

FILE IDENTIFICATION TOPPER

FILE NUMBER

2.93 UNK. GUADALCANAL, X-301

SUBJECT

QMC FORM 1121  
1 Aug 45

51 12256

A I R M A I L

QMOMT 293

GRS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-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 Emylategan; X-30, formerly Kunning; X-125, X-146, X-149A, X-149 B, X-149 C, X-150 A, X-150 B, X-233, X-258, 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/d

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

S. Morgan:lc  
Salsor  
JW  
cc--Administrative Section

A I R M A I L

REB

NJS

C O P Y

A I R M A I L

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

DAFORM 288

JAN 24 1948

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.

1. Enclosed herewith eighty-three (83) QMG Forms 1044 for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Enaylabegan Cemeteries, stamped and signed in accordance with letter, DA FORM 288, QMGHQ 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, QMG  
Chief, BR Div

83 Incls

1. QMG Form 1044-1044a-1044b-  
Bone List X-9-Guadalcanal
2. QMG Form 1044-1044a-1044b-  
Bone List X-12-Guadalcanal
3. QMG Form 1044-1044a-1044b-Bone List-  
Fluoroscopic Findings X-14-  
Guadalcanal
4. QMG Form 1044-1044a-1044b-Bone List-  
X-16-Guadalcanal
5. QMG Forms 1044-1044a-1044b-Bone List-  
X-19 Guadalcanal
6. QMG Form 1044-1044a-1044b-Bone List-  
X-25 Guadalcanal
7. QMG Form 1044-1044a-1044b-Bone List-  
X-27 Guadalcanal
8. QMG Form 1044-1044a-1044b-Bone List-  
X-32 Guadalcanal

A I R M A I L

**SUBJECT: Resolution of Unidentified Remains**

**23 Incls**

9. QMC Form 1044-1044a-1044b-Bone List  
X-33 Guadalucazal
10. QMC Form 1044-1044a-1044b-Bone List  
X-35 Guadalucazal
11. QMC Form 1044-1044a-1044b-Bone List  
X-40 Guadalucazal
12. QMC Form 1044-1044a-1044b-Bone List-Fluorocroptical Findings  
X-41 Guadalucazal
13. QMC Form 1044-1044a-1044b-Bone List  
X-52-Guadalucazal
14. QMC Form 1044-1044a-1044b-Bone List  
X-63-Guadalucazal
15. QMC Form 1044-1044a-1044b-Bone List  
X-54 Guadalucazal
16. QMC Form 1044-1044a-1044b-Bone List  
X-61 Guadalucazal
17. QMC Form 1044-1044a-1044b-Bone List  
X-50 Guadalucazal
18. QMC Form 1044-1044a-1044b-Bone List  
X-91 "A" Guadalucazal
19. QMC Form 1044-1044a-1044b-Bone List  
X-92 "B" Guadalucazal
20. QMC Form 1044-1044a-1044b-Bone List  
X-104 Guadalucazal
21. QMC Form 1044-1044a-1044b-Bone List  
X-117-Guadalucazal
22. QMC Form 1044-1044a-1044b-Bone List  
X-177 Guadalucazal
23. QMC Form 1044-1044a-1044b-Bone List  
X-182-Guadalucazal
24. QMC Form 1044-1044a-1044b-Bone List  
X-183 Guadalucazal
25. QMC Form 1044-1044a-1044b-Bone List  
X-190 Guadalucazal
26. QMC Form 1044-1044a-1044b-Bone List  
X-195 Guadalucazal
27. QMC Form 1044-1044a-1044b-Bone List  
X-94 Guadalucazal
28. QMC Form 1044-1044a-1044b-Bone List  
X-217 Guadalucazal
29. QMC Form 1044-1044a-1044b-Bone List  
X-219-Guadalucazal
30. QMC Form 1044-1044a-1044b-Bone List  
X-220 Guadalucazal
31. QMC Form 1044-1044a-1044b-Bone List  
X-225 Guadalucazal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

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 Form 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-1044b-Bone List-X-743 Remains Depot
63. QMC Form 1044-1044a-1044b-Bone List-X-744-Remains Depot
64. QMC Form 1044-1044a-1044b-Bone List-X-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-Thnlabogan
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-146-Barrackpore
75. QMC Form 1044-1044a-1044b-Bone List X-149-"A" Barrackpore.

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

76. QMC Forms 1044-1044b-Bone List X-149 "B"-  
Barrackpore
77. QMC Form 1044-1044b-Bone List X-149 "C"-  
Barrackpore
78. QMC Form 1044-1044b-Bone List X-150  
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Bone List-  
X-150 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Bone List-  
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Bone List-  
X-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

- 5 -

1/FV HT 140 New JS

1

OF THE PACIFIC  
Interred 11 March 1949 **DISINTERMENT DIRECTIVE**  
N 438 *Alvan C. Baker* Cemetery Superintendent

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER **8730 00000**  
DATE **26 09 47**  
DAY MONTH YEAR

NAME  
SERIAL NUMBER **UNKNOWNX-000301**  
RANK  
ARM **0**  
DATE OF DEATH

CEMETERY  
**CAADALCANAL**  
DISPOSITION OF REMAINS  
**0492 64**  
CODE DIST. PT.

PLOT **F207** ROW GRAVE COUNTRY **6 SOLOMON ISLANDS**  
CAUSE OF DEATH **6**

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII  
(BY ADMINISTRATION ORDER)**  
NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-301** SERIAL NUMBER **Unk** RANK **Unk** DATE OF DEATH **Unk** DATE DISTINTERRED **6 July 48**  
IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION **UNKNOWN** RELIGION **Unk** IDENTIFICATION VERIFIED BY **Gilbert L. H. Wong, Capt., INF.** 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 Cemetery Record**

MINOR DISCREPANCIES /  
**None**

REMAINS PREPARED AND PLACED IN CASKET  
DATE **6 July 48** BY **William J. Willis, Embalmer**

CASKET SEALED BY **G. D. Meek** EMBALMER (Signature) *G. D. Meek*  
**G. D. Meek** **FILE**

CASKET BOXED AND MARKED  
DATE **8 Feb 49** BY **G. D. Meek** SHIPPING ADDRESS VERIFIED BY **C. J. SURINE, CWO** **12 JUL 1949**

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.

"Inspected for identification only per paragraph 2, 1st Ind, GMS, para G/MNO 293 (Pacific), dated 5 May 1948."

*NLN 2nd 179*



RECORD OF CUSTODIAL TRANSFER

FROM U S ARMY MAUSOLEUM NO 3		TO Chief, Hawaii	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., GMD 02583944		SIGNATURE OF RECEIVER <i>[Signature]</i>	
DATE 27 FEB 1949		DATE	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM ESOS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

RECEIVED  
 MEMORIAL DIVISION  
 OF THE  
 NATIONAL ARCHIVES  
 FEB 26 1949  
 REPAIRS TO RECORDS BRANCH

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-301</b> <span style="margin-left: 150px;"><b>Guadalcanal</b></span>				2. DATE OF REPORT <b>29 March 1946</b>		
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>207</b>	6. GRAVE <b>19</b>  <b>6</b>	7. DATE OF DISINTERMENT <b>29 Mar '46</b>	REINTERMENT <b>29 Mar '46</b>

8. ESTIMATED WEIGHT						9. ESTIMATED HEIGHT						10. COLOR OF HAIR						11. RACE					
<b>150 to 155 lbs.</b>						<b>69.29-176-5'9 1/2"</b>						<b>B.T.L.</b>						<b>White</b>					

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: "Unidentified" with remains.  
 One (1) embossed plate on box reading: "Unknown X-301 - Plot F, Row 207, Gr. 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 *Cyril C. Disney* *20 Jan 1949*

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

1. Exostosis on anterior surface of left femur, resulting from healed fracture. 2. Healed fracture just below midshaft, and left fibula.

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

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

**Unknown X-301**

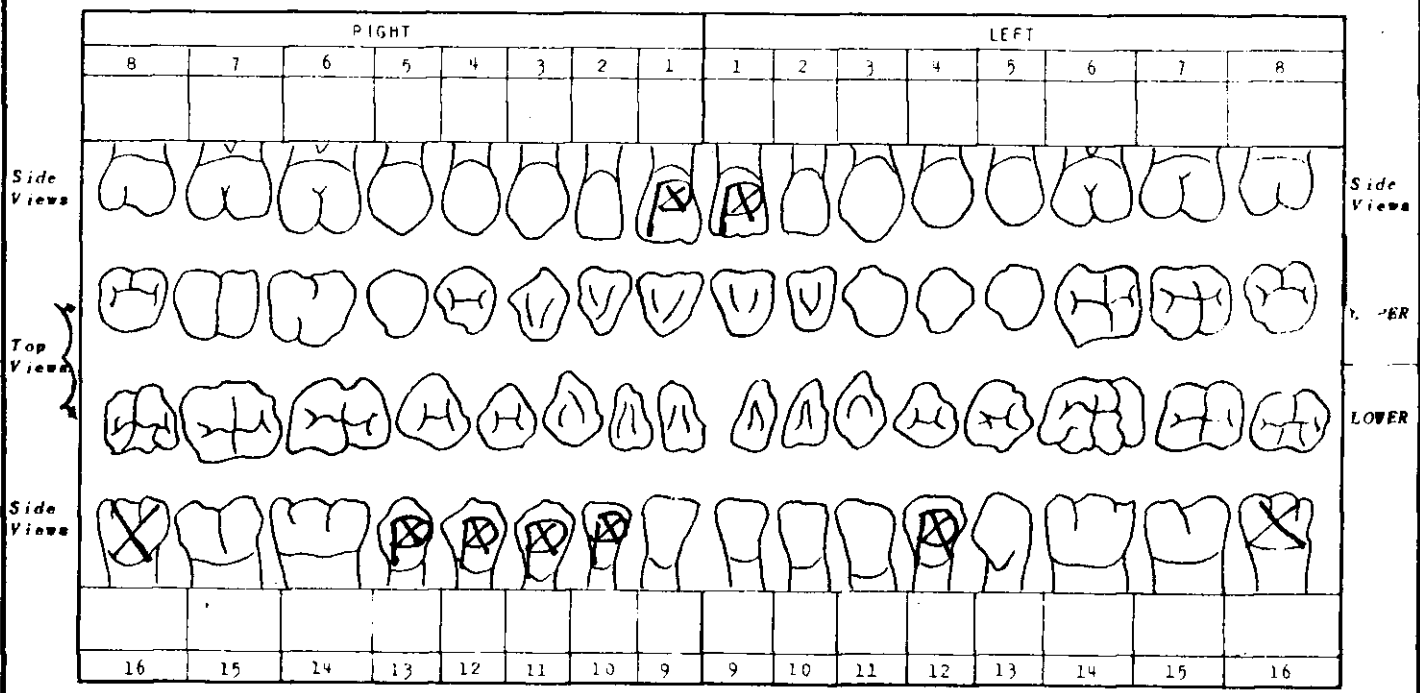
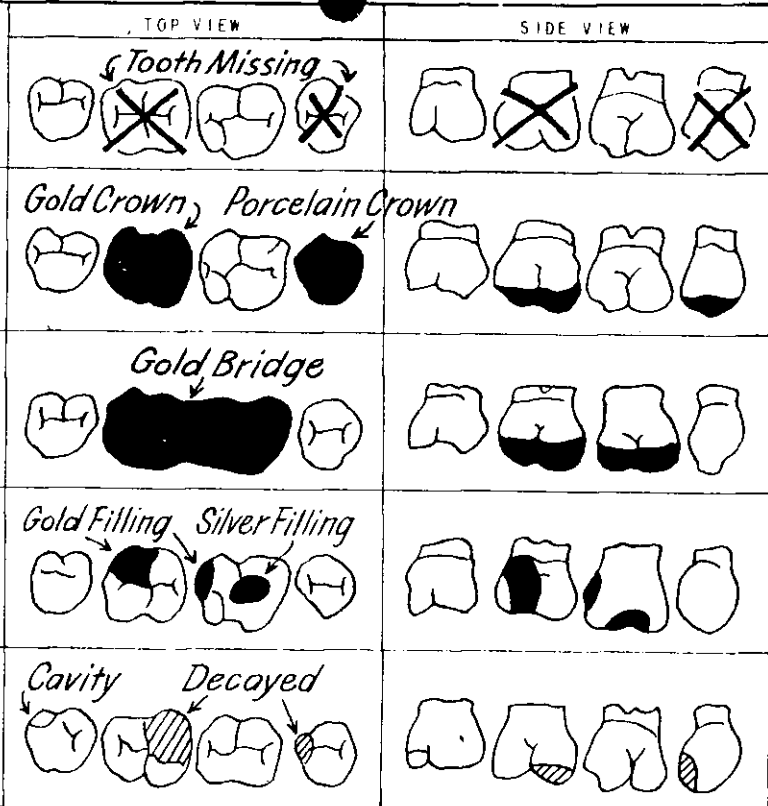
**Guadalcanal**

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

**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:

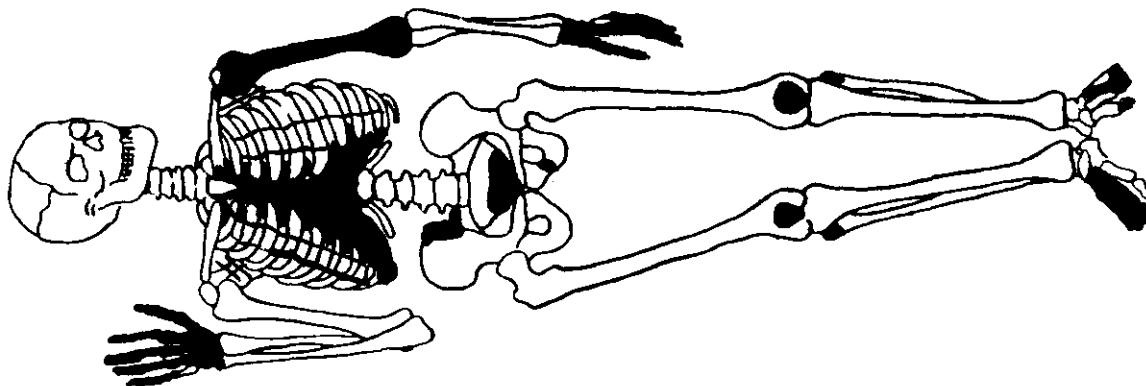


**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:**

1. Crowded lower anteriors.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

One (1) left ulna.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man in his middle 20's of average height and muscularity. The skull is small in size, oval in shape, with slight backhead projection and left asymmetry. The nasal root is high and rather broad, suggesting a prominent nose. The face is nearly rectangular in shape. The palate is fairly high. The line of the lower jaw is rather long and shows marked gonial eversion. The chin is fairly deep and prominent and presents a well-rounded eminence of average width.

The extra ulna mentioned in Section 20 was catalogued as C.I.L. X-643.

Teeth charted. Fluoroscopic examination unnecessary.

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**

*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	51.9	
VERTEBRAE	CERVICAL	7		
	THORACIC	7		5 missing.
	LUMBAR	5		
SACRUM		1		Upper portion present only.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 25.1	Portion of crest of ilium missing.
	LEFT	1		Portion of pubis missing.
RIBS		24		Fractured.
STERNUM		1		Manubrium only.
CLAVICLES	RIGHT	1	15.2	
	LEFT	1	Approx. 15.0	Sternal and distal end eroded.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	32.8	
	LEFT	0		Missing.
RADII	RIGHT	1	24.7	
	LEFT	1	24.6	
ULNAE	RIGHT	1	Approx. 26.1	Distal end missing.
	LEFT	1	26.1	
HANDS	RIGHT	1		#5 metacarpal present only.
	LEFT	1		#3 " " "
FEMORA	RIGHT	1	46.5	
	LEFT	1	46.4	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	37.2	
	LEFT	1	37.2	
FIBULAE	RIGHT	1		Proximal head missing.
	LEFT	1	38.0 approx.	" " "
FEET	RIGHT	1		Calcaneus, talus, #1 cuneiform, #1 metatarsal present.
	LEFT	1		Calcaneus, #1 cuneiform, 1-2-4-5 metatarsa

HUMERO-CLAVICULAR RATIO	46.3	APPROXIMATE	
ESTIMATED HEIGHT	69.29-176-5'9 1/4"	AGE	25 to 27 YEARS
ESTIMATED WEIGHT	150 to 155 lbs.	LEG-HIP BR RATIO	53.9

  
 Paul L. Cravenor  
 Lab. Supervisor  
 ANTHROPOLOGY

ENCLOSURE TO: X-301 Guadalcanal

NARRATIVE

The remains known as X-301, Plot F, Row 207, Grave 6, Guadalcanal, were completely processed and One (1) extra left ulna was found.

The remains known as X-300 and X-302, Guadalcanal, were checked in an effort to absorb the extra bone, but no association could be made and the part was catalogued as C.I.L. Unk X-643.

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

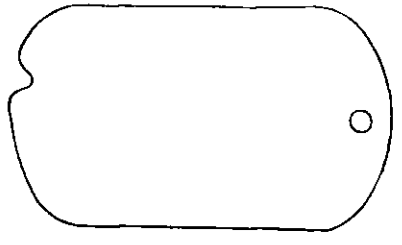
REPORT OF INTERMENT  
(TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

Oct 1945

MEMORIAL DIVISION  
SEP 26 12 59 PM '45  
REGISTRATION AND RECORDS BRANCH

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-301

RANK  
Unknown

SERIAL NUMBER  
Unknown

COUNTRY  
Unknown

ORGANIZATION  
Unknown

BRANCH

RACE  
Unknown

RELIGION  
Unknown

DATE OF DEATH  
Unknown

PLACE OF DEATH

Tulagi, BSI

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1  2  NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES  NO

COMPLETE TOOTH CHART ON REVERSE

YES  NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

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

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal, BSI

DATE OF BURIAL  
26 Sept 45

HOUR  
1458

PLOT NO.  
F

ROW NO.  
207

GRAVE NO.  
6

GRAVE MARKER  
Wooden Cross

TYPE OF RELIGIOUS CEREMONY  
Previous Service Unknown

PERSON REPORTING BURIAL  
T-5 William H. Tusey

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 B, Row 6, Grave 130, as Unknown X-51 in the USN & USMC Cemetery # 1, Tulagi, BSI

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)  
Mills, George Robert

RANK  
Ensign

SERIAL NO.  
299150

ORGANIZATION  
Air Cent Comd

GRAVE NO.  
5

BODY ON RIGHT, NAME (Last, First, Middle Initial)  
Christenson, Arnold Harold

RANK  
A1T 1c

SERIAL NO.  
622 92 14

ORGANIZATION  
USNR

GRAVE NO.  
7

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY R. S. OFFICER  
John F. McLean  
1st Lt., QAC

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

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

OVER FOR BURIAL INSTRUCTIONS

# 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

None



SILVER FILLING  
GOLD FILLING

CAVITIES

None



CAVITY  
DECAYED

MISSING TEETH

# 1, # 16  
# 17 and # 32



TOOTH MISSING

CROWNED TEETH

None



PORCELAIN CROWN  
GOLD CROWN

BRIDGE WORK

None



GOLD BRIDGE

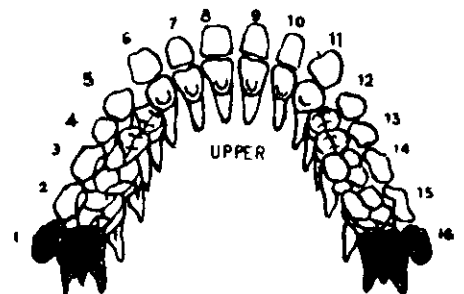
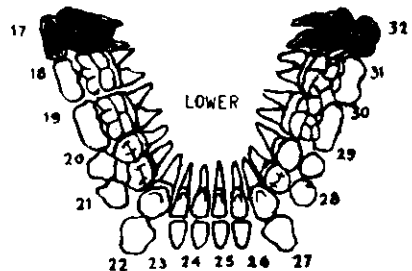
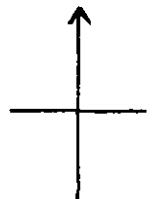


DIAGRAM REPRESENTS THE MOUTH WJDE OPEN



SKETCH AND MAP REFERENCE



6 SEP 1946

When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Left  
Little Finger

Left  
Ring Finger

Left  
Middle Finger

Left  
Index Finger

Left  
Thumb

Right  
Thumb


Right  
Index Finger

Right  
Middle Finger

Right  
Ring Finger

Right  
Little Finger



WD OMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 18 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) <b>UNIDENTIFIED BODY X-51</b>			
RANK <b>Unknown</b>		SERIAL NUMBER <b>Unknown</b>		COUNTRY <b>Unknown</b>	
ORGANIZATION <b>Unknown</b>			BRANCH <b>Unknown</b>		
RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		DATE OF DEATH <b>Unknown</b>	
PLACE OF DEATH <b>Tulagi, B.S.I.</b>			CAUSE OF DEATH <b>Unknown</b>		
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE			COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN		
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;">No personal effects found.</p>					
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>			ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE <b>27 Dec. 1944</b> (Reburial)	HOUR <b>0830</b>	PLOT NO. <b>B</b>	ROW NO. <b>6</b>	GRAVE NO. <b>130</b>	GRAVE MARKER <b>Wooden Cross</b>
<b>USN &amp; USMC CEMETERY #1 TULAGI, B.S.I.</b>					
TYPE OF RELIGIOUS CEREMONY <b>Previous Service Unknown</b>			PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.					
<b>BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)</b>					
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>GAEDECKE, F.C.</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>USN</b>	
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>COWDREY, R.L.</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>USN</b>	
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., OMC</b>		
<b>INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR ALL 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.</b>					
<b>OVER FOR BURIAL INSTRUCTIONS</b>					

*Inc #51*

# 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 HANKERCHIEF, 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






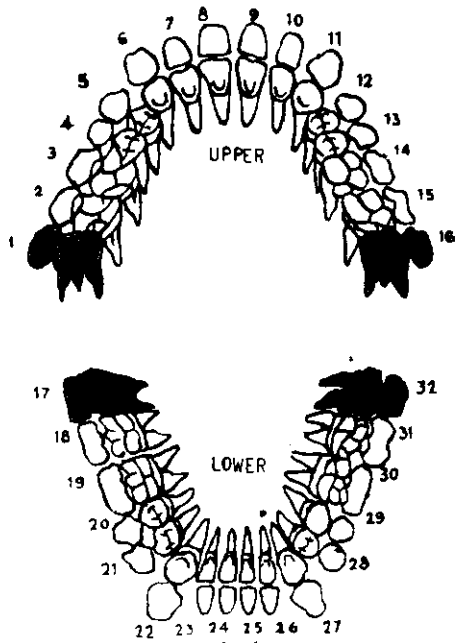
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

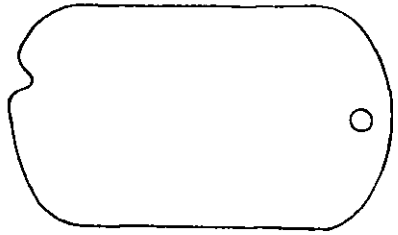
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WD OMC FORM 1042  
 Rev. 1 February 1945  
 (Supersedes form dated  
 3 Jan. 1945. Existing stocks  
 may be used until exhausted.)

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

IDENTIFICATION SECTION  
 REPATRIATION RECORDS BRANCH  
 MEMORIAL DIVISION

CATEGORY III CASE  
 NO CLUES  
 IDENTIFICATION IMPOSSIBLE  
 AT PRESENT TIME

For Imprint of Identification Tag		NAME (Last, First, Middle Initial)			
		Unknown X-301			
		RANK	SERIAL NUMBER		Unknown
		Unknown	Unknown		Unknown
		ORGANIZATION	BRANCH		Unknown
Unknown		Unknown		Unknown	
RACE		RELIGION		DATE OF DEATH	
Unknown		Unknown		Unknown	
PLACE OF DEATH			CAUSE OF DEATH		
Tulagi, BSI			Unknown		
IDENTIFICATION TAGS FOUND ON BODY			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE					
DISPOSITION OF SUBSTITUTE TAGS, IF MADE					
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE			COMPLETE TOOTH CHART ON REVERSE		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input 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			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
Reburial 26 Sept 1945	1458	F	207	6	Wooden Cross
TYPE OF RELIGIOUS CEREMONY			PERSON REPORTING BURIAL		
Previous service unknown			/s/ T/5 William H. Tussey		
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.					
Previously buried in Plot B, Row 6, Grave 130, as Unknown X-51 in the USN & 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.
Mills, George Robert		Ensign	299150	Air Cent	Comd 5
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Christenson, Arnold Harold		ART 1c	622 92 14	USNR	7
PERSON CONDUCTING BURIAL RITES			VERIFIED BY G. R. S. OFFICER		
Unknown			/s/ (Signature Illegible) 1st Lt., OMC /t/ 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 QUADRUPPLICATE FOR U. S. DEAD, AND 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**  
**DEC 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 and 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
--------------------------	---------------	-----------------------

a 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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

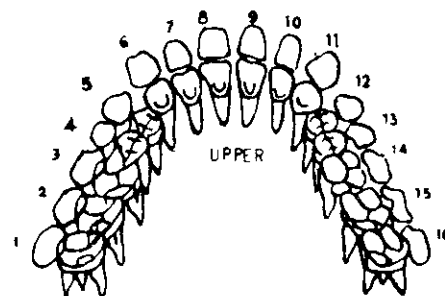
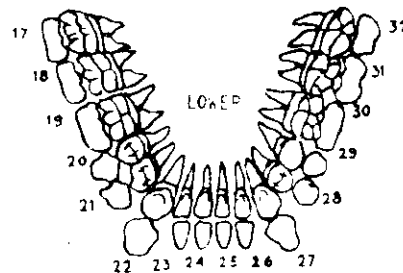


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

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



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

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME