

A I R M A I L

QMGMAT 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 953, c/o Postmaster, San Francisco, California

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 Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-196, X-217, X-219, X-220, X-225, X-226, X-235, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-282, X-285, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-868, X-872, X-875, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Ennylabegan; X-30, formerly Kunning; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-233, X-238, formerly Barrackpore.

3. Further reference is made to inclosures 82 and 83, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/d

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

S. Morganstro  
Salsor  
JW  
cc--Administrative Section

A I R M A I L

*Handwritten notes and signatures on the right margin, including "X-304" and "REB NJS".*

C O P Y

A I R M A I L

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 953

INREG 288

SEP 24 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith eighty-three(83) QMG Forms 1044 for Kunming, Shanghai, Rowains Depot, Guadalcanal, Barrackpore, Shanghai and Enaylabegan Cemeteries, stamped and signed in accordance with letter, DA QMG, QMGHU 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, RR 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 Form 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

REF: 288

SUBJECT: Resolution of Unidentified Remains

cc Incls

9. QMC Form 1044-1044a-1044b-Bone List  
X-33 Guadalcanal
10. QMC Form 1044-1044a-1044b-Bone List  
X-35 Guadalcanal
11. QMC Form 1044-1044a-1044b-Bone List  
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluorescopic Findings  
X-41 Guadalcanal
13. QMC Form 1044-1044a-1044b-Bone List  
X-52 Guadalcanal
14. QMC Form 1044-1044a-1044b-Bone List  
X-53 Guadalcanal
15. QMC Form 1044-1044a-1044b-Bone List  
X-54 Guadalcanal
16. QMC Form 1044-1044a-1044b-Bone List  
X-61 Guadalcanal
17. QMC Form 1044-1044a-1044b-Bone List  
X-90 Guadalcanal
18. QMC Form 1044-1044a-1044b-Bone List  
X-91 "A" Guadalcanal
19. QMC Form 1044-1044a-1044b-Bone List  
X-91 "B" Guadalcanal
20. QMC Form 1044-1044a-1044b-Bone List  
X-104 Guadalcanal
21. QMC Form 1044-1044a-1044b-Bone List  
X-117-Guadalcanal
22. QMC Form 1044-1044a-1044b-Bone List  
X-177 Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List  
X-182-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List  
X-183 Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List  
X-190 Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List  
X-195 Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List  
X-94 Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List  
X-217 Guadalcanal
29. QMC Form 1044-1044a-1044b-Bone List  
X-219-Guadalcanal
30. QMC Form 1044-1044a-1044b-Bone List  
X-220 Guadalcanal
31. QMC Form 1044-1044a-1044b-Bone List  
X-225 Guadalcanal

RRREC 298

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 Forms 1044-1044a-1044b-Bone List-  
X-296-Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

64. QMC Form 1044-1044a-1044b-Bone List-  
X-297-Guadaluacanal
65. QMC Form 1044-1044a-1044b- Bone List-  
X-298 Guadaluacanal
66. QMC Form 1044-1044a-1044b-Bone List-  
X-301-Guadaluacanal
67. QMC Form 1044-1044a-1044b-Bone List-  
X-304-Guadaluacanal
68. QMC Form 1044-1044a-1044b-Bone List-  
X-303-Guadaluacanal
69. QMC Form 1044-1044a-1044b-Bone List-  
X-323-Guadaluacanal
60. QMC Form 1044-1044a-1044b-Bone List-  
X-324-Guadaluacanal
61. QMC Form 1044-1044a-1044b-Bone List-  
X-344-Guadaluacanal
62. QMC Form 1044-1044a-1044c-Bone List-  
X-743 Remains Depot
63. QMC Form 1044-1044a-1044b-Bone List-  
X-744-Remains Depot
64. QMC Form 1044-1044a-1044b-Bone List-  
X-863-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-Enlabagan
71. QMC Form 1044-1044a-1044b-Bone List-  
X-30 Kunming
72. QMC Form 1044-1044a-1044b-Bone List-  
X-893 Shanghai
73. QMC Form 1044-1044a-1044b-Bone List-  
X-125-Barrackpore
74. QMC Form 1044-1044a-1044b-Bone List-  
X-126-Barrackpore
75. QMC Form 1044-1044a-1044b-Bone List X-149-  
"A" Barrackpore.

AIR MAIL

RRREG 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-160 "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

1

Interred 14 March 1949  
F 182  
**DISINTERMENT DIRECTIVE**

*Chas. B. Barnett* - Cemetery Superintendent

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

NAME *AB* SERIAL NUMBER **UNKNOWNX-000304** RANK ARM **1** DATE OF DEATH  
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
**F198 6 SOLOMON ISLANDS** **6**

**SECTION B - CONSIGNEE AND NEXT OF KIN**

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

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
**UNKNOWN X-304 Unk Unk Unk 12 December 47**  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS **Unk Unk Unk C. W. Barnett,**  
 MARKER **Unk Unk Embalmer** NAME AND TITLE

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL CONDITION OF REMAINS  
**Casket Skeletal**  
OTHER MEANS OF IDENTIFICATION  
**Grave marker and mortuary tag**

REPAIRS IN RECORDS BRANCH  
JUN 8 10 39 AM '49  
MEMORIAL DIVISION

MINOR DISCREPANCIES 1  
**None**

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

CASKET SEALED BY **IRA J. YONK** EMBALMER (Signature) **R. W. RALSTON**  
*Robert W. Ralston*

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE **7/2/48** BY **IRA J. YONK** **A. J. ROBERTSON**

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

*J. L. Murphy*  
**J. L. MURPHY, CAPT, QMC**  
SIGNATURE OF QRS INSPECTOR

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

*encl 1/1 mhr*

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		JOHN L. MORPHY Capt., OMC 01586944 WILSON OMC 1586944 24 FEB 1949	
NAME OF CONVOYER		JAMES B. HARRIS CAPTAIN C.M.D.	
DATE		24 FEB 1949	
1. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			
2. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			
3. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			
4. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			
5. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			
6. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			
7. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
NAME OF CONVOYER			
DATE			



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-304 Guadalcanal</b>				2. DATE OF REPORT <b>12 February 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum #1 Guadalcanal</b>		4. PLOT <b>F</b>	5. ROW <b>A</b>	6. GRAVE <b>9 6</b>	7. DATE OF DISINTERMENT <b>12 Feb '48</b>	REINTERMENT <b>12 Feb '48</b>

PHYSICAL DESCRIPTION **Age 27 - 30 years**

8. ESTIMATED WEIGHT <b>150 to 155</b>	9. ESTIMATED HEIGHT <b>5' 10"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>White</b>
--	--------------------------------------	--------------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate reading: X-304 - P-F, R-198, Gr-6.**

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

**None**

**U N I D E N T I F I A B L E**

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

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

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

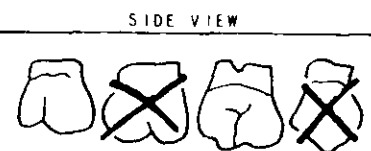
**The lower molars bite outside of the upper molars.  
Perforation of the olecranon fossa of the right humerus.**

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

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:  
X-304



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



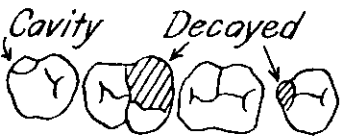
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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

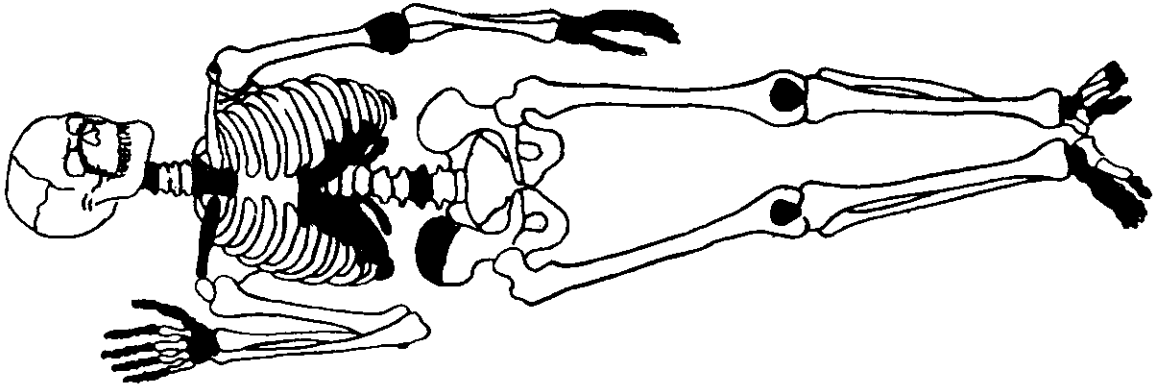


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
R DRIFT								R DRIFT							
S M								R DRIFT							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
R DRIFT								R DRIFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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. L-3 is in lingual version.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

No extra parts.

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a fairly tall man of average build and muscularity, in his late twenties and weighing about 150 lbs.  
 The skull is a large average in size and a broad oval in shape with a moderately projecting backhead and a large palpable occipital protuberance.  
 The forehead is of average height, quite wide and receding, has prominent frontal bosses.  
 In profile the face is convex in appearance. The glabella is prominent and the nasal bones are high suggesting that the nose was large, hooked, very prominent and skewed to the right. The nasion region is the most forward portion of the face and gives the face an undercut appearance in profile.  
 The palate is quite high and the upper jaw presents some alveolar prognathism. The lower jaw is very wide extremely light in structure, with a high jaw angle and fairly marked gonial flare.  
 The chin is relatively deep with a rounded, receding eminence.

Fluoroscopic report negative. Tooth chart taken.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
 O. W. GREENWOOD, CAPT., QMC

SIGNATURE

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

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	55.4	
VERTEBRAE	CERVICAL	4		2nd, 3rd and 4th missing.
	THORACIC	11		2nd missing.
	LUMBAR	4		4th missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.8	
	LEFT	1		
RIBS		22		12th right and 12th left missing.
STERNUM		1		
CLAVICLES	RIGHT	0		Missing
	LEFT	1	15.7	
SCAPULAE	RIGHT	1		
	LEFT	1		Fractured.
HUMERI	RIGHT	1	33.6	
	LEFT	1		Lower 1/4 missing.
RADII	RIGHT	1	26.0	
	LEFT	1	26.2	
ULNAE	RIGHT	1	28.5	
	LEFT	1	28.6	
HANDS	RIGHT	1		Triangular, 2,3,4,5 metacarpals present.
	LEFT	1		5th metacarpal present.
FEMORA	RIGHT	1	47.3	
	LEFT	1	47.0	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	38.6	
	LEFT	1	38.4	
FIBULAE	RIGHT	1		Ends eroded.
	LEFT	1		" "
FEET	RIGHT	1		Calcaneus 1st & 5th metacarpals present.
	LEFT	1		Calcaneus 1st & 3rd cubiforms 3rd, 4th & 5th metacarpals.

HUMERO-CLAVICULAR RATIO 46.7		APPROXIMATE	
ESTIMATED HEIGHT 5' 10"	AGE	23 to 26	YEARS
ESTIMATED WEIGHT 150 to 155 lbs		LEG-HIP BR RATIO 57.6	

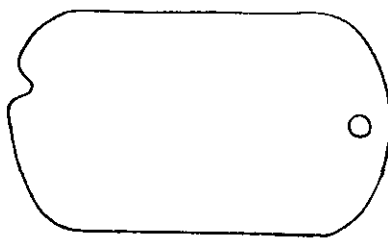
*Charles E. Snow*

ENCLOSURE TO: Unknown X-204 Guadalcanal

Charles E. Snow  
ANTHROPOLOGIST

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)

	NAME (Last, First, Middle Initial)		CATEGORY III CASE NO CLUES IDENTIFICATION IMPOSSIBLE AT PRESENT TIME unknown
	Unknown X-304		
	RANK	SERIAL NUMBER	
	Unknown	Unknown	
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE		RELIGION	DATE OF DEATH
Unknown		Unknown	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
--	---

NAME, NUMBER AND LOCATION OF CEMETERY.  
 Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL Reburial 26 Sept 45	HOUR 1531	PLAT NO. F	ROW NO. 198	GRAVE NO. 6	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL /s/ T/S 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.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Hardenstine, Howard C.	RANK F 2/c	SERIAL NO. 243 92 42	ORGANIZATION USS LaVallette	GRAVE NO. 5
BODY ON RIGHT, NAME (Last, First, Middle Initial) Reed, Charles S.	RANK Pvt	SERIAL NO. 358288	ORGANIZATION USMCR	GRAVE NO. 7
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /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. 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-61, in Plot A, Row 3, Grave 77 in USN & USMCR Cemetery #1, Tulagi, B.S.I.

FILE  
15 SEP 1945

# INSTRUCTIONS FOR [REDACTED]






**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

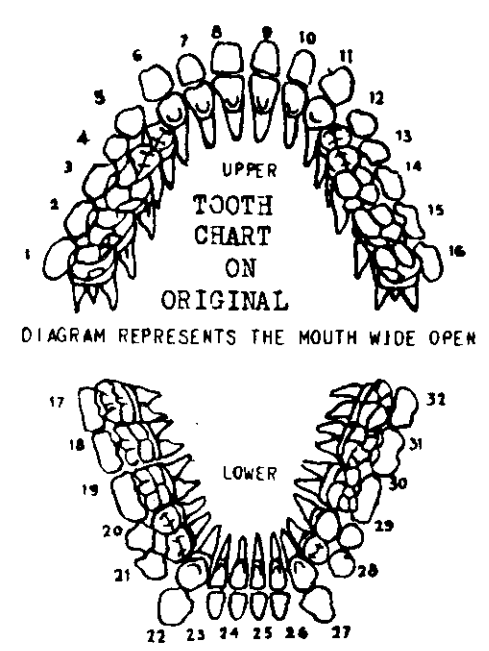
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**2. LOCATION OF GRAVE:** Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete, Stand at foot of grave facing head to determine bodies buried to the left and right.

**3. PERSONAL EFFECTS:** List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.

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

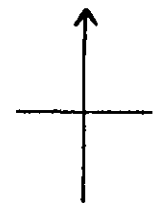
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE

A TRUE COPY

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



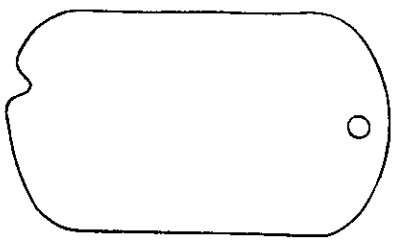
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

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

WD OMC FORM 1082  
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  
18 October 1945

	NAME (Last, First, Middle Initial) Unknown X - 304		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown	MEMBERIAL DIVISION BRANCH Unknown	
	RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

SEP 26 12 59 PM '45  
 REVISION AND RECORDS BRANCH

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
--	---

NAME, NUMBER AND LOCATION OF CEMETERY.  
Army Navy Marine Cemetery Guadalcanal, B.S.I.

DATE OF BURIAL 26 Sept 45 Reburial	HOUR 1531	PLOT NO. F	ROW NO. 198	GRAVE NO. 6	GRAVE MARKER wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL T-5 William H. Tussy
--	---

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 2 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Hardenstine, Howard C.	RANK P 2/c	SERIAL NO. 243 92 42	ORGANIZATION USS La Vallette	GRAVE NO. 5
BODY ON RIGHT, NAME (Last, First, Middle Initial) Reed, Charles S.	RANK Pvt	SERIAL NO. 358288	ORGANIZATION USMCR	GRAVE NO. 7
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 1st Lt OMC JOHN R. NOLAN, 1st Lt., OMC.			

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

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

OVER FOR BURIAL INSTRUCTIONS Previously buried as Unknown X-61, in Plot A, Row 3, Grave  
in USN & USMC Cemetery #1, Tulagi, B.S.I.

# 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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

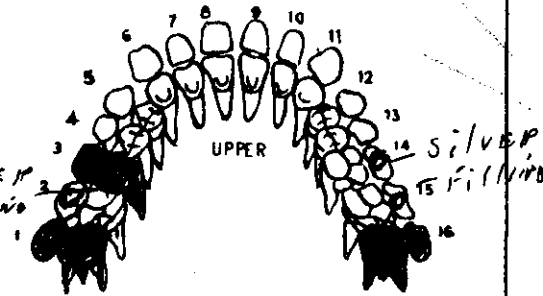
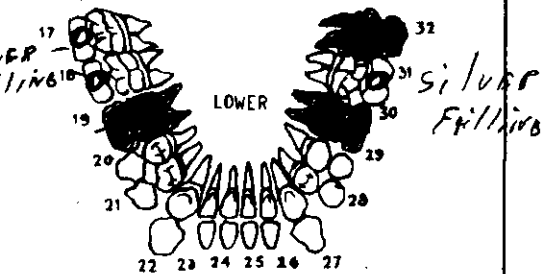
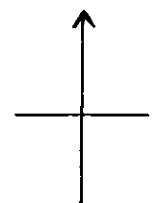


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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 1943  
(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

22 March 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-61					
	RANK		SERIAL NUMBER		COUNTRY	
	Unknown		Unknown		Unknown	
ORGANIZATION			BRANCH			
Unknown			Unknown			
RACE		RELIGION		DATE OF DEATH		
Unknown		Unknown		Unknown		

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

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE
---

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

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

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
9 Jan. 1945 (Reburial)	1315	A	3	77	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Sgt. Richard J. Moyer</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
CREAD, W.J.	Unknown	Unknown	USNR
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
ROUNDY, R.S.	Unknown	Unknown	USN

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 #61

## 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






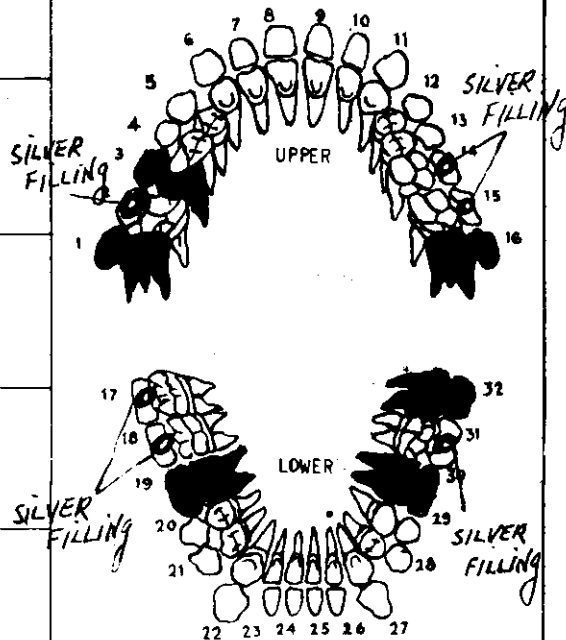
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

