNAE	RIGHT	1	26.6	
	LEFT	1	25.8	
HANDS	RIGHT	1		All missing except metacarpal #2.
	LEFT	1		All missing except #2 & 3 metacarpals & 1 phalange.
FEMORA	RIGHT	1	48.3	
	LEFT	1	47.2	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	40.7	
	LEFT	1	40.6	
FIBULAE	RIGHT	1	39.7	
	LEFT	1	39.5	
FEET	RIGHT	0		Missing.
	LEFT	1		

NUMERO-CLAVICULAR RATIO 43.7	APPROXIMATE
ESTIMATED HEIGHT 178-70.06-5'10"	AGE 22 to 24 YEARS
ESTIMATED WEIGHT 145 to 155	LEG-HIP BR RATIO 55.3

  
 Paul L. Gravenor  
 Lab. Supervisor  
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-296 Guacalcanal

NARRATIVE

Unknown X-296, Guadalcanal F-191-6

In processing the above remains skeletal parts of four (4) people were found.

The following remains were checked to see if any of the extra bones from X-296 could be absorbed.

X-292	X-297
X-293	X-299
X-294	X-300
X-295	

No associations could be made and the extra bones from X-296 have been filed as C.I.L. Unknowns X-637, 638, 639.

In measuring the bones of X-296, it was found that the entire left side was shorter than the right but matched by color and general bone characteristics.

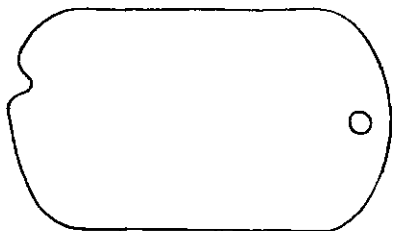
The remains were wrapped and returned to its casket.

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  
 15 October 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial) Unknown X-296		
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
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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.)
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DISPOSITION OF SUBSTITUTE TAGS, IF MADE	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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
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NAME, NUMBER AND LOCATION OF CEMETERY.  
 Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL 26 Sept 45 Reburial	HOUR 1558	PLOT NO. F	ROW NO. 191	GRAVE NO. 6	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL /s/ T-5 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) Ray, Willie L.	RANK Pvt	SERIAL NO. 34017675	ORGANIZATION 76th CA	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Anderson, Walter T.	RANK 1st Lt.	SERIAL NO. 017175	ORGANIZATION VMF 213	GRAVE NO.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall 1st Lt., QMC for /t/ JOHN R. NOLAN, 1st Lt., QMC
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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** Previously buried as Unknown X-57, Plot A, Row 1, Grave 2, in the USN & USMC Cemetery #1, Tulagi, B.S.I.

FILED  
OCT 1945



## 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

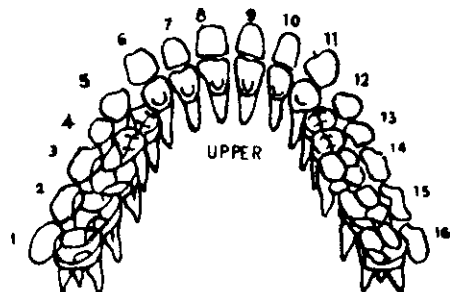
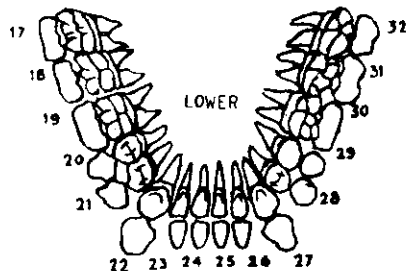


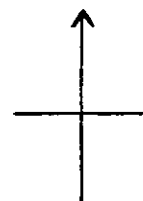
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

*C. M. Iseley*  
C. M. ISELEY  
Lt. Col., GSO



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

U 656

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 October 1945

	NAME (Last, First, Middle Initial)		
	Unknown X - 296		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
ORGANIZATION		BRANCH	MEMORIAL DIVISION SEP 26 12 59 PM '45 REGISTRATION AND RECORDS BRANCH
Unknown		Unknown	
RACE	RELIGION	DATE OF BIRTH	
Unknown	Unknown	Unknown	

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

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

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 26 Sept 45	HOUR 1558	PLOT NO. F	ROW NO. 191	GRAVE NO. 6	GRAVE MARKER Wooden Cross
Reburial Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Serious Unknown	PERSON REPORTING BURIAL T-5 William H. Turay
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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) Ray, Willie L.	RANK Pvt	SERIAL NO. 34017675	ORGANIZATION 76th CA
BODY ON RIGHT, NAME (Last, First, Middle Initial) Anderson, Walter T.	RANK 1st Lt.	SERIAL NO. 017175	ORGANIZATION VP 213

PERSON CONDUCTING BURIAL RITES  Unknown	VERIFIED BY - G. R. S. OFFICER  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.

Previously buried as Unknown X-57, Plot A, Row 1, Grave 2, in the USN & USMC Cemetery #1, Tulagi, B.S.I.

OVER FOR BURIAL INSTRUCTIONS

4-0-193

# 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


RIGHT THUMB

FILLINGS




SILVER FILLING  
GOLD FILLING

CAVITIES




CAVITY  
DECAYED

MISSING TEETH




TOOTH MISSING

CROWNED TEETH



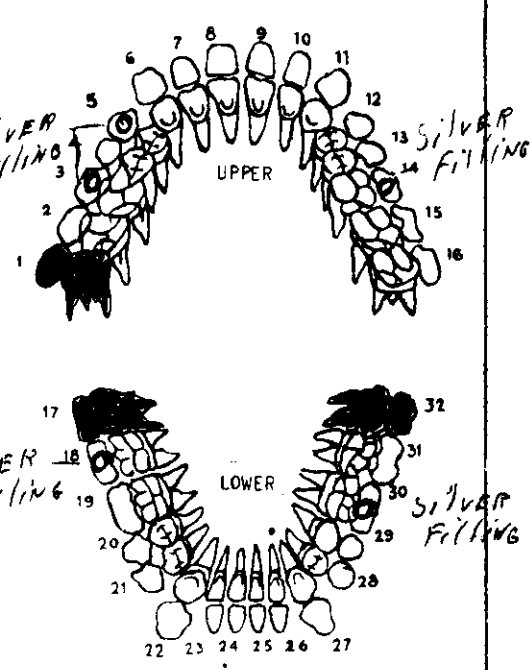
PORCELAIN CROWN  
GOLD CROWN

BRIDGE WORK



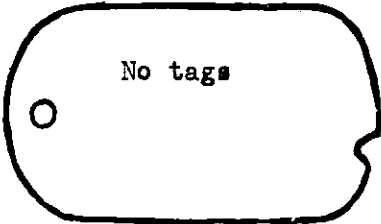
GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

6 SEP 1945

WD QMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT  17 February 1945	
FOR IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)  Unidentified Body X-57			
	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 4 Jan 45 (REBURIAL)	HOUR 0930	PLOT NO. A	ROW NO. 1	GRAVE NO. 2	GRAVE MARKER Wooden Cross
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL <i>Sgt. Richard J. Ryan</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) Nall, Russell E.			RANK 2nd Lt.	SERIAL NO. 09169	ORGANIZATION Spl Wpns Co. 3rd Def Bn.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Giffels, Gordon J.			RANK Sgt.	SERIAL NO. 267534	ORGANIZATION 1st Mar Rdr. Bn. USMC
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 QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS ) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

Incl # 57

## 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

RIGHT THUMB






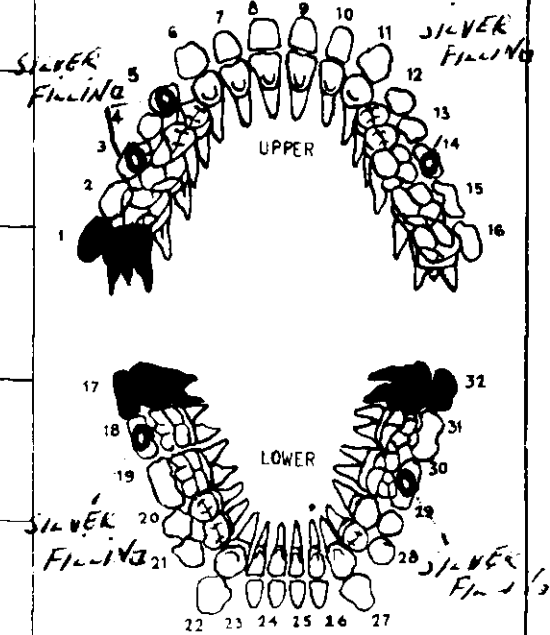
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

2

1

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

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CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME