

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. GUADALCANAL X-342

SUBJECT

(formerly MILLIREN, RUSSELL)

QMC FORM 1121
1 Aug 45

Redesignated
UNKNOWN (E-342)

INTERRED NKICP

Unknown X-342

End USA

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8730 01859

DATE 26 09 47 DAY MONTH YEAR

NAME UNKNOWN X-342
MILLIEN RUSSELL

SERIAL NUMBER 03285704

RANK MM1C

ARM 2

DATE OF DEATH DAY MONTH YEAR

CEMETERY GUADALCANAL

DISPOSITION OF REMAINS CODE 7400 DIST. PT. 08

PLOT ROW GRAVE E 144

COUNTRY 6 SOLOMON ISLANDS

CAUSE OF DEATH 1 64

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SWANSON FUNERAL CHAPEL PINE CITY, MINNESOTA

NAME AND ADDRESS OF NEXT OF KIN MARGARET M. DUPIUS 4938 CAPE MAY OCEAN BEACH, CALIFORNIA

CANCELLED

SECTION C - IDENTIFICATION

IDENTIFICATION TAG OF ORGANIZATION USN

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG OF ORGANIZATION
 REMAINS
 BURIAL

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

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

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

File 4 Oct 50
X-342

X Incl 47

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
2. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
8. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

[Handwritten signature and stamp]

OCEAN BEACH, CALIFORNIA
 NAME OF CONVOYER
 SIGNATURE OF RECEIVER
 DATE

SIGNATURE OF SHIPPER
 DATE

WYOMING, WYOMING
 NAME OF CONVOYER
 SIGNATURE OF RECEIVER
 DATE

1. FILE UNDER NO. 293 - Unks. Guadalupe X- 342 (ANM Cemetery)

SYNOPSIS

2. TYPE OF DOCUMENT: 3rd Ind 3. DATE: 18 March 1949
4. FROM: OQMG
5. TO: CO, AGRS, PAZ, APO 958, XPM, San Francisco, Calif.
6. SUBJECT: Transmittal of Board Proceedings (945)

7. DOCUMENT FILED UNDER NO. 293 - GRS, Pacific (Board Proceedings)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.



74

APPROVED UNIDENTIFIABLE

NOV 23 1948

X-342 US Army Maus. Schofield Barracks,

363

(MAJOR DISCREPANCY)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-342 Guadalcanal				2. DATE OF REPORT 17 Dec 1947	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 U. S. Military Cemetery Guadalcanal		4. PLOT E	5. ROW Box 144	6. GRAVE 363 6	7. DATE OF DISINTERMENT REINTERMENT 17 Dec 47 17 Dec 47

PHYSICAL DESCRIPTION **Age 30 -35**

8. ESTIMATED WEIGHT 135 - 140	9. ESTIMATED HEIGHT 66.1	10. COLOR OF HAIR U.T.D.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

None. **UNIDENTIFIABLE**
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
1st. Lt., FA 0-1167395 *Cyril C. Disney* **15 Feb 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

Rather extensive arthritis throughout most of the joints of the body.

A healed lesion of the external table on the back of the head (left parietal) near lambda.

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.

APPROVED UNIDENTIFIABLE

NOV 2 1949

(MAJOR DISCREPANCY)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-342 Guadalcanal				2. DATE OF REPORT 17 Dec 1947		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 U. S. Military Cemetery Guadalcanal		4. PLOT E	5. ROW Box 144	6. GRAVE 363 6	7. DATE OF DISINTERMENT 17 Dec 47	REINTERMENT 17 Dec 47

PHYSICAL DESCRIPTION Age 30 - 35

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None

FILED J. K. White
21 FEB 1948

TOOTH CHART

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p> <p>X-342</p>	<p>↓ Tooth Missing ↓</p>	
<p>Quadalcanal</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): 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	
	H O	H O														
Side Views																
Top Views																
Side Views																
	H O	H O												H O		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	

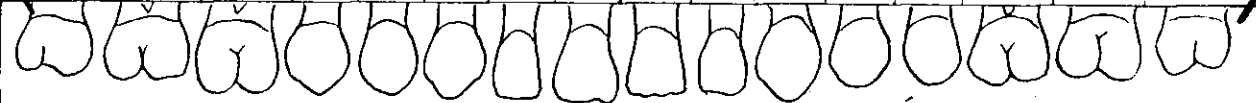



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS:

1. L4 is in torsal version.

FILE J. K. Bate

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
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<p>CARIES (Cavities): 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															
															
															
															
															
SEE REMARKS															
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."

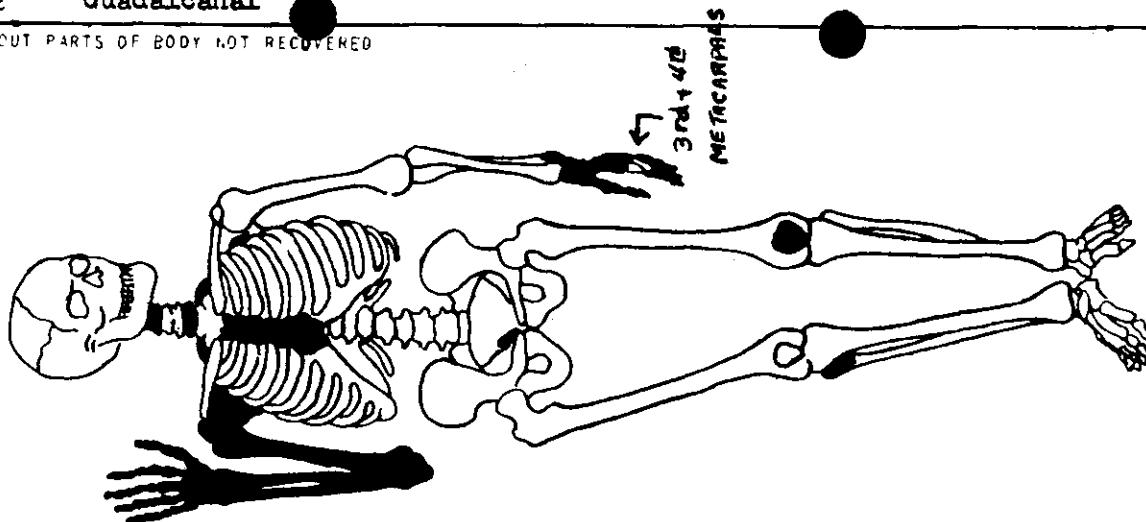
REMARKS:

1. There is an L-16 with an amalgam FD and AO fillings.
2. Otherwise the complete mandible and all teeth are missing.

J. K. White

81 FEB 1948

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 3 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

- a) One (1) extra left scapula. One (1) extra right humerus. One (1) extra articulating left ulna and radius.
- b) One (1) extra right humerus. One (1) extra articulating set of lower right arm bones (right ulna and right radius.) One (1) extra fragment of the left ascending ramus with the lower left 3rd molar in place.

/s/ Chas. E. Snow
Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture an older man of 30-35 years with a rather small body of average build. The skull is small and has a long oval shape. The backhead is moderately projecting. The browridges are large and meet to form a rather prominent glabella. The face has long proportions the nasal bones are rather low and form a bridge of average width. The mouth parts project slightly. The chin is prominent and has a very narrow pointed bilateral eminence. The right side of the chin is larger than the left.

- a) The extra bones named above in A belong to a larger man than X-342 and are catalogued as C.I.L. Unknown X-414.
- b) All bones fragmentary with charred ends, the size of the bones indicates a large man, and are catalogued as C.I.L.U nknown X-415

Tooth chart completed
Fluoroscopic examination report attached. (negative)

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
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957.

SIGNATURE

/s/ O. W. Greenwood
O. W. GREENWOOD

J. K. White
21 MAR 1947

**CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.6	
VERTEBRAE	CERVICAL	3		4 missing.
	THORACIC	9		3 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 25.2	
	LEFT	1		
RIBS		22		2 missing.
STERNUM		1		All missing except manubrium
CLAVICLES	RIGHT	1	15.2	
	LEFT	1	16.1	
SCAPULAE	RIGHT	1		
	LEFT	0		Missing.
HUMERI	RIGHT	0		Missing.
	LEFT	1	31.1	
RADII	RIGHT	0		Missing.
	LEFT	1		Proximal extremity missing.
ULNAE	RIGHT	0		Missing.
	LEFT	1		Styloid process missing.
HANDS	RIGHT	0		Missing.
	LEFT	1		All missing except 3rd & 4th metacarpals & 1 phalanges
FEMORA	RIGHT	1	47.4	
	LEFT	1	47.1	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	37.2	
	LEFT	1	37.0	
FIBULAE	RIGHT	1	(37.2)	Proximal extremity missing.
	LEFT	1	37.2	
FEET	RIGHT	1		All missing except cuboid, calcaneum, 1st cuneiform and metatarsals 3, 4 & 5.
	LEFT	1		All missing talus, calcaneus, cuboid, 1st cuneiform and 1st metatarsal.
NUMERO-CLAVICULAR RATIO		50.1	APPROXIMATE AGE (in years) 30 - 35	
ESTIMATED HEIGHT		168 66.14 ^m	LEG-HIP BR RATIO 53.2	
ESTIMATED WEIGHT		135 - 140		
ENCLOSURE TO: X-342 Guadalcanal				

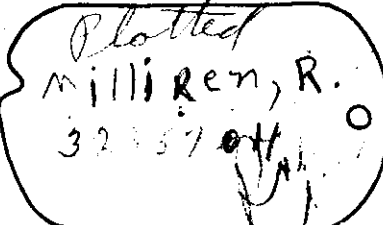

 Chas. E. SNOW
 ANTHROPOLOGIST

RESTRICTED

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

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

DATE OF REPORT
18 July 1949

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)	SERIAL No.
	UNKNOWN X-342 (GUADALCANAL UNIDENTIFIABLE)	Unknown
	GRADE	ORGANIZATION
Unknown	Unknown	BRANCH OF SERVICE
		USN
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
White	Unknown	
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tulaga, B. S. I.	KIA	30 Nov 42

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	UNIDENTIFIABLE
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
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
21 June 1949	1000	Permanent type Casket	Cross	4		1123

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	ANM Cemetery, Guadalcanal BSI
	PLOT No. ROW No. GRAVE No.
	4 144 6

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant	Eugene L A Fisher, Chaplain Albert F Click, Chaplain	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	<i>map. see loc 144 BSI</i>
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Kardash, Robert H	Pfc	37531837	USAGF	1091

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Bentley, Robert D.	1st Sgt	32075400	USAGF	1155

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E Farry</i> Margaret E Farry, Chief Clerk, HDC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James E Harris</i> James E Harris, 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.

Section 3 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.

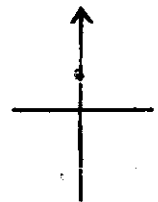
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left; or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	<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:

Unknown X-342 Guadalcanal, Solomon Islands,
Section 4, Grave No. 1123

SERIAL NO. 14 PH 749
 SPECIAL
 SERIAL NO. 14 PH 749
 SERIAL NO. 14 PH 749


RESTRICTED

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

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

DATE OF REPORT

18 July 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>	
	<p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-342 (QUADALCANAL (UNIDENTIFIABLE))</p>	<p>SERIAL No.</p> <p>Unknown</p>
	<p>GRADE</p> <p>Unknown</p>	<p>ORGANIZATION</p> <p>Unknown</p>
	<p>RACE</p> <p>White</p>	<p>RELIGION</p> <p>Unknown</p>

<p>BRANCH OF SERVICE</p> <p>USN</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH</p> <p>Fulaga, B. S. I.</p>	<p>CAUSE OF DEATH</p> <p>KIA</p>
<p>DATE OF DEATH</p> <p>30 Nov 42</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> <p align="center">UNIDENTIFIABLE</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p>Yes</p>	

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

National Memorial Cemetery of the Pacific, Honolulu, T. H.

<p>DATE OF BURIAL</p> <p>21 June 1949</p>	<p>HOUR</p> <p>1000</p>	<p>BURIED IN (Shroud, blanket, or name of other)</p> <p>Permanent Type Casket</p>	<p>TYPE OF GRAVE MARKER</p> <p>Cross</p>	<p>PLOT No.</p> <p>Q</p>	<p>ROW No.</p>	<p>GRAVE No.</p> <p>1123</p>
<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>ANM Cemetery, Guadalcanal BSI</p>	<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>Yes</p>	<p>PLOT No.</p> <p>B</p>	<p>ROW No.</p> <p>144</p>	<p>GRAVE No.</p> <p>6</p>		

<p>TYPE OF RELIGIOUS CEREMONY</p> <p>Catholic Protestant</p>	<p>PERSON CONDUCTING BURIAL RITES</p> <p>Eugene L A Fisher, Chaplain Albert P Glick, Chaplain</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>Yes</p>	


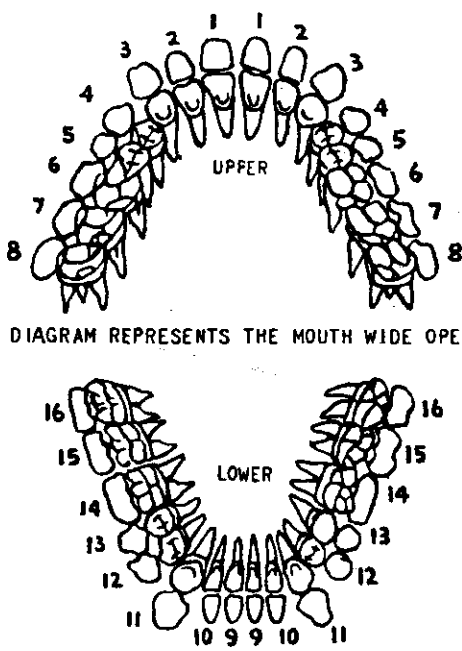




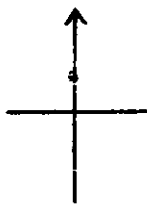
<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p> <p>Kardash, Robert H</p>	<p>RANK</p> <p>Pfc</p>	<p>SERIAL No.</p> <p>37631837</p>	<p>ORGANIZATION</p> <p>USAGF</p>	<p>GRAVE No.</p> <p>1001</p>
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p>Bentley, Robert D.</p>	<p>RANK</p> <p>H/Sgt</p>	<p>SERIAL No.</p> <p>32675400</p>	<p>ORGANIZATION</p> <p>USAGF</p>	<p>GRAVE No.</p> <p>1155</p>

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Margaret E Parry</i> Margaret E Parry, Chief Clerk, HMC</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>James B Harris</i> James B Harris, Capt., GRC</p>
--	---

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

RESTRICTED

LEFT LITTLE FINGER	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.		
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES
			COLOR OF HAIR
			BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND
	LAUNDRY MARKS		
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES		
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED		
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING		
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT LITTLE FINGER			
	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
			
	REMARKS:		
	Unknown I-542 Guadalcanal, Solomon Islands, Section Q, Grave No. 1123		

PATRIARCHAL DIVISION
 1 44 PM '40

RESTRICTED

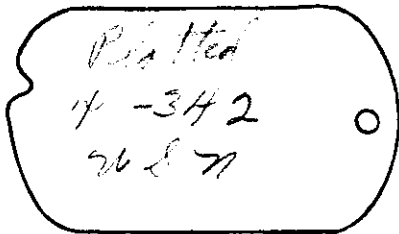
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

12 Apr 49

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unidentified (Formerly Milliren, Russell) UNKNOWN X-342		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Tulaga, B. S. I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 42
------------------------------------	-----------------------	----------------------------

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) OQMG, QMGMN 293 MILLIREN, Russell 3285704 - USN dtd 4 Apr 49, Subj: Board Proceedings No. 773
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

APPROVED UNIDENTIFIABLE
NOV 2 1945

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL 14 Jan 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	Box GRAVE No. 363
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal	PLOT No. E	ROW No. 144	GRAVE No. 6
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TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None
-----------------------------------	---------------------------------------	---

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 of	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
---	-------------	-------------------	---------------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) storing caskets	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	-------------	-------------------	---------------------	------------------

SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT EARL B. YANCY, CWO, USA
---	--

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

Section 3.—UNIDENTIFIED REMAINS.


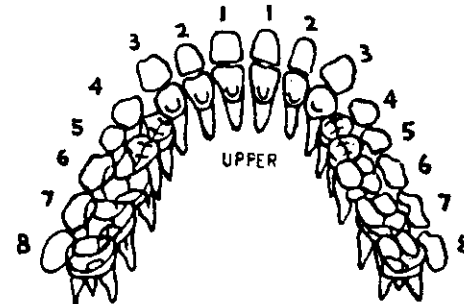




INSTRUCTIONS:

(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	 <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:

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

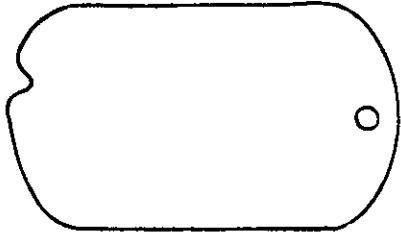
RESTRICTED

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
21 Jan. 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unidentified (Formerly Milliren, Russell) UNKNOWN X-342		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USM
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Tulaga, B.S.I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 42
---	------------------------------	-----------------------------------

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) Board Proceedings (773) Hq. AGRS (FAZ) APO 958 dtd 12 Jan. 49.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

APPROVED UNIDENTIFIABLE
NOV 21 1949

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL 14 Jan 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal	PLOT No. E	ROW No. 144	GRAVE No. 6
---	---	----------------------	-----------------------	-----------------------

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	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT EARL B. YANCY, CWO, USA
--	---

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

FILE
31 FEB 1949

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


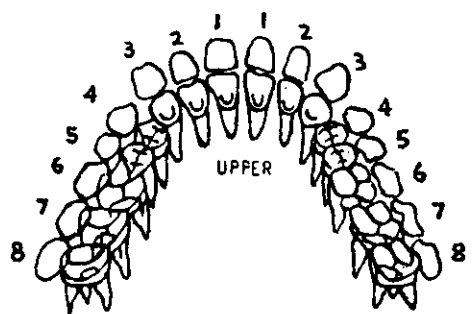
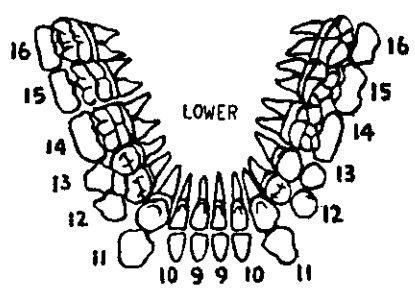




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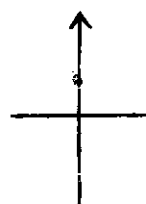
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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:

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

RESTRICTED

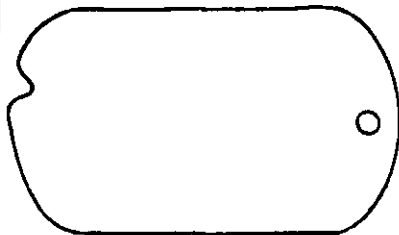
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

12 Apr 49

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Unidentified (Formerly Milliren, Russell)
UNKNOWN X-342

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

USA

RACE

White

RELIGION

Unknown

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

PLACE OF DEATH

Tulaga, B. S. I.

CAUSE OF DEATH

KIA

DATE OF DEATH

30 Nov 42

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 5 on reverse)

OQMG, QMGMN 293 MILLIREN, Russell 3285704 - USN dtd
4 Apr 49, Subj: Board Proceedings No. 773

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

APPROVED UNIDENTIFIABLE

NOV 21 1949

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Army Mausoleum, Schofield Barracks, T. h.

Box

DATE OF BURIAL

14 Jan 48

HOUR

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

Metal lined casket

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

363

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

ANM Cemetry, Guadalcanal

PLOT No.

ROW No.

GRAVE No.

E

144

6

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 of

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

storing caskets

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

I. K. USHER - Clerk

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Earl B. Jancy, CMO, USA

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

Section IDENTIFIED REMAINS.

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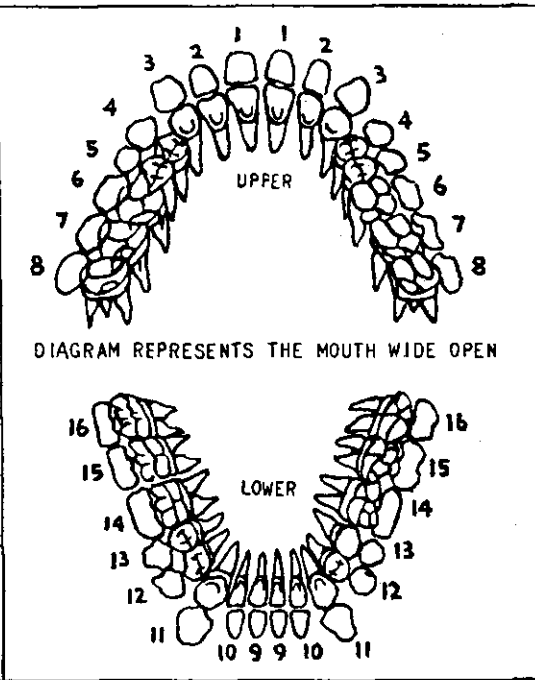
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

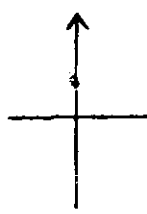
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <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>



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



REMARKS: