

FILE IDENTIFICATION TOPPER

(8730)

FILE NUMBER

293 Unknown ANM Cem, Guadalcanal X-91-B

SUBJECT

Att.

DISINTERMENT DIRECTIVE

293 Tank Guadalcanal X-91B

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 8730 03470

DATE: 26 11 51

NAME: UNKNOWN X-91-B

SERIAL NUMBER: [] GRADE: [] ARM: 8

RACE: 0 RELIGION: 6

CEMETERY: GUADALCANAL SOLOMON ISLANDS

PLOT: C ROW: 85 GRAVE: 7

DISPOSITION OF REMAINS: 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 DISTINTERRED: []

IDENTIFICATION TAG ON: REMAINS MARKER

ORGANIZATION: UNKNOWN

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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): []

REMAINS PREPARED AND PLACED IN CASKET

DATE: [] BY: []

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. PREV MASS BUR OF UNKNOWNNS X-90, X-91-A, X91-B, IN SAME GRAVE., X-90 IDENT. AS POLLOCK, AUSTIN W., 364162.

UNKNOWNNS X-91-A & X-91-B, SEGREGATED.

REMAINS PERM INTERRED IN NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 468.

FILE

RECORDS ANNOUNCED

DATE: 6 Nov 51

NAME: Eugene Purdy

BB MEM DIR

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6

DISINTERMENT DIRECTIVE

Frank Guadalcanal X-91-B

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 03470

DATE
26 11 54
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-91-B			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUADALCANAL SOLOMON ISLANDS	C	85	7	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 DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
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.

File 26 Nov 54
Reprints

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE UNIDENTIFIABLE. PREV MASS BUR OF UNKNOWN X-90, X-91-A, X91-B, IN SAME GRAVE., X-90 IDENT. AS POLLOCK, AUSTIN W., 364162.
UNKNOWN X-91-A & X-91-B, SEGREGATED.
REMAINS PERM INTERRED IN NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 468.

1 Rec Sec ID Br 21 Nov SUBJECT: Screening of Unknowns - Guadalcanal

Reg Br Screening 51
Mem Div Unit

ATTN: Mr
Newbaker

IN TURN
Mr. Barrens
Inves Sec

1. Unknowns X-90, 91A and 91B Guadalcanal were previously screened as a Common Grave of three unknowns.

2. Unknown X-90 Guadalcanal has been identified as Pollock, Jr. Austin Windell, USMC, and Subject file has been re-screened as X-91A & B.

3. It is requested X-91 A & B be rescreened as individual unknowns since latest burial reports show that X-91A was interred in NMCP Q-497 and X-91 B interred in NMCP Q-468, therefore they should be reclassified as individual unknowns. New Disinterment Directives are now being issued as individual unknowns.

1 Incl
293 - 91 A & B

ODENWALDER
73836

FRANKE
53975

2 Mem Div M/R 23
Ident Br Branch Nov
Rec Unit 1951

ATTN: Mrs
Hawkins

1. Comment 1. Paragraph #3, complied with.

2. Forwarded for necessary amendment of records.

2 Incls

1. 293 File (X-91-A,
Guadalcanal)

2. 293 File (X-91-B, Guadalcanal)

BERRINS
73769

LUCAS
76128

2
(

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-91-"BB"			2. DATE OF REPORT 7 October 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guadalcanal Cemetery			4. PLOT C	5. ROW J	6. GRAVE 47
			7. DATE OF DISINTERMENT REINTERMENT 6 Oct '48 7 Oct '48		

PHYSICAL DESCRIPTION **Age: over 21 years.**

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT See item #21.	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
--	---	--------------------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on box reading: Unknown X-90 and X-91, Plot-C, Row-85, Gr-7.
 One (1) embossed plate on box reading: Common Grave 15, X-90 and X-91, Guadalcanal.

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

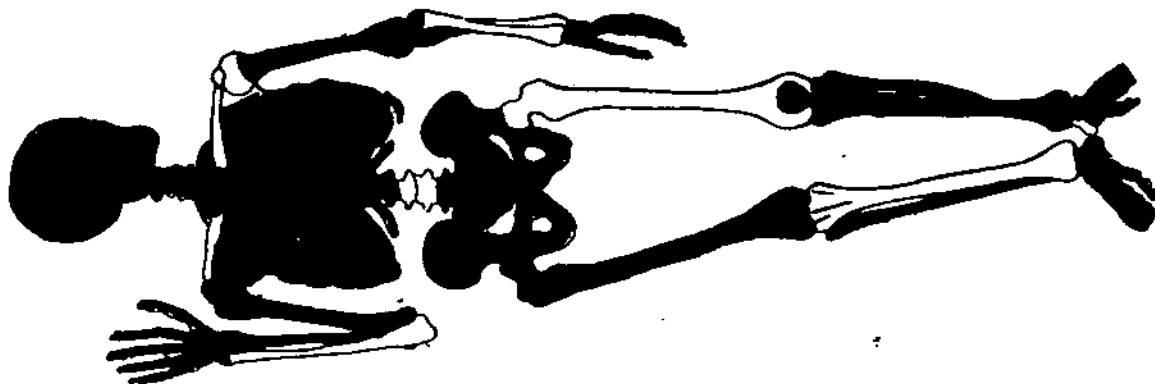
Platymeria.

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

Done 19

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

See attached narrative.

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a very short man of an average build, over 21 years of age.
 Absence of skeletal parts precludes further information.

Height:

Rollet:	61.81	5' 1 7/8"
Krogman:	65.75	5' 5 3/4"
Pearson:	63.39	5' 3 3/8"

FLUOROSCOPICAL EXAMINATION UNNECESSARY.

NO TEETH.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957

O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	2		3 missing.
SACRUM		0		Missing.
ILIOCRURALS	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	0		"
RIBS		0		"
STERNUM		0		"
CLAVICLES	RIGHT	1		Sternal end eroded.
	LEFT	1		" " "
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		Badly eroded.
HUMERI	RIGHT	0		Missing.
	LEFT	1		Head only present.
RADII	RIGHT	0		Missing.
	LEFT	1		Head missing. Eroded.
ULNAE	RIGHT	1		Distal end eroded.
	LEFT	1		Proximal 1/3 missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	1	42.4 - 42.6	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	33.8	
	LEFT	0		Missing.
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	1		Calcaneus present only.

APPROXIMATE AGE (in years)

Over 21.

HUMERO-CLAVICULAR RATIO U. T. D.

ESTIMATED HEIGHT See item 21.

LEG-HIP BR RATIO U. T. D.

ESTIMATED WEIGHT U. T. D.

ENCLOSURE TO: Unknown X-91 "B"

Guadalcanal

M. Trotter
M. TROTTER
ANTHROPOLOGIST

CENTRAL IDENTIFICATION LABORATORY
APO 957

7 October 1948

NARRATIVE

The following remains were processed simultaneously:
Common Grave 15, (Unknown X-90 and X-91) Guadalcanal, Plot-C,
Row-85, Grave-7.

Upon examination it was found that the partial remains of
at least four (4) individuals (duplication of left calcaneus
and left medial femoral condyle) were present.

Unknown X-90, which was a fairly complete remains shows
evidence which indicates the White race.

In two of the remains, Unknown X-91 "A" and X-91 "B",
certain criteria are indicative of the Mongoloid race (i.e.
shortness of stature, platymeria, squatting facets, bowed
femora and retroverted tibial heads.)

The remaining skeletal parts (calcaneus and medial con-
dyle of left femur) were catalogued and filed as C.I.L. Un-
known X-871.

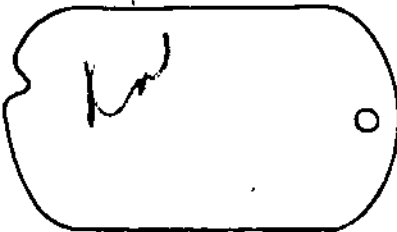
The three remains were wrapped separately and placed in
the original casket.

RESTRICTED

WD QMC FORM 7042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
5 July 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)</p> <p align="center">UNKNOWN X-91B (GUADALCANAL (UNIDENTIFIABLE))</p>		<p>SERIAL NO.</p> <p align="center">Unknown</p>
	<p>GRADE</p> <p align="center">Unknown</p>	<p>ORGANIZATION</p> <p align="center">Unknown</p>	<p>BRANCH OF SERVICE</p> <p align="center">Unknown</p>
	<p>RACE</p> <p align="center">Unknown</p>	<p>RELIGION</p> <p align="center">Unknown</p>	<p>IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY</p>
	<p>PLACE OF DEATH</p> <p align="center">Guadalcanal, S. I.</p>		

<p>PLACE OF DEATH</p> <p align="center">Guadalcanal, S. I.</p>	<p>CAUSE OF DEATH</p> <p align="center">Unknown</p>	<p>DATE OF DEATH</p> <p align="center">Unknown</p>
---	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p align="center">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 align="center">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.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
13 June 1949	1000	Permanent Type Casket	Cross	Q		468

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p align="center">Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p align="center">ANM Cemetery, Guadalcanal, BSI</p>	<p>PLOT No.</p> <p align="center">Q</p>	<p>ROW No.</p> <p align="center">85</p>	<p>GRAVE No.</p> <p align="center">7</p>
--	--	--	--	---

<p>TYPE OF RELIGIOUS CEREMONY</p> <p>Catholic Protestant</p>	<p>PERSON CONDUCTING BURIAL RITES</p> <p>Eugene L A Fisher, Chaplain Albert F Click, 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 align="center">Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p align="center">Yes</p>
---	---

<p>BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)</p>	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.

<p>BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)</p> <p>Unknown X-90 Unknown X-91A (Guadalcanal, Solomon Is.)</p>	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
				497

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

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

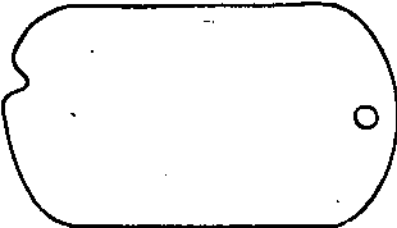
<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p> <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	

MEMORIAL DIVISION
JUL 19 10 08 AM '49
RECORDS BRANCH

↑


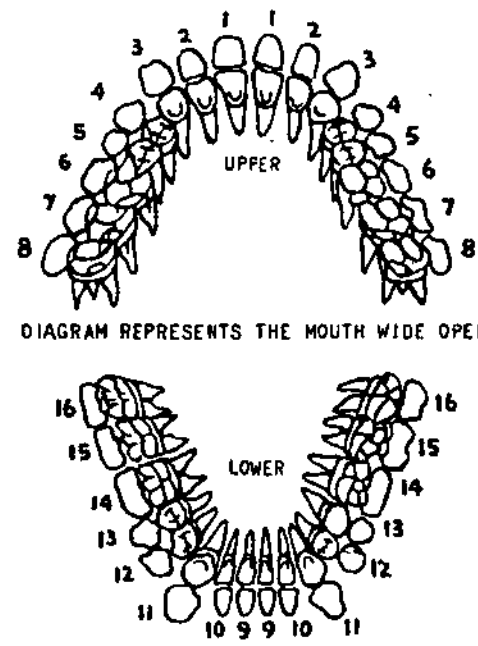




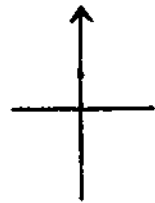
REMARKS:
Group burial consisting of 3 remains in 3 caskets
Unknown X-90 (Casket 1 of 3) Guadalcanal, Solomon Is.
Section Q, Grave 497
Unknown X-91A (Casket 2 of 3) Section Q, Grave 497
Unknown X-91B (Casket 3 of 3) Section Q, Grave 468

RESTRICTED

WD GME FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 5 July 1949
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO. Unknown
NAME (Last, first, middle initial) UNKNOWN X-91B		(GUADALCANAL (UNIDENTIFIABLE))		BRANCH OF SERVICE Unknown		
GRADE Unknown		ORGANIZATION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
RACE Unknown		RELIGION Unknown				
PLACE OF DEATH Guadalcanal, 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 5 on reverse) 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 15 June 1949	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. 9	GRAVE No. 468	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ARM Cemetery, Guadalcanal, BSI			PLOT No. 6	GRAVE No. 7	
TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L A Fisher, Chaplain Albert F Click, Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
Unknown X-90 Unknown X-91A (Guadalcanal, Solomon Is.)					497	
SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E Farry</i> Margaret E Farry, Chief Clerk, HMC		SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B Harris</i> James B 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.						

RESTRICTED

FH-2-25-49-24-1-1100


LEFT LITTLE FINGER	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.				
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
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: REPAIRIAL Group Burial consisting of 3 remains in 3 caskets Unknown X-90 (Casket 1 of 3) Guadalcanal, Solomon Is. Section Q, Grave 497 Unknown X-91A (Casket 2 of 3) Section Q, Grave 497 Unknown X-91B (Casket 3 of 3) Section Q, Grave 498					

RESTRICTED

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

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

DATE OF REPORT
20 Jan 1949

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-#91#B#		SERIAL NO. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH Guadalcanal Solomon Islands.		

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) 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
US Army Mausoleum, Schofield Barracks T. H. Casket

DATE OF BURIAL 14 Jan 1948	HOUR 	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER 	PLOT NO. 	ROW No. J	GRAVE No. 47 B
--------------------------------------	----------	--	--------------------------	--------------	---------------------	--------------------------



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. C	ROW No. 86	GRAVE No. 7
---	---	----------------------	----------------------	-----------------------

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. ---
--	-------------	-------------------	---------------------	------------------

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, GWO, 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.

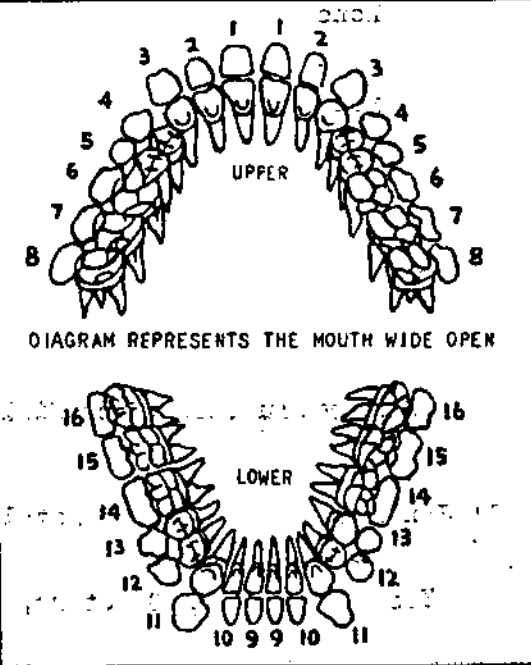
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

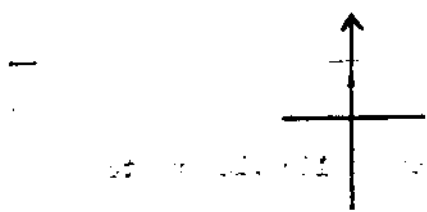
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 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:

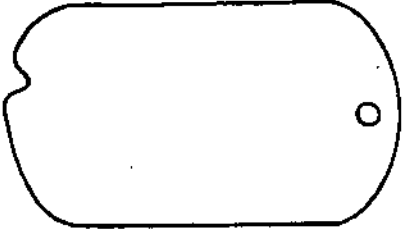
RESTRICTED

WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Jan 1949

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL NO.
	UNKNOWN X-918B		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guadalcanal Solomon Islands.	Unknown	Unknown

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 8 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	Unidentifiable
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

US Army Mausoleum, Schofield Barracks T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 1948		Metal lined casket			J	47 B

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.
Yes	ARM Cemetery, Guadalcanal	6	85	7


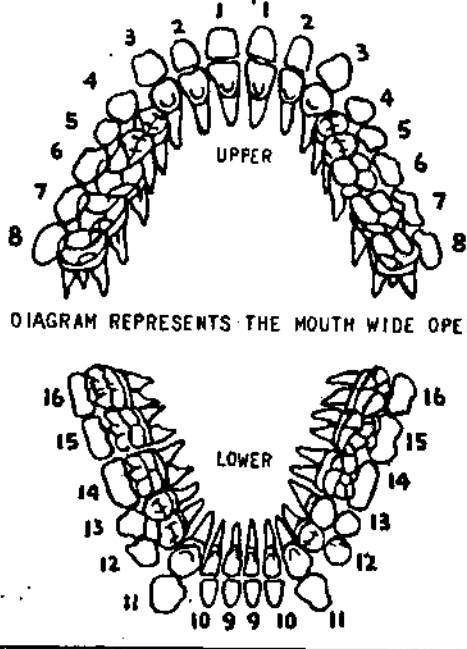





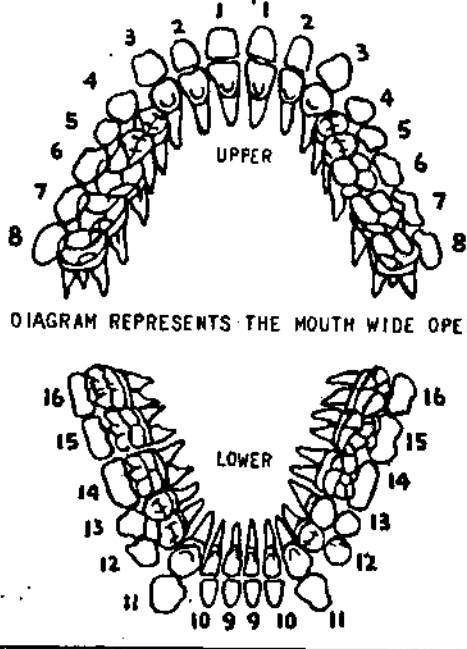





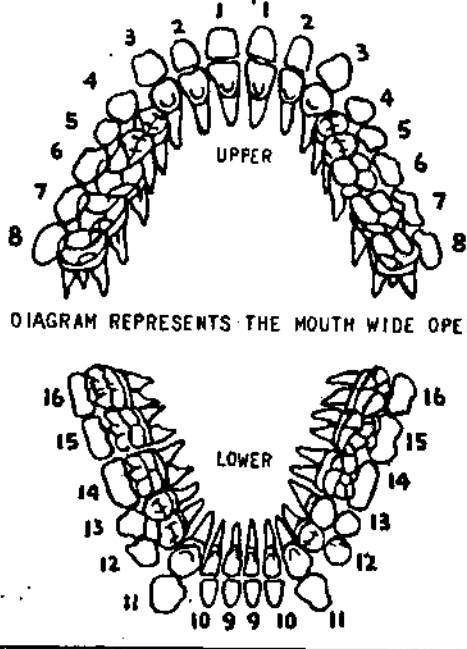




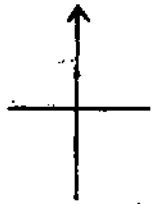
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY		
—	—			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)			
—	—			

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Not applicable due to	—	—	—	—
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
manner of storing caskets.	—	—	—	—

SIGNATURE OF PERSON PREPARING REPORT <i>I. K. USHER</i> I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Carl E. Yancy</i> CARL E. YANCY, CWC, 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

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.																
LEFT RING FINGER	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 MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES														
LEFT INDEX FINGER			COLOR OF HAIR														
LEFT THUMB			BIRTHMARKS, SCARS, OR TATTOOS														
RIGHT THUMB	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND														
RIGHT INDEX FINGER	LAUNDRY MARKS																
RIGHT MIDDLE FINGER	OTHER IDENTIFICATION CLUES																
RIGHT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">  UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN LOWER </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN LOWER	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE			
FILLINGS				 SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN LOWER												
CAVITIES				 CAVITY DECAYED													
MISSING TEETH				 TOOTH MISSING													
CROWNED TEETH				 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK				 GOLD BRIDGE													
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center;">  </div>																
	REMARKS:																