

UNRA UN 6-305

INTERRED NMCP

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8730 00000

DATE 26 09 47 DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER

RANK

ARM Q

DATE OF DEATH

CEMETERY GUADALCANAL

DISPOSITION OF REMAINS

0492 64 CODE DIST. PT.

PLOT F ROW 197 GRAVE 8

COUNTRY 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 ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

CANCELLED

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

File 4 Oct 50 # [unclear]

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

**RECORD OF CUSTODIAL TRANSFER**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		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		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	

1258

DISINTERMENT DIRECTIVE

Interred 20 June 1949  
578 Cemetery Superintendent

HT  
1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
BAKER  
8730 00000

DATE  
15 03 49  
DAY MONTH YEAR

NAME  
UNKNOWNX-000325

SERIAL NUMBER GRADE ARM RACE RELIGION  
0 0 6

CEMETERY  
GUADALCANAL SOLOMON IS

PLOT ROW GRAVE DISPOSITION OF REMAINS  
F197 8 0492 64  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED  
Unknown X-325 Guadalcanal Unk. Unk. Unk. 10 Dec 47

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  MARKER UNKNOWN Unk. Ltr OQMG 22 Sept 47  
File QMGMU 293 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Uncasketed Skeletal

OTHER MEANS OF IDENTIFICATION  
Cemetery Record & Grave Marker

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE BY F. E. PRIBEK  
CASKET SEALED BY EMBALMER (Signature)  
M. C. DUNMAN M.C. DUNMAN

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 10 May 49 BY M. C. DUNMAN R. L. TRASK

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

R. L. Trask  
R. L. TRASK  
SIGNATURE OF AGRS INSPECTOR 3 AUG 1949

REMARKS AND SPECIAL INSTRUCTIONS  
"Inspected for identification... per paragraph 2, 1st Ind, OQMG, file QMGMO 293 (Pacific), dated 5 May 1948."  
REPATRIATION BRANCH MEM. DIV. [Signature]

NLN 627

RECORD OF CUSTODIAL TRANSFER

FROM		U. S. ARMY MAGAZINE NO. 3		TO		CHIEF TAWA D.	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER		<i>J. E. Wilson</i>		SIGNATURE OF RECEIVER		<i>James B. Harris</i>	
DATE		7 MAR 1949		DATE		17 1949	
2. SHIPPED							
FROM		CAPTAIN Q M G		TO		MAY 17 1949	
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				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			

REPAIRS  
RECORDS BRANCH  
JUL 25 1 45 PM '49

16

293

DISINTERMENT DIRECTIVE

Hick - Miss - Colon Islands - Guadalcanal

NUMBER - NAME AND BURIAL LOCATION OF DECEASED		MILITARY SERVICE		DATE		
NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH
CEMETERY						DISPOSITION OF REMAINS
PLOT		ROW		GRAVE		COUNTRY
F		17		E		COLON ISLANDS
						CAUSE OF DEATH

SECTION B - CONDITIONS AND NEXT OF KIN

NAME AND ADDRESS OF SIGNED		NAME AND ADDRESS OF NEXT OF KIN	
FRENCH MILITARY SOCIETY TERRITORY OF GUAYANA (BY ADMINISTRATIVE ORDER)			

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISINTERRED
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS						NAME AND TITLE	
<input type="checkbox"/> MARKER							

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

CASKET BOXED AND MARKED

DATE BY



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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GRC Form 114-1 on any discrepancy

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OR DECEASED

DIRECTIVE NUMBER  
0230 0000

DATE  
DAY MONTH YEAR  
20 02 47

UNKNOWN

BUCKLAND

UNKNOWN ISLANDS

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

ROYAL CANADIAN MOUNTED POLICE  
1000

LET ADMINISTRATION OFFICE

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRAVE DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG OR ORGANIZATION  
REMAINING  
MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKETS



DATE CASKET SEED BY

CASKET BOXED AND MARKED

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

SIGNATURE OF OFFICER

Prepare Discrepancy Report DMC Form 1194 for minor discrepancies

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <sup>CCW</sup> <b>Lockett, George R. X-325</b> <sup>CCW</sup> Guadalcanal			2. DATE OF REPORT <b>29 July 1948</b>	
3. NAME OF CEMETERY <b>U. S. Army Mausoleum #2 Formerly of Guadalcanal</b>	4. PLOT <b>F</b>	5. ROW <b>197</b>	6. GRAVE <b>42</b>	7. DATE OF <b>29 Jul '48</b>
				DISINTERMENT <b>29 Jul '48</b>
REINTERMENT <b>29 Jul '48</b>				

PHYSICAL DESCRIPTION <b>Age 20 to 22 years.</b>				
8. ESTIMATED WEIGHT <b>160 to 165 lbs.</b>	9. ESTIMATED HEIGHT <b>178-70.08-5' 10"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>Probably White</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate plate pinned on blanket reads: G. R. Lockett, USMC.  
 One (1) part of embossed plate wrapped with the remains reads: G. R. Lockett.  
 One (1) embossed plate nailed on lid of casket reads: Lockett, G. R. P/F-R/197,-G8.  
 One (1) embossed plate nailed on side of casket reads: Lockett, G. R., Guadalcanal.

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

**None**

*April 6. Driney 30 Dec 1948*

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

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

**None**



18. TOOTH CHART		TOP VIEW	SIDE VIEW
<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>Lockett, G. R. X-325 - <i>ceal</i></p> <p>U. S. Marine Corp.</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>		

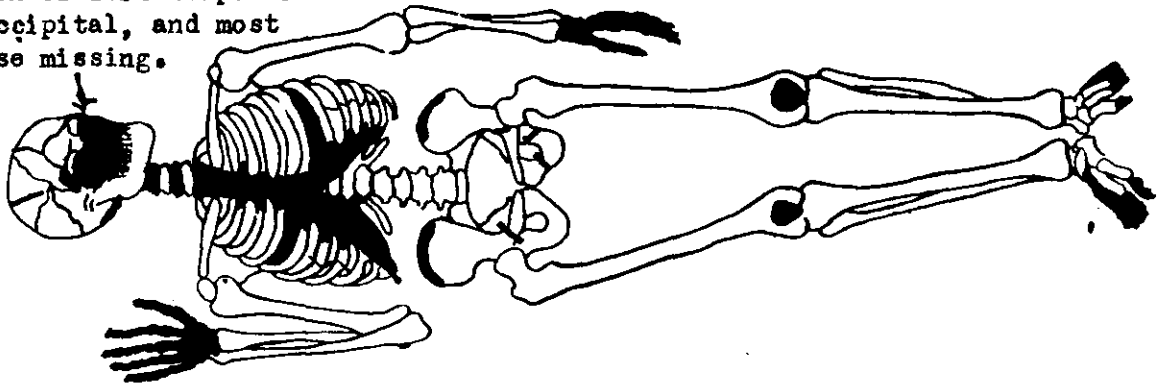
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA AND TEETH MISSING.															
<p>CHIPPED</p>															
	(O,O) (F,M)	(F,M)	(O,O)		(L,F)								(M, A) (L, L) O	(O, F)	IMP
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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. R-13 is in a torsi-lingual version.
  2. R-12 is in a torsi version.
  3. R-11 is in a torsi version.

19. BLACK OUT PARTS OF BODY NOT RECORDED

Portion of left temporal and occipital, and most of base missing.



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.

*M. Trotter*  
M. TROTTER SIGNATURE OF MEDICAL OFFICER ANTHROPOLOGIST

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a man 20 to 22 years of age of average height and muscularity.  
The skull is pentagonal. The browridges are pronounced.  
The vault is high. The glabella is depressed.  
The forehead is high and sloping.  
The mandible is quite wide and is of heavy structure with slight gonial flare.  
The chin is rounded and rather prominent.

FLUOROSCOPICAL 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.  
INDIANAPOLIS, APO 957

*O. W. Greenwood*

CENTRAL IDENTIFICATION LABORATORY & SOLEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Multiple fractures. Portion of the left temporal, occipital, nasal, base and maxilla missing.
VERTEBRAE	CERVICAL	5		2 missing (#3 and 5).
	THORACIC	9		3 missing.
	LUMBAR	5		
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM approx 25.1	Crest of ilium eroded.
	LEFT	1		Crest of ilium eroded.
RIBS		22		2 missing-some fractured.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.7	
	LEFT	1	16.5	
SCAPULAE	RIGHT	1		Portion of body eroded.
	LEFT	1		
HUMERI	RIGHT	1	33.9	
	LEFT	1	33.7	
RADII	RIGHT	1	25.0	
	LEFT	1	24.9	
ULNAE	RIGHT	1	27.1	
	LEFT	1	approx 27.0	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	46.4	
	LEFT	1	46.4	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	38.4	Eroded.
	LEFT	1	38.6	
FIBULAE	RIGHT	1	37.9	Eroded.
	LEFT	1	37.7	
FEET	RIGHT	1		5 tarsals, 2 metatarsals and 1 phalange present only.
	LEFT	1		2 tarsals, 3 metatarsals present only.

HUMERO-CLAVICULAR RATIO 41.5

APPROXIMATE

178 70.08  
ESTIMATED HEIGHT 5' 10"

AGE

20 to 22 YEARS

ESTIMATED WEIGHT 160 to 165 lbs.

LEG-HIP BR RATIO 54.0

ENCLOSURE TO: Lockett, George R.,

Guadalcanal

*M. Trotter*  
M. TROTTER  
ANTHROPOLOGIST

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

In reply refer to:  
QMGMU 293  
LOCKETT, G. R.  
(Guadalcanal) B.S.I.

22 September 1947

SUBJECT: Identification of Unknown Deceased

TO: Commanding General  
Philippine-Ryukyus Command  
APO 707, c/o Postmaster  
San Francisco, California

1. Reference is made to Report of Interment submitted to this office for the remains of G. R. Lockett, interred in Army Navy Marine Cemetery, Guadalcanal, B. S. I., Plot F, Row 197, Grave 8.

2. It is requested that remains be designated an Unknown X-number as there is no record of G. R. Lockett having been a casualty in the Army Navy Marine Corps, or Coast Guard, and corrected Report of Interment submitted to this office.

3. In view of the fact that Dental Form QMC 1045 did not accompany Report of Interment it is requested that same be accomplished when remains are reprocessed, and forwarded together with any other information that may aid in establishing identity.

FOR THE QUARTERMASTER GENERAL:

s & t/ JAMES C. MacFARLAND  
Major, QMC  
Memorial Division

C  
O  
P  
Y

RESTRICTED

WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

28 Oct 1948

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-325 (Formerly Lockett, G.R.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Co. A. Raider En.

BRANCH OF SERVICE

USMC

RACE

White

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

See OCMG Ltr, OCMGR 293, Dudenski, J.G., Lockett, G.R.,  
(Guadalcanal) B.S.I., 12 Oct 48, Subj: Burial  
Information.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U. S. Army Mausoleum, Schofield Barracks, T.H.

DATE OF BURIAL

26 Sept 45

HOUR

---

BURIED IN (Shroud, blanket, or name of other)

Metal Lined Casket

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

Casket

GRAVE No.

I

42

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Army, Navy, Marine Cemetery, Guadalcanal

PLOT No.

ROW No.

GRAVE No.

F

197

8

TYPE OF RELIGIOUS  
CEREMONY

---

PERSON CONDUCTING BURIAL RITES

---

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

---

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Not applicable due to manner

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

of storing caskets.

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

SIGNATURE OF PERSON PREPARING REPORT

Earl B. Yancy  
EARL B. YANCY, CWO, USA

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Horace Mann  
HORACE MANN, Capt., OMC

DISTRIBUTION OF REPORT Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

26 Oct 48

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


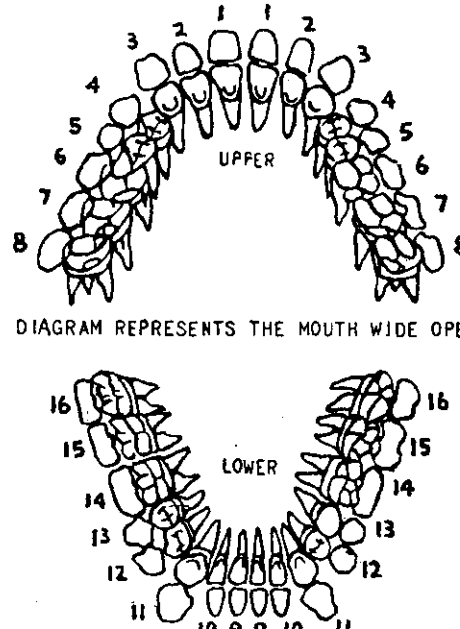




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

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

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

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

**RESTRICTED**

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT STORAGE**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

**26 Oct 1948**

Imprint Identification Tag If Possible.  
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN I-325 (Formerly Lockett, G.R.)**

SERIAL No.

**Unknown**

GRADE

**Unknown**

ORGANIZATION

**Co. A. Raider Bn.**

BRANCH OF SERVICE

**USMC**

RACE

**White**

RELIGION

**Unknown**

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

**Talagi, B.S.I.**

CAUSE OF DEATH

**Unknown**

DATE OF DEATH

**Unknown**

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

**None**

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

**See OQMG Ltr, QMGR 293, Dadenski, J.G., Lockett, G.R.,  
(Guadalecanal) B.S.I., 12 Oct 48, Subj: Burial  
Information.**

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

**Yes**

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**None**

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

**U. S. Army Mausoleum, Schofield Barracks, T.H.**

DATE OF BURIAL

**26 Sept 45**

HOUR

---

BURIED IN (Shroud, blanket, or name of other)

**Metal Lined Casket**

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

**Casket  
No.**

**I**

**42**

WAS THIS A REBURIAL?  
(Yes or no)

**Yes**

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

**Army, Navy, Marine Cemetery, Guadalecanal**

PLOT No.

ROW No.

GRAVE No.

**F**

**197**

**8**

TYPE OF RELIGIOUS  
CEREMONY

---

PERSON CONDUCTING BURIAL RITES

---

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

---

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

**Not applicable due to manner**

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

**of storing caskets.**

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

SIGNATURE OF PERSON PREPARING REPORT

*Carl B. Yancy*  
**KARL B. YANCY, CWO, USA**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*Horace Mann*  
**HORACE MANN, Capt., QMC**

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

*Incl 42*

**RESTRICTED**

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**






(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

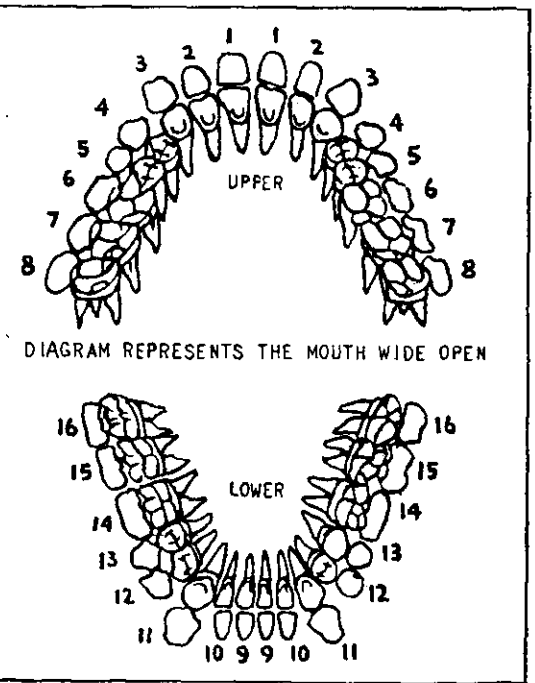
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:



WD QMC Form 1042  
Rev. 1 November 1942  
[GRS 1, dated 11 May 1942  
may be used until exhausted]

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

DATE REPORT FILLED OUT  
**16 March 1945**

FOR IMPRINT OF IDENTIFICATION TAG

NO TAGS

NAME (Last, First, Middle Initial)  
**LOCKETT, G. R.**

RANK <b>Unknown</b>	SERIAL NUMBER <b>Unknown</b>	COUNTRY <b>United States</b>
ORGANIZATION <b>Co. A Raider Bn.</b>		BRANCH <b>USMC</b>
RACE <b>White</b>	RELIGION <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>

PLACE OF DEATH  
**Tulagi, B.S.I.**

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.)  
**Identified from name on cross marking the grave.**

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE  
 YES  NO

COMPLETE TOOTH CHART ON REVERSE  
 YES  NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**No personal effects found.**

NAME OF EMERGENCY ADDRESSEE  
**Unknown**

ADDRESS OF EMERGENCY ADDRESSEE  
**Unknown**

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

DATE <b>4 Jan. 1945</b> (Reburial)	HOUR <b>0930</b>	PLOT NO. <b>A</b>	ROW NO. <b>1</b>	GRAVE NO. <b>23</b>	GRAVE MARKER <b>Wooden Cross</b>
--	---------------------	----------------------	---------------------	------------------------	-------------------------------------

**USN & USMC CEMETERY #1 TULAGI, B.S.I.**

TYPE OF RELIGIOUS CEREMONY  
**Previous Service Unknown**

PERSON REPORTING BURIAL  
*1st Lt. Richard J. Mayson*

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.  
**Embossed plate bearing name buried with the body.**

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) <b>BARCOMB, Charles J.</b>	RANK <b>Pfc</b>	SERIAL NO. <b>337135</b>	ORGANIZATION <b>1st Mar. USMCR Rdr. Bn.</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>DIOVISALVO, G.J.</b>	RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>USMC</b>

PERSON CONDUCTING BURIAL RITES  
**Unknown**

VERIFIED BY G. R. S. OFFICER  
*John R. Nolan*  
**JOHN R. NOLAN**  
**1st Lt., QMC**

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

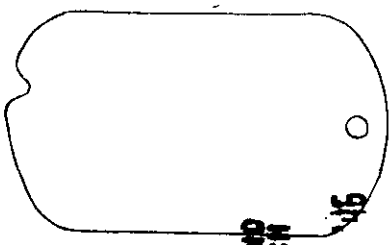
Should be Unknown

Incl # 69

NO GIC 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  
18 October 1945

	NAME (Last, First, Middle Initial) Lockett, G. R.		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY USA
	ORGANIZATION Co A. Raider Bn	BRANCH USMC	
	RACE White	RELIGION Unknown	DATE OF DEATH Unknown

PLACE OF DEATH Lagi B. I.	CAUSE OF DEATH Unknown
------------------------------	---------------------------

IDENTIFICATION TAGS BURIED 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.) Identified from name on cross marking the grave.
--	--

DISPOSITION OF SUBSTANCE TISSUE, IF MADE	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

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 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	HOUR 1536	PLOT NO. F	ROW NO. 197	GRAVE NO. 8	GRAVE MARKER Wooden cross
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TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL T-5 William W. Toney
--	---

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.  
Embossed plate bearing name buried with the body.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Hamilton, Charles, H.C	RANK APL 2/c	SERIAL NO. 3858344	ORGANIZATION USN	GRAVE NO. 7
BODY ON RIGHT, NAME (Last, First, Middle Initial) Lead, Harvey	RANK S 1/c	SERIAL NO. 8617835	ORGANIZATION USS Calif.	GRAVE NO. 9

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY R. S. OFFICER 1st Lt. J. R. Nolan, AC
---	--

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

REGISTRATION AND RECORDS BRANCH  
SEP 26 12 55 PM '45  
MEMORIAL DIVISION

## 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

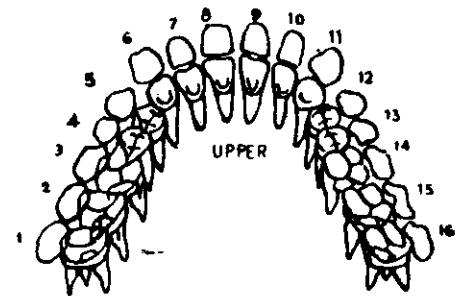
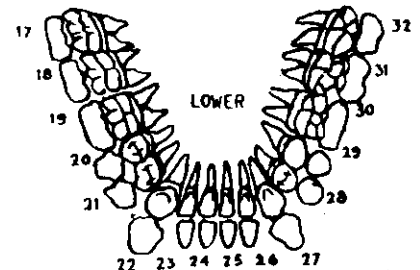
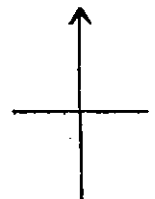


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



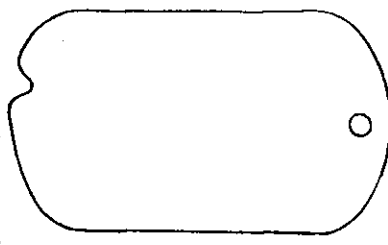
SKETCH AND MAP REFERENCE



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

6 SEP 1946

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

	NAME (Last, First, Middle Initial)		
	Lockett, G.R.		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	USA
ORGANIZATION		BRANCH	
Co. A Raider Bn.		USMC	
RACE	RELIGION	DATE OF DEATH	
White	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	Identified from name on cross marking the grave.

DISPOSITION OF SUBSTITUTE TAGS, IF MADE	COMPLETE TOOTH CHART ON REVERSE
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

COMPLETE FINGERPRINT CHART OF BOTH HANDS 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. *already carded*

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
Reburial 26 Sept 45	1536	F	197	8	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.

Embossed plate bearing name buried with the body.

**BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)**

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Hamilton, Charles H.O	ARM 2/c	3858844	USN	7
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Mead, Harvey	S 1/c	8617835	USSC	9

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER
Unknown	/s/ (Signature Illegible) 1st Lt., QMC /t/ for 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 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  
19 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 or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

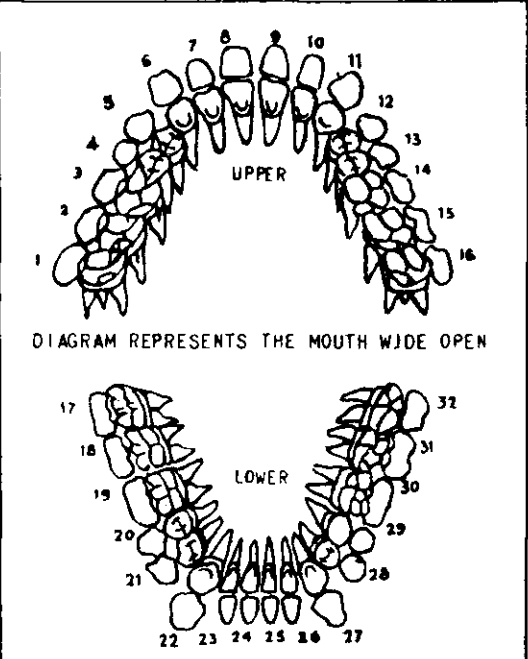
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**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.*

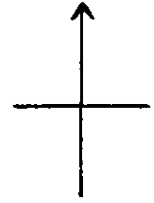
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



**A TRUE COPY**      **SKETCH AND MAP REFERENCE**

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	

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

DATE REPORT FILLED OUT

16 March 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

LOCKETT, G. R.

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

United States

ORGANIZATION

Co. A Raider Bn.

BRANCH

USMC

RACE

White

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

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.)

Identified from name on cross marking the grave.

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES

NO

COMPLETE TOOTH CHART ON REVERSE

YES

NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

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

DATE

4 Jan. 1945  
(Reburial)

HOUR

0930

PLOT NO.

A

ROW NO.

1

GRAVE NO.

23

GRAVE MARKER

Wooden Cross

USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

*John R. Nolan*

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.

Embossed plate bearing name buried with the body.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)

BARCOMB, Charles J.

RANK

Pfc

SERIAL NO.

337135

ORGANIZATION 1st Mar.

USMCR Rdr. Bn.

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

DIOVISALVO, G.J.

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

USMC

PERSON CONDUCTING BURIAL RITFS

Unknown

VERIFIED BY G. R. S. OFFICER

*John R. Nolan*  
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 # 69

# 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:


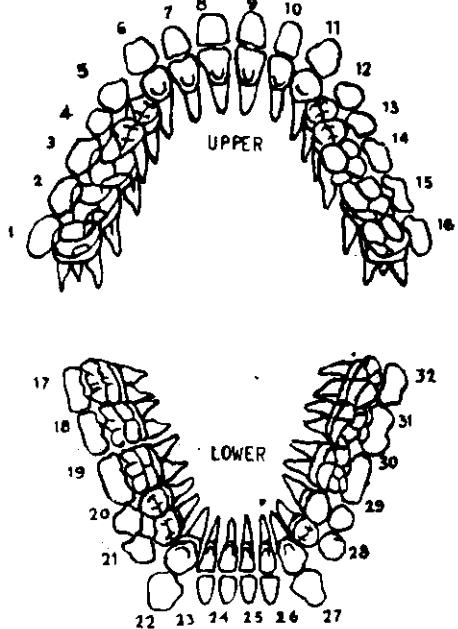




HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
--------	--------	---------------	---------------	------------------------------

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
--------------------------	---------------	-----------------------

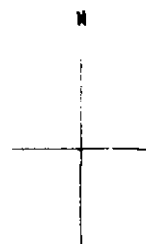
**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE 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.**

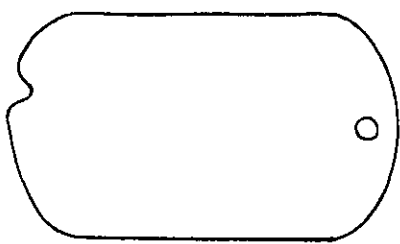
LEFT THUMB	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 
RIGHT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
4	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
3	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
2	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

### SKETCH AND MAP REFERENCE

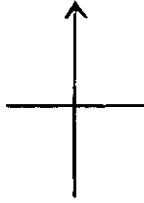


WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1  
2  
3  
4  
LEFT THUMB  
RIGHT THUMB  
4  
3  
2  
1

<b>QMC Form 1042</b> (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT		
Impr.: Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) Lockett, G. R.			SERIAL No. Unknown		
GRADE Unknown		ORGANIZATION Co. A. Raider Bn.		BRANCH OF SERVICE USMC			
RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Tulagi		CAUSE OF DEATH Unknown		DATE OF DEATH			
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Identified from name on cross marking grave.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No personal effects found.							
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Army, Navy, Marine Cemetery Guadalcanal, B.S.I.							
DATE OF BURIAL Reburial 26 Sept 45		HOUR 1536	BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER Wooden Cross	PLOT No. ROW No. GRAVE No. F 197 8	
WAS THIS A REBURIAL? (Yes or no)		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT No. ROW No. GRAVE No.					
TYPE OF RELIGIOUS CEREMONY Previous service unk.		PERSON REPORTING BURIAL RITES Reporting /s/T/5 William H. Tussey		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Embossed plate bearing name buried with the body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Hamilton, Charles H.O.			RANK ARM 2/c	SERIAL No. 3858844	ORGANIZATION USN	GRAVE No. 7	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Mead, Harvey			RANK S 1/c	SERIAL No. 8617835	ORGANIZATION USS Cal.	GRAVE No. 9	
SIGNATURE OF PERSON PREPARING REPORT Unknown			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ (Signature illegible) 1st. Lt., QMC /t/ for John R. Nolan, 1st. Lt., QMC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							



LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>							
	<p><b>INSTRUCTIONS:</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>							
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR				
				BIRTHMARKS, SCARS, OR TATTOOS				
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND				
	OTHER IDENTIFICATION CLUES							
LEFT INDEX FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>							
LEFT THUMB								
RIGHT THUMB								
RIGHT INDEX FINGER								
RIGHT MIDDLE FINGER								
RIGHT RING FINGER								
RIGHT LITTLE FINGER								
REMARKS:								