

COMGENUSARPAC FT SHAFTER TH

PRIORITY

293 Unk. Solomon Islands (Guadalcanal) X-179

CHARGE GRAVES WW II

FROM QMGMT REURLET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWN XRAY FOUR SIX XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN
XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR
XRAY EIGHT FIVE XRAY NINE TWO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE
ONE FOUR ABE CMA BAKER AND CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX
XRAY ONE SEVEN EIGHT XRAY ONE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TWO SEVEN
XRAY TWO TWO EIGHT XRAY TWO THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE
XRAY TWO THREE NINE XRAY TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX
XRAY TWO FIVE SEVEN XRAY TWO EIGHT ZERO ABE AND BAKER XRAY TWO NINE TWO ABE
AND BAKER XRAY TWO NINE FOUR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL
PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWN AS UNIDENTIFIABLE

UNCLASSIFIED

QMGMT 293
GCS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QMC
MEMORIAL DIVISION

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

RRREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.

3. The remainder that have dental anatomy could possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. QMC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46
2. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-47
3. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-48
4. QMC Form 1044-1044a-1044b
Bone List-Fluoroscopical
Findings for Identification
Unknown X-57

HORACE MANN
Captain, QMG
Chief, RR Div

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
7. QMC Form 1044-1044b-Bone List-Major Discrepancy X-67
8. QMC Form 1044-1044b-Bone List-X-70
9. QMC Form 1044-1044b-Bone List-X-84
10. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
18. QMC Form 1044-1044b-Bone List-Unknown X-176
19. QMC Form 1044-1044b-Bone List- Unknown X-178
20. QMC Form 1044-1044b-Bone List-Unknown X-179
21. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
22. QMC Form 1044-1044b-Bone List-Narrative X-227
23. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC Form 1044-1044b-Bone List-X-230
25. QMC Form 1044-1044b-Bone List-Narrative-X-232
26. QMC Form 1044-1044b-Bone List-X-233
27. QMC Form 1044-1044b-Bone List-X-239
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303



1

Interred 1 February 1949 **DISINTERMENT DIRECTIVE**
A 819 *Alvan C. Baker* - Cemetery Superintendent

SECTION A - **ALVAN C. BAKER** DIRECTIVE NUMBER **8730 00000** DATE **26 09 47**
NAME AND BURIAL LOCATION OF DECEASED

NAME **UNKNOWN** SERIAL NUMBER **X-000179** RANK **0** ARM **0** DATE OF DEATH
DAY MONTH YEAR

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

PLOT **D116** ROW GRAVE COUNTRY **6 SOLOMON ISLANDS** CAUSE OF DEATH **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-179** SERIAL NUMBER **UNK** RANK **UNK** DATE OF DEATH **NOV 1943** DATE DISTINTERRED **12 Dec. '47**

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION **UNK** RELIGION **UNK** IDENTIFICATION VERIFIED BY **L. J. Becker, Emb.**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **CASKET** CONDITION OF REMAINS **SKELETON**

OTHER MEANS OF IDENTIFICATION **GRAVE MARKER** **FILE**

MINOR DISCREPANCIES **NONE** **18 MAY 1949**
REPARATION

REMAINS PREPARED AND PLACED IN CASKET DATE **2 July 1948** BY **W.J. WILLIS, EMBALMER**

CASKET SEALED BY **J. N. ROBINSON** EMBALMER (Signature) *William J. Willis*
WILLIAM J. WILLIS

CASKET BOXED AND MARKED DATE **2 July 48** BY **J. N. ROBINSON** SHIPPING ADDRESS VERIFIED BY **J. TERADA**

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

Gilbert L. H. Wong
GILBERT L. H. WONG, CAPT, INF.

SIGNATURE OF GRS INSPECTOR

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

WJW

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U S ARMY MAUS NO 3	TO HAWN DIST CENTER
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER [Signature]
SIGNATURE OF SHIPPER JOHN L. MURPHY J E. WILSON CAPT QMC	SIGNATURE OF RECEIVER JAMES B. HARRIS CAPTAIN Q M C
DATE AN 1943	DATE 19 1940

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 (LETTERHEAD ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER OF 174711 KONIGSDORF WALTER CEWELEKA	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER [Signature]	SIGNATURE OF RECEIVER [Signature]
DATE	DATE

7. SHIPPED

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-179 Guadalcanal				2. DATE OF REPORT 24 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # Formerly Guadalcanal	4. PLOT D	5. ROW B 81 116	6. GRAVE 6	7. DATE OF	
			DISINTERMENT 24 Mar '48		REINTERMENT 24 Mar '48

PHYSICAL DESCRIPTION Early twenties.

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 66.93 - 5'6 7/8"	10. COLOR OF HAIR UTD <i>gy</i>	11. RACE UTD <i>gy</i>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
**Three (3) embossed plates reading: Unknown X-179.
 One (1) embossed casket plate reading: Unknown X-170, Nov 1943, Plot-D, Row-116,
 Grave-6.**

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

None BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CARL C. DISNEY

1st. Lt., RA O-1187395

April 6, Disney

14 Dec 1948

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

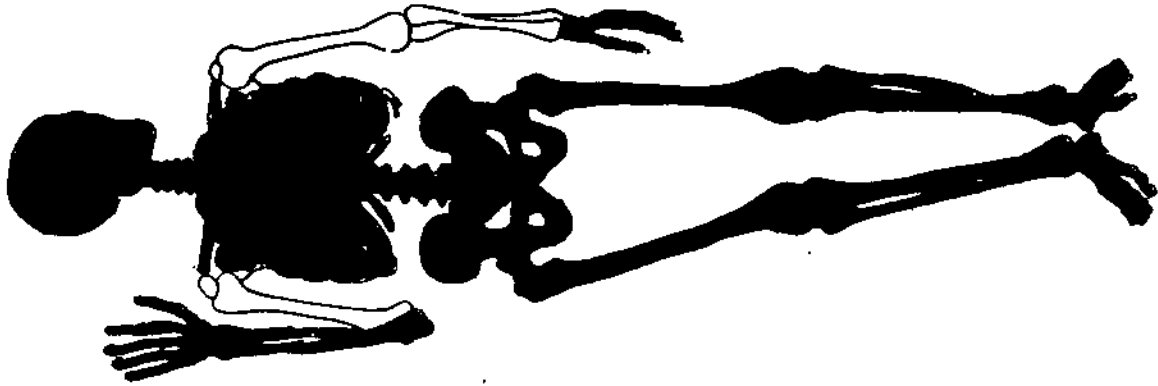
Perforation of the olecranon processes both humeri.

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

Incl. 20

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 _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.

Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

As is indicated by the above black out chart, and attached bone list. These remains consist solely of arm bones and remnants of both shoulders and appear to be in early twenties in age.

Rough estimation of height indicates these bones to be part of a short, slight individual.

Further description impossible.

No teeth present. Fluoroscopic examination unnecessary.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

SIGNATURE:


CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 951

CENTRAL IDENTIFICATION LABORATORY & ANATOMY 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	0		"
SACRUM		0		"
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	0		"
RIBS		0		"
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	1		All missing except; base of acromial process, glenoid cavity and portion of lateral surface.
	LEFT	1		Same as above.
HUMERI	RIGHT	1	33.5	
	LEFT	1	33.3	
RADII	RIGHT	0		Missing
	LEFT	1		
ULNAE	RIGHT	0		Missing
	LEFT	1		
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	0		"
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

NUMERO-CLAVICULAR RATIO	H. T. D.	APPROXIMATE
ESTIMATED HEIGHT	66.93-5'6 7/8"	AGE
ESTIMATED WEIGHT		LEG-HIP BR RATIO
		Early twenties, YEARS

ENCLOSURE TO: Unknown X-179 Guadalcanal


 Paul L. Gravenor, Lab Supervisor
 ANTHROPOLOGIST

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

WD OMC 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

7 April 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)



UNIDENTIFIED BODY X-179

RANK Unknown	SERIAL NUMBER Unknown	COUNTRY United States
ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Nov. 1943

PLACE OF DEATH

South Malaita, B.S.I.

CAUSE OF DEATH

Airplane Crash

IDENTIFICATION TAGS FOUND ON BODY

1 2 NONE

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES NO

COMPLETE TOOTH CHART ON REVERSE

YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

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

DATE 3 April 1945	HOUR 1000	PLOT NO. D	ROW NO. 116	GRAVE NO. 6	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY

Protestant, Catholic and Jewish

PERSON REPORTING BURIAL

Sgt. Richard J. Mayes

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.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-178	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
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BODY ON RIGHT, NAME (Last, First, Middle Initial) OPEN GRAVE	RANK	SERIAL NO.	ORGANIZATION
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PERSON CONDUCTING BURIAL RITES

Chaplain: Cox., U.S. ARMY
Chaplain: Molloy., U.S. ARMY
Chaplain: Kravetz., U.S. ARMY

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

INSTRUCTIONS FOR BURIAL


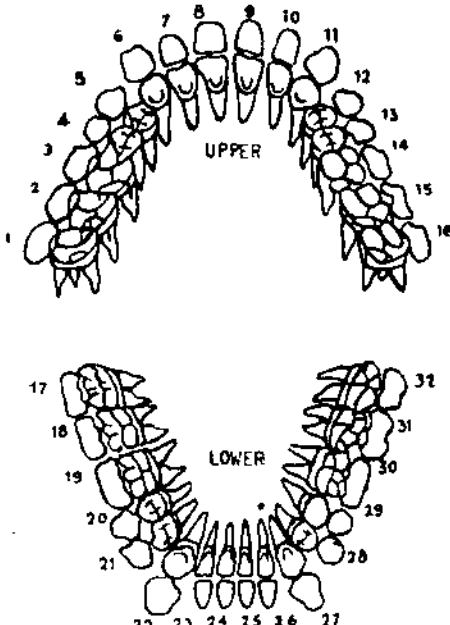




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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	FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
	MISSING TEETH  TOOTH MISSING	
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
	BRIDGE WORK  GOLD BRIDGE	

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

4

3

2

1