

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. GUADALCANAL, X-298

SUBJECT

(formerly X-63, USN&USMC CEM #1, Tulagi, BSI.)

QMC FORM 1121  
1 Aug 45

61 12558

10 October 1950

N A R R A T I V E

UNKNOWN - USN & USMC CEMETERY #1, TULAGI, BRITISH SOLOMON ISLANDS


This Unknown remains was buried next to Robert M. Bonds in Plot A, Row 9, Grave 205 and was listed on the Plot Map as Unknown X-6, USN & USMC Cemetery #1, Tulagi. Unknown X-6 was recorded as reburied in Plot A, Row 5, Grave 165 and was redesignated as Unknown X-63, USN & USMC Cemetery #1, Tulagi.

(NOTE: Grave 165 was in Row 7, not Row 5)

At the time remains were concentrated into the Guadalcanal Cemetery, this remains was redesignated as Unknown X-298 and buried in Plot F, Row 211, Grave 10.

This remains was interred in Section F, Grave 163, NMCP, Hawaii by Administrative Order, Disinterment Directive No. 8730-0000.

1 Incl  
Cy, Rpt of Interment

  
STEWART W. ABEL  
Major QMC  
Hawaiian Distribution  
Center

ARMY DEPT OF ARMY WASH DC LT WAITE BKT 73000

UNCLASSIFIED

CONGRESSARPAK FT SHAFTER TN

PRIORITY

*WCF 30498*

RECEIVED

GRACE BEARD RE II

M-39683

FROM WASH HEADLINE MIKE TWO NINE SIX EIGHT THREE

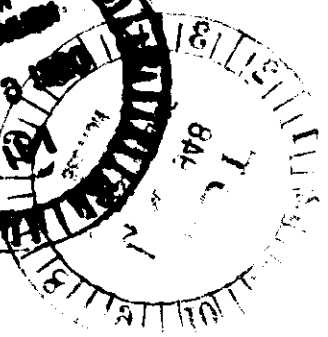
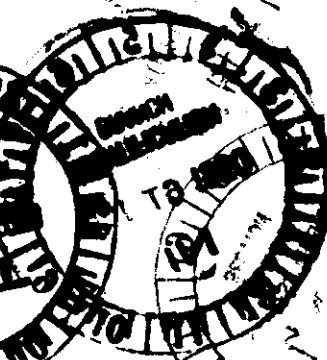
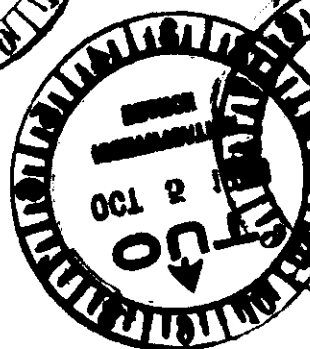
FORMS THREE SEVEN ONE AND NAVY FORMS HOW DASH FOUR FOR ALL PERSONS MISSING ON THE UNCLE SUGAR SUGAR SELFLEDGE WILL BE FORWARDED YOUR HEADQUARTERS APPROXIMATELY EIGHTEEN OCTOBER CURRENT



*THM*  
*JCM*  
*JKW*

wek

*12 29 PM '48*  
*Q.M.C. & CAB SECTION*



*AMR*

*3*

QUON 293 UNKNOWN L-398 (Declassified)

951400Z OCT 48

O. J. DUNNAY, MAJ, USA, WASH DIV

*716*

060

CNC 160

2

HCB37

1948 SEP 25 06 29

PP UEPC

01528

FM UHPB 32/CG USARPAC FTSHAFTER TH 250518Z

TO OMC DA WASHDC

WD GRNC

*Due 10-5-48*

*Reply Due 10-5-48*

M-29683 REQUEST NAVMED FORMS HOW DSH FOUR WITH PHYSICAL CHARACTERISTICS

OF ALL PERMNS MISSING ON THE USS SELFRIDGE PD INVESTIGATING UNKNOWN

298  
XRAY DASH TWO NINE EIGHT GUADALCANAL FOR POSSIBLE IDENTIFICATION

END GPO MC HULL

CFN M-29683

25/2530Z

*Trans (Gene)<sup>2</sup>*  
*160*

*Com USARPAC*

*M-29683*

*250518Z*

*OMC*

*59555*

SEP 27 12 48 PM '48

O.D.M.C.  
TEL. & CAB  
SECTION

*293 UNK (GUADALCANAL)*  
*X-298*

*To Rec'd 298*  
*25/2530Z*  
*25/2530Z*

*9-27-48*

law JS  
X

1

OF THE PA  
Interred 11 March 1949 **DISINTERMENT DIRECTIVE**  
F 163 *Olson S* -Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		ADVANCE <b>8730 00000</b>	DIRECTIVE NUMBER	DATE 26 09 47 DAY MONTH YEAR
NAME <b>UNKNOWNX-000298</b>		SERIAL NUMBER	RANK	ARM 2
CEMETERY <b>GUADALCANAL</b>		DATE OF DEATH		DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.
PLOT <b>R211</b>	ROW <b>10</b>	GRAVE <b>10</b>	COUNTRY <b>SOLOMON ISLANDS</b>	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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN X-298</b>	SERIAL NUMBER <b>Unk</b>	RANK <b>Unk</b>	DATE OF DEATH <b>6 October 43</b>	DATE DISTINTERRED <b>November 47</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>USN</b>	RELIGION <b>Unk</b>	IDENTIFICATION VERIFIED BY <b>John R. Nolan, 1st Lt., QMC NAME AND TITLE</b>	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Temporary Casket</b>	CONDITION OF REMAINS <b>Skeletal</b>
OTHER MEANS OF IDENTIFICATION <b>QMC Form 1042 and Grave Marker</b>	

MINOR DISCREPANCIES /  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE <b>9 February 49</b>	BY <b>William J. Willis, Embalmer</b>
CASKET SEALED BY <b>William J. Willis</b>	EMBALMER (Signature) <i>William J. Willis</i> <b>William J. Willis</b>
CASKET BOXED AND MARKED DATE <b>9 Feb 49</b> BY <b>William J. Willis</b>	SHIPPING ADDRESS VERIFIED BY <b>C. J. SURINE, CWO, USA</b>

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

*C. J. Surine*  
**C. J. SURINE, CWO, USA**  
SIGNATURE OF GRS INSPECTOR

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

ms.

*VLN Incl. 209*



SPQYO 205  
Unknown

2059  
20 January 1944

SUBJECT: Report of Burial.

TO : Chief Clerk, Bureau of Medicine & Surgery, U. S. Navy  
Department, Washington, D. C.

ATTENTION: Mrs. Hill.

1. Inclosed Report of Interment is forwarded to your office  
for your information.

2. This office should be advised if identification is made in  
order that the records may be corrected.

For The Quartermaster General:

R. P. HANBOLD,  
Colonel, Q. M. C.,  
Assistant.

1 Incl,  
Report of Interment.

*Revised*  
**CONFIDENTIAL**

*204*  
*286*

AG 293

1st Ind.

JTN/efs

26 Oct 43

HEADQUARTERS, SERVICE COMMAND, APO # [redacted], 26 October 1943.

TO: Commanding General, Forward Area, APO # [redacted] *GM*

3 Incls- n/c

AG 293

2nd. Ind.

(26 Oct 43)

HEADQUARTERS FORWARD AREA, Office of A.C. of S., G-4, APO [redacted], 27 Oct 43.

TO: Commanding General, SOS SPA, APO # [redacted]

*H. F. T. ©*

3 Incls:  
n/c

998.

3rd Ind.

JTN/efs

HEADQUARTERS, SERVICES OF SUPPLY, APO [redacted]

4 November, 1945.

To: The Quartermaster General, Washington, D.C.

1. Forwarded. One copy of each Report of Interment and one copy of Monthly Report of Burials has been retained by this headquarters for the records of the Chief, Graves Registration Service.

For the Commanding General:

*Henry Gerde*  
HENRY GERDE,

Lt. Col., A.C.D.,  
Adjutant General.

Incls.

n/c

*709*  
*502*

**CONFIDENTIAL**

*7*  
*3rd 6*  
*Lowell*  
*Amigo*



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

NOV 5 1993

FORWARDED  
HQ, SOS  
SPM

1410

*Restriction*  
~~CONFIDENTIAL~~

H2E.

Basic Ltr, Hqs. 49th QM Gr Regis. Co. First Platoon, APO 709.  
To: CG, SOS APO 502. dd 26 October 1943. Subj: Graves Reg. Reports.

*3146 lower profile view*

H2E. 3rd Ind.  
HEADQUARTERS, SERVICES OF SUPPLY, APO H2E. VEM/ans  
4 November, 1943.

To: The Quartermaster General, Washington, D.C.

1. Forwarded. One copy of each Report of Interment and one copy of Weekly Report of Burials has been retained by this headquarters for the records of the Chief, Graves Registration Service.

For the Commanding General:

HENRY BERRY,  
Lt. Col., I.C.D.,  
Adjutant General.

Incls.  
n/c

*709  
502*

ADAR  
SERV  
MAY 20 1944  
RECEIVED



*Restriction*  
~~CONFIDENTIAL~~

UNRECORDED

NOV 5 1963  
FORWARDED  
HQ, SOS  
SPM

*Handwritten signature*

~~CONFIDENTIAL~~

HEADQUARTERS  
49th QM GR. REGIS. CO.  
FIRST PLATOON  
APO ~~████~~

ADT/jfg

26 October 1943

SUBJECT: Graves Registration Reports.

TO : Commanding General, SOS, SPA, APO ~~████~~.

1. Inclosed are the original and duplicate copies of Weekly Report of Burials (QMC Form No. 2 - GRS) for the week of 17 October to 23 October 1943.

2. Also inclosed are the original and duplicate copies of Report of Interment (QMC Form No. 1 - GRS) on the following named men:

EM 3/cl. John H. Etter, 321-58-84, USN  
Unidentified.

*Alfred D. Torpence*  
ALFRED D. TORPENCE  
1st Lt., QMC  
Graves Registration Officer

3 Incls.

- Incl. 1 - Weekly Burial Report (in dup)
- Incl. 2 - QMC #1 - Etter (in dup)
- Incl. 3 - QMC #1 - Unidentified (in dup)

~~CONFIDENTIAL~~

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-298 GUADALCANAL</b>				2. DATE OF REPORT <b>20 February 1948</b>	
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Formerly of Guadaleanal</b>		4. PLOT <b>F</b>	5. ROW <b>B</b>	6. GRAVE <b>7</b>	7. DATE OF DISINTERMENT <b>20 Feb '48</b>
					REINTERMENT <b>20 Feb '48</b>

**PHYSICAL DESCRIPTION Age: 22-25 years**

8. ESTIMATED WEIGHT <b>About 140 lbs.</b>	9. ESTIMATED HEIGHT <b>68.5 - 5' 8 1/2"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>White.</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) embossed plate reading: Unknown X-298, P-F, R-211, Gr. - 10. USS Seleridge, USN 6 October 1943.**

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

**CYRIL C. DISNEY**  
**1st. Lt., PA 0-1167395** *Cyril C. Disney* *20 Jan 1949*

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Skull, humeri, left radii, left femur, innominates and sacrum.</b>
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

1. Two wormian bones, located posterior, medial border of parietal bones (at lambda).
2. Perforation of olecranon fossa. Left humerus.
3. Spondylolysis of fifth lumbar vertebra.
4. Squatting facets, ankle joints.

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.**

TOOTH CHART		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>Unknown X-298</p>		<p>← Tooth Missing →</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Guadalcanal</p>		<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p>Cavity Decayed</p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SEE								REMARKS							
Side Views															
Top Views															
Side Views															
<p style="text-align: center;">CHIPPED</p>															
<p style="text-align: center;"> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">F, O, O</span> → DRIFT ← <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">D</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> <span style="margin-left: 20px;">A</span> </p>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Remarks:  
 One upper right molar with an A-O filling. The rest of the maxilla and teeth are missing.

19. BLACK DOT PARTS OF BODY NOT RECORDED

Left ascending ramus missing.



1st cervical vertebra missing

Fibula lower 3rd present.

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: An average sized, perhaps slender man in his early twenties.

The skull is a small average in size and has an elliptical outline.

The vault is relatively high.

The backhead has average projection.

There is a small possible external occipital protuberance.

The forehead has average slope and is rather smooth (small browridges).

The face is rather long and narrow with flat sides.

The mandible is rather light and presents a prominent chin with average width and bilateral in type.

The line of the jaw is rather long.

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, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.5	Fractured.
VERTEBRAE	CERVICAL	6		1st cervical missing.
	THORACIC	10		
	LUMBAR	5		
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	approx. BI-ILIAC DIAM	Fractured.
	LEFT	1	26.4	Fractured.
RIBS		22		Multiple fractures.
STERNUM		1		Fractured.
CLAVICLES	RIGHT	1	15.9	Fractured.
	LEFT	1	15.2	Fractured.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured.
	LEFT	1	33.6	Fractured.
RADII	RIGHT	0		Missing.
	LEFT	1	24.9	Fractured.
ULNAE	RIGHT	0		Missing.
	LEFT	1	26.7	Fractured.
HANDS	RIGHT	0		Missing.
	LEFT	1		All missing except hamate.
FEMORA	RIGHT	1	46.0	
	LEFT	1		Fractured.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	38.8	Fractured.
	LEFT	1		Fractured.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Fractured, lower third present.
FEET	RIGHT	0		Missing.
	LEFT	1		All present except 3rd cuneiform.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	174.2    68.5 5' 8 1/2"	AGE	23 - 25    YEARS
ESTIMATED WEIGHT	About 140 lbs.	LEG-HIP BR RATIO	

*Charles E. Snow*

ENCLOSURE TO: X-298 GUADALCANALES

CHARLES E. SNOW  
ANTHROPOLOGIST



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  
20 October 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)

Unknown X-298

RANK

unknown

SERIAL NUMBER

unknown

COUNTRY

USA

ORGANIZATION

USS Selfridge

BRANCH

USN

RACE

unknown

RELIGION

unknown

DATE OF DEATH

6 Oct 1943

PLACE OF DEATH  
USS Selfridge

CAUSE OF DEATH  
Killed in action.

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 BSI

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
27 Sept 45 Reburial	0905	F	211	10	Wooden Cross

TYPE OF RELIGIOUS CEREMONY  
Previous service unknown

PERSON REPORTING BURIAL  
/s/ T-5 William H. Tussey

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.

Previously buried in Plot A, Row 5, Grave 165, as Unknown X-63 in the USN and USMC Cemetery #1, Tulagi, BSI

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Wagner, Lester J.	Mer. Seaman	unknown	Mer. Marine	9

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
End of Row.				

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

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 HIGH 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  
OCT 20 1945

## INSTRUCTIONS FOR BURIAL


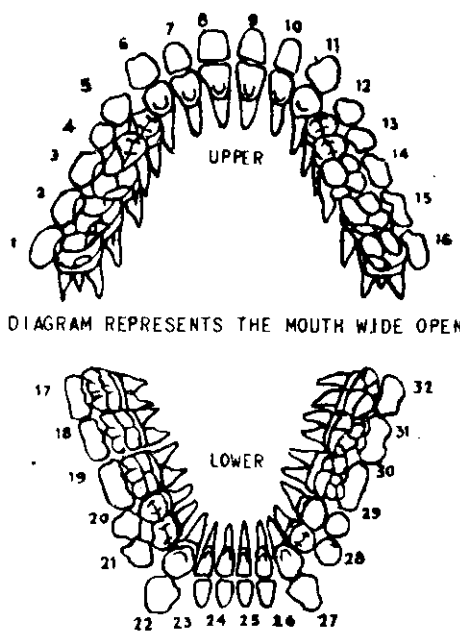




**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent 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.

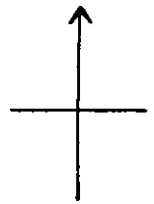
*The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.*

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

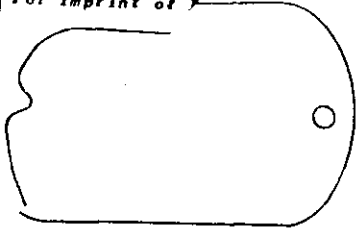
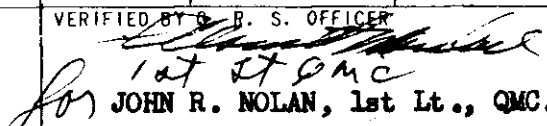
  
 C. M. ISELEY  
 Lt. Col., G.S.C.



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

N 3640

REPORT OF INTERMENT (TM 10-630 and AR 30-1815)				DATE REPORT FILLED OUT	
WD OMC FORM 1082 Rev. 1 February 1945 (Supersedes form 1045, cks 3 Jan. 1945. Existing may be used until Identification Tag				20 October 1945	
For Imprint of 		NAME (Last, First, Middle Initial)			
		Unknown X-298			
RANK		SERIAL NUMBER		COUNTRY	
unknown		unknown		USA	
ORGANIZATION			BRANCH		
USS Selfridge			US		
RACE		RELIGION		DATE OF DEATH	
unknown		unknown		Oct 1943	
PLACE OF DEATH			CAUSE OF DEATH		
USS Selfridge			Killed in action.		
IDENTIFICATION TAGS FOUND ON BODY			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Lockers, 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		
NAME, NUMBER AND LOCATION OF CEMETERY.					
Army Navy Marine Cemetery Guadalcanal BSI					
DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
27 Sept 45 Burial	0905	F	211	10	Wooden Cross
TYPE OF RELIGIOUS CEREMONY			PERSON REPORTING BURIAL		
Previous service unknown			T-5 William H. Tussery		
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.					
Previously buried in Plot A, Row 5, Grave 165, as Unknown X-63 in the USN and USMC Cemetery #1, Tulagi BSI.					
BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Wagner, Lester J.		Mer. Seaman	unknown	Mer. Marine	9
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
End of Row.					
PERSON CONDUCTING BURIAL RITES			VERIFIED BY G. R. S. OFFICER		
unknown			 for 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 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					

# INSTRUCTIONS FOR BURIAL






**1. PREPARATION OF BODY, BURIAL, AND MARKINGS**  
 by a member of the medical detachment and attach EMT 52b. **REMARKS:** Have body examined and dress body when practical and bury in a suitable shroud. **NOTE:** Have body examined feet; in hasty burials, to sufficient depth to prevent destruction of all personal property. **IDENTIFICATION:** 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 tag is present (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 name on marker. When pegs are not available, use other suitable means to 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:

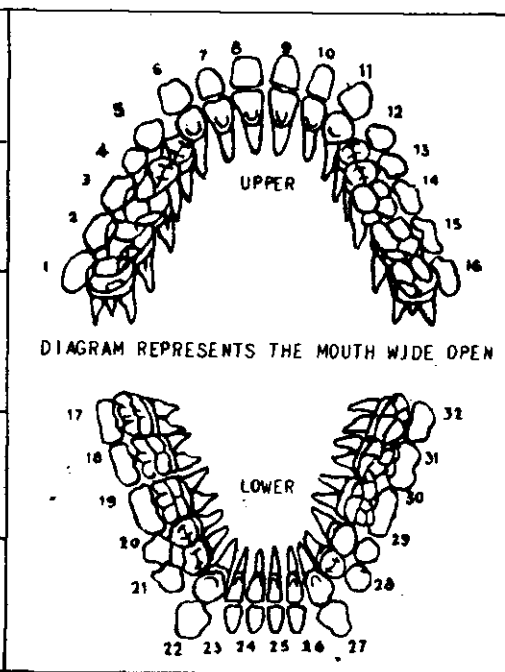
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**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.

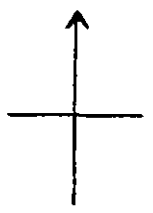
**3. PERSONAL EFFECTS:** List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration 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



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	

8 AUG 1949


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WD OMC Form 1082  
Rev. 1 November 1942  
(GRS 1, dated 11 May 1942  
may be used until exhausted)

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

DATE REPORT FILLED OUT

28 March 1945

FOR FINGERPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)			
		UNIDENTIFIED BODY X-63			
RANK		SERIAL NUMBER		COUNTRY	
Unknown		Unknown		United States	
ORGANIZATION			BRANCH		
USS SELFRIDGE			USN		
RACE		RELIGION		DATE OF DEATH	
Unknown		Unknown		6 Oct. 1943	
PLACE OF DEATH			CAUSE OF DEATH		
USS SELFRIDGE			Killed In Action		
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE					
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME					
No personal effects found.					
NAME OF EMERGENCY ADDRESSEE			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
16 Jan. 1945 (Reburial)	1315	A	5	165	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY			PERSON REPORTING BURIAL		
Previous Service Unknown			<i>John R. Nolan</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)		RANK	SERIAL NO.	ORGANIZATION	
POYNTER, Russell T.		COX.	287-45-83	USS CHEVALIER	
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	
End of Row					
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					

incl # 63

## 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.**

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

LEFT THUMB

RIGHT THUMB

4

3

2

1






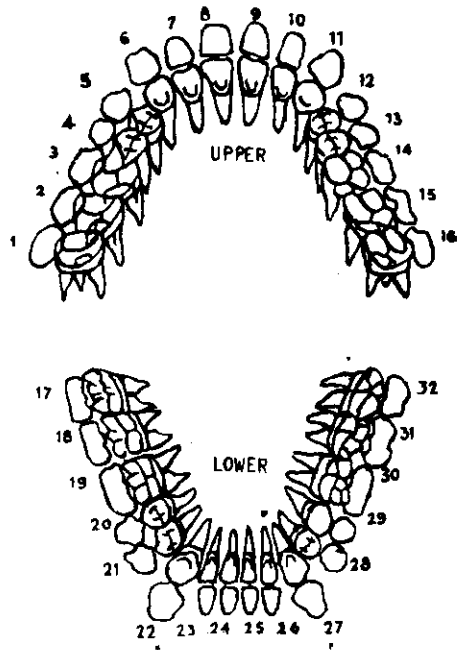
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

~~CONFIDENTIAL~~

*Restricted*

*Carded  
2059*

Graves Registration  
Form No. 1

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

UNKNOWN USS Selfridge U.S.N.  
(Last Name) (First) (Initial) (Serial #) (Rank) (Organization)

USS Selfridge 10-6-43 FIA  
(Place of Death) (Date of Death) (Cause of Death)

1630 10-17-43 Tulagi, USN & USMC Cemetery #1  
(Time and Date of Burial) (Name of Cemetery) (Name or coordinates of location)

205 9 Standard  
(Grave Number) (Row Number) (Plot Number) (Type of marker-Regulation V-shaped or other)

Disposition of identification tags: Buried with Body Yes  No   
Attached to marker Yes  No

Identity may be established when the remaining bodies are taken out of the ship's hold.  
(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely estab., give particulars)

Body buried on RIGHT BOW Bonds, Robert M 382-70-38 P.C. 2/cl. U.S.N. Row 9 Grave 206  
(Name) (Serial #) (Rank) (Orgn) (Grave #)

Body buried on LEFT BOW  
(Name) (Serial #) (Rank) (Orgn) (Grave #)

UNKNOWN  
(Name and address of AGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

*Restricted*

~~CONFIDENTIAL~~



(Verified by Army GRS Officer)

*Robert J. Jensen*  
1st Lt. O.M.C.

(Signature of Officer or other person reporting burial)

Lt. Karl I Schupp USNR

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

(If possible, have medical personnel take a tooth chart)

Height: \_\_\_\_\_  
Build: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_  
Color of hair: \_\_\_\_\_  
Race: \_\_\_\_\_  
Number of fingers: \_\_\_\_\_  
Number of toes: \_\_\_\_\_  
Wear glasses? \_\_\_\_\_  
Is tooth chart attached? \_\_\_\_\_  
(If possible, have medical personnel take a tooth chart)

TAKE FINGERPRINTS OF BOTH HANDS (A.D. Cir. No. 79, 3/19/54). It is to be obtained a complete set of fingerprints, TAKE THOSE FOR CAN, and fill in as many of the following as you are able:

IF RECALSED UNIDENTIFIED

THUMB
1
2
3
4

RIGHT HAND

THUMB
1
2
3
4

LEFT HAND