

Interred 22 March 1949 **DISINTERMENT DIRECTIVE**

N 1835

-Command by Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME
293 UNKNOWN

SERIAL NUMBER
X-000206

RANK
ARM 2

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
GUADALCANAL

DISPOSITION OF REMAINS
0492 64
CODE DIST. PT.

PLOT E157 **ROW** 10 **GRAVE** 10 **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
UNKNOWN X-206

SERIAL NUMBER
UNK

RANK
UNK

DATE OF DEATH
30 November 42

DATE DISTINTERRED
22 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
Unk

RELIGION
Unk

IDENTIFICATION VERIFIED BY
C. M. Works, Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Uncasketed

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Cemetery Record

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 November 47 BY C. M. Works, Embalmer

CASKET SEALED BY
John K. White, Embalmer

EMBALMER (Signature)
John K. White

CASKET BOXED AND MARKED
9 March 49 G. D. Meek
DATE BY

SHIPPING ADDRESS VERIFIED BY
WILLIAM J. WILLIS

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

William J. Willis
WILLIAM J. WILLIS

SIGNATURE OF GRS INSPECTOR

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

Inspected for ...
19 27 0

Incl. NEN rec 15

RECORD OF CUSTODIAL TRANSFER

RECEIVED
 1120 9 25 AM
 1007058

1. SHIPPED

FROM ARMY MUSEUM NO. 3		TO WEST POINT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER C. J. SURINE C/O USA	DATE 11 23 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> JAMES B HARRIS CAPTAIN Q M C	DATE MAR 15 1949

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-206 Guadalcanal				2. DATE OF REPORT 22 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #1 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	E	G 157	58 10	DISINTERMENT	REINTERMENT
				19 Mar 48	22 Mar 48

PHYSICAL DESCRIPTION **Age 20 to 22 years.**

8. ESTIMATED WEIGHT 150 lbs.	9. ESTIMATED HEIGHT 174.0-68.5-5' 8 1/2"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown X-206, USN Died: 30 Nov '42, Plot-E, Row-157, Grave-10.

One (1) duplicate I.D. tag reads: Unknown X-14, USN, USS Pensacola, Died: 30 Nov '42.

One (1) duplicate I.D. tag reads: Unknown X-206.

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 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

None

UNIDENTIFIABLE

NOV 8 1949

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 6

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-206 Guadalcanal						2. DATE OF REPORT 22 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #1 Formerly of Guadalcanal				4. PLOT E	5. ROW C 157	6. GRAVE 58 10	7. DATE OF DISINTERMENT REINTERMENT 19 Mar '48 22 Mar '48
PHYSICAL DESCRIPTION Age 20 to 22 years.							
8. ESTIMATED WEIGHT 150 lbs.		9. ESTIMATED HEIGHT 174.0-68.5-5'8 1/2"		10. COLOR OF HAIR U. T. D.		11. RACE Probably White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed plate on casket reads: Unknown X-206, USN Died: 30 Nov '42, Plot-E, Row-157, Grave-10. One (1) duplicate I.D. tag reads: Unknown X-14, USN, USS Pensacola, Died: 30 Nov '42. One (1) duplicate I.D. tag reads: Unknown X-206.							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None							
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							

Exhibit 13

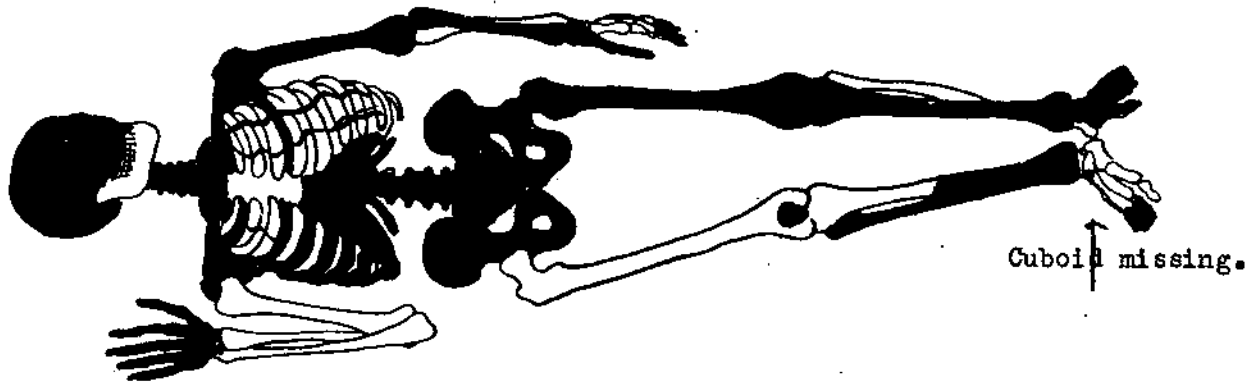
18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>Unknown X-206</p>		
<p>Guadalcanal</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), 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	8
MAXILLA AND TEETH MISSING															
Side Views															Side Views
Top Views															UPPER
															LOWER
Side Views															Side Views
PART IMP.	R	O											F		PART 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:
Crowded lower anterior teeth.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

No extra parts.

Paul L. Gravenor
 Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a medium height young man in his early twenties, with an average body build. Unfortunately the skull and most of the facial bones are missing, therefore a complete description of the face and skull is impossible. The chin is deep and heavy in structure with no gonial eversion. The chin is receding, and medium bilateral in type.

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 O. W. GREENWOOD, CAPT., QMC CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957	SIGNATURE <i>O. W. Greenwood</i>
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CENTRAL IDENTIFICATION LABORATORY & OSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Mandible present only.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		"
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	0		"
RIBS		18		Fragmentary.
STERNUM		1		Manubrium and Xiphoid process missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	1	33.2	
	LEFT	0		Missing.
RADII	RIGHT	1	25.2	
	LEFT	0		Missing.
ULNAE	RIGHT	1	27.0	
	LEFT	1	28.1	
HANDS	RIGHT	0		Missing
	LEFT	1		All missing except metacarpals #2,3, & 4.
FEMORA	RIGHT	1	46.2	
	LEFT	0		Missing
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	1		Lower $\frac{1}{2}$ of shaft and distal extremity missing.
	LEFT	0		Missing.
FIBULAE	RIGHT	0		"
	LEFT	1	39.1	
FEET	RIGHT	1		All present except cuboid & few phalanges.
	LEFT	1		All missing except calcaneus.

NUMERO-CLAVICULAR RATIO			APPROXIMATE	
ESTIMATED HEIGHT	174 68.5 5' 8 $\frac{1}{2}$ "	AGE	20 to 22	YEARS
ESTIMATED WEIGHT	150 lbs.		LEG-HIP BR RATIO	


 Paul D. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-206 Guadalcanal

Central Identification Laboratory

22 March 1948

NARRATIVE

The remains of:

X-203	Plot-E,	Row-146,	Grave-10,	Guadalcanal
X-204	Plot-E,	Row-147,	Grave-10,	Guadalcanal
X-205	Plot-E,	Row-150,	Grave-10,	Guadalcanal
X-206	Plot-E,	Row-157,	Grave-10,	Guadalcanal
X-207	Plot-E,	Row-159,	Grave-10,	Guadalcanal

were processed simultaneously in order to correct existing discrepancies. Extra parts were interchanged and associated by articulation and on the basis of age, color, texture, etc..

C.I.L. X-529, consisting of a set of matching right radius and ulna and an occipital fragment from the casket of Fred C. Gaedecke, 6540177, was checked with the remains of X-205, an adjoining burial, but no association could be made.

Extra parts consisting of one mandible, one right ilium, one right femur, one left femur, one right calcaneus, one left calcaneus, one right talus and one set of right metatarsals, were catalogued as C.I.L. X-621.

The remains were wrapped individually and returned to temporary caskets.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

WD OMC Form 1042
Rev. 11 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

3 Oct 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

Unknown X-206

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

United States

ORGANIZATION

USS PENSACOLA

BRANCH

US NAVY

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

30 Nov 1942

PLACE OF DEATH

USS PENSACOLA

CAUSE OF DEATH

Drowning, due to enemy action.

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 record of personal effects.

UNIDENTIFIABLE

NOV 8 1949

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	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
29 Aug 45 (Reburial)	1425	"E"	157	10	Wooden Cross.

Army Navy Marine Cemetery Guadalcanal B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Services: Unknown

PERSON REPORTING BURIAL

T/S William H. Tursey

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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Brown, Leonard J.	S 1c	6632968	USS SAN JUAN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
End of Row.			

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John R. Nolan

JOHN R. NOLAN

1st Lt OMC

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.

Previously buried in Plot 49, Row 2, Grave 7, as Unknown X-14
OVER FOR BURIAL INSTRUCTIONS in the Espiritu Santo, Military Cemetery.

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.

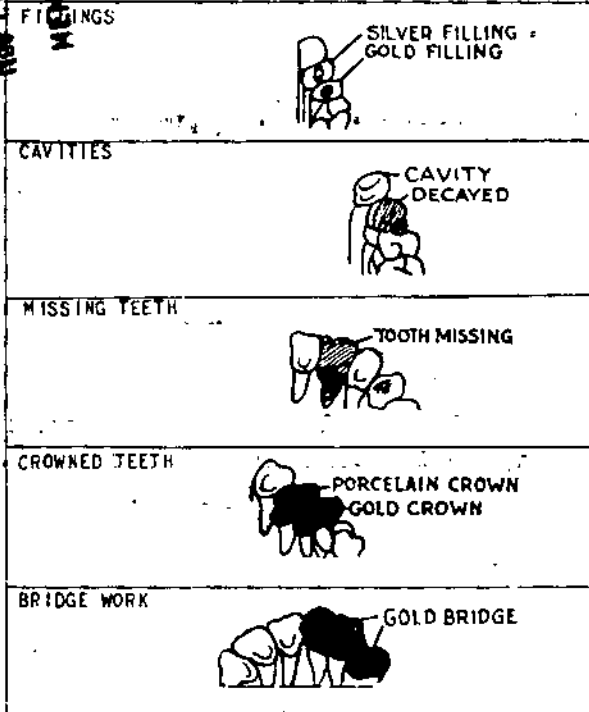
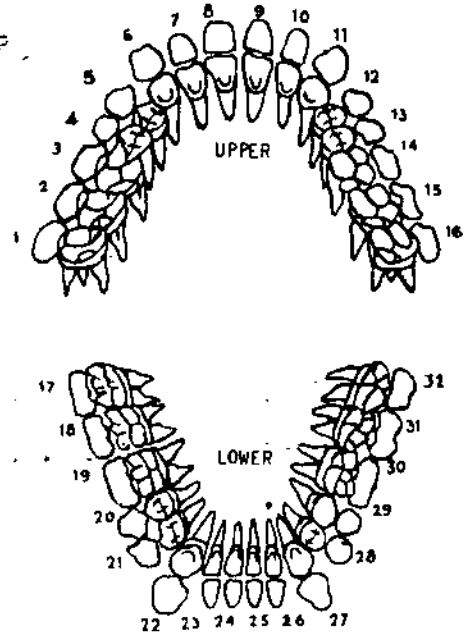


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



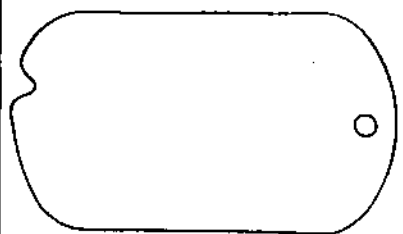
SKETCH AND MAP REFERENCE

Identification Section

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

RECORDS BRANCH

12:27 PM '46

For Imprint of Identification Tag 	NAME (Last, First, Middle Initial) Unknown X-206		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY United States
	ORGANIZATION USS PENSACOLA		BRANCH US NAVY
	RACE Unknown	RELIGION Unknown	DATE OF DEATH 30 Nov 1942

PLACE OF DEATH USS PENSACOLA	CAUSE OF DEATH Drowning, due to enemy action.
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
---	--

DISPOSITION OF SUBSTITUTE TAGS, IF MADE	COMPLETE 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 record of personal effects.

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 29 Aug 45 (Reburial)	HOUR 1425	PLOT NO. "E"	ROW NO. 157	GRAVE NO. 10	GRAVE MARKER Wooden Cross.
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL /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.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Brown, Leonard J.	RANK S lc	SERIAL NO. #6632968	ORGANIZATION USS SAN JUAN	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) End of Row	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall, 1st Lt., QMC for /t/ JOHN R. NOLAN, 1st Lt., QMC
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

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

OVER FOR BURIAL INSTRUCTIONS Previously buried in Plot 49, Row 2, Grave 7, as Unknown X-14 in the Espiritu Santo, Military Cemetery.

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

SILVER FILLING
GOLD FILLING

CAVITIES

CAVITY DECAYED

MISSING TEETH

TOOTH MISSING

CROWNED TEETH

PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK

GOLD BRIDGE

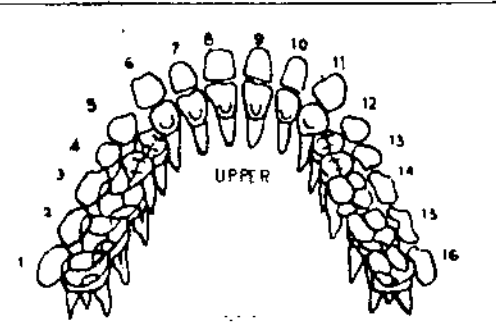
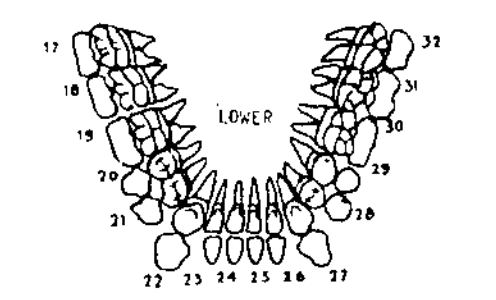


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY
E.A. Miller, Jr.
E.A. Miller, Jr.,
1st Lieut. QMC

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
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RESTRICTED

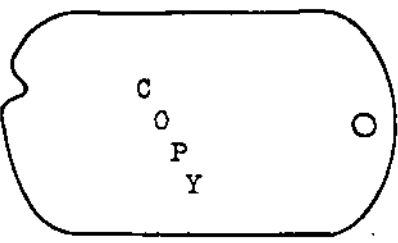

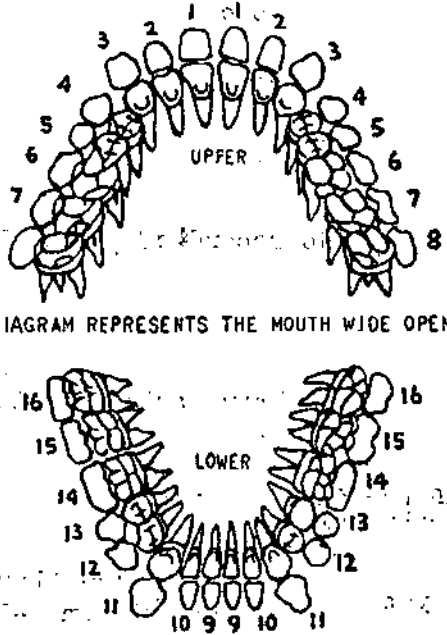



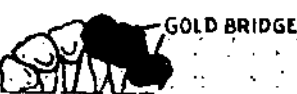

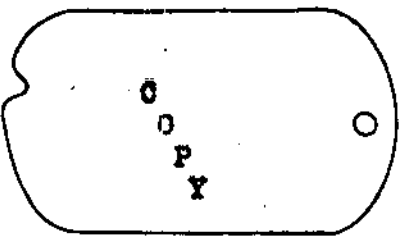
WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 3 Oct 1945
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No. Unknown
NAME (Last, first, middle initial) Unknown X-206		GRADE Unknown		ORGANIZATION USS PENSACOLA		BRANCH OF SERVICE US NAVY
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH USS PENSACOLA		CAUSE OF DEATH Drowning, due to enemy action.			DATE OF DEATH 30 Nov 1942	
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)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) -						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.						
UNIDENTIFIABLE NOV 3 1942						
Section 2.—BURIAL. 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 29 Aug 45 (Reburial)	HOUR 1425	BURIED IN (Shroud, blanket, or name of other) -	TYPE OF GRAVE MARKER Wooden Cross	PLOT No. "E"	ROW No. 157	GRAVE No. 10
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Previously buried in Plot 49, Row 2, Grave 7, as Unknown X-14 in the Espiritu Santo, Mil. Cem.			PLOT No. 49	ROW No. 2	GRAVE No. 7
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON CONDUCTING BURIAL RITES unknown		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY -			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) no	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) no					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Brown, Leonard J.		RANK S1c	SERIAL No. 6632968	ORGANIZATION USS SAN JUAN	GRAVE No. -	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) End of Row.		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT /s/ T/5 William H. Tussey			SIGNATURE OF GRS OFFICER VERIFYING REPORT JOHN R. NOLAN 1st Lt., GRS			
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.						

Exhibit 7'

RESTRICTED


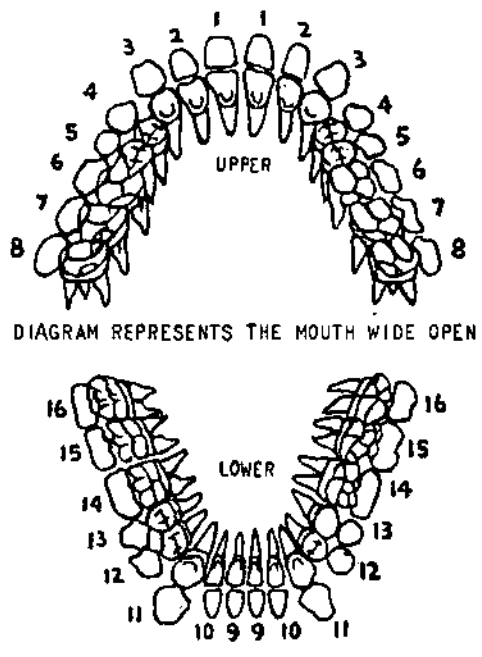




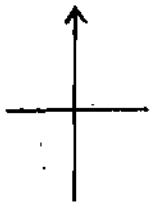
	Section UNIDENTIFIED REMAINS.				
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position 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 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 <div style="text-align:center; margin-top: 20px;">  </div>				
REMARKS:					

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 <p align="center">3 Oct 1945</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) <p align="center">Unknown X-206</p>				SERIAL NO. <p align="center">Unknown</p>	
		GRADE <p align="center">Unknown</p>		ORGANIZATION <p align="center">USS PENSACOLA</p>		BRANCH OF SERVICE <p align="center">US NAVY</p>	
		RACE <p align="center">Unknown</p>		RELIGION <p align="center">Unknown</p>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <p align="center">USS PENSACOLA</p>		CAUSE OF DEATH <p align="center">Drowning, due to enemy action.</p>			DATE OF DEATH <p align="center">30 Nov 1942</p>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">**</p>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">No record of personal effects.</p>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">Army Navy Marine Cemetery Guadalcanal B.S.I.</p>							
DATE OF BURIAL <p align="center">29 Aug 45 (Reburial)</p>	HOUR <p align="center">1425</p>	BURIED IN (Shroud, blanket, or name of other) <p align="center">=</p>	TYPE OF GRAVE MARKER <p align="center">Wooden Cross "E"</p>	PLOT No. <p align="center">49</p>	ROW No. <p align="center">2</p>	GRAVE No. <p align="center">10</p>	
WAS THIS A REBURIAL? (Yes or no) <p align="center">yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">Previously buried in Plot 49, Row 2, Grave 7, as Unknown X-14 in the Espiritu Santo, Mil. Cem.</p>			PLOT No. <p align="center">49</p>	ROW No. <p align="center">2</p>	GRAVE No. <p align="center">7</p>	
TYPE OF RELIGIOUS CEREMONY <p align="center">Previous Service Unknown</p>	PERSON CONDUCTING BURIAL RITES <p align="center">unknown</p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p align="center">*</p>				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">no</p>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">no</p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Brown, Leonard J.</p>			RANK <p align="center">Slt</p>	SERIAL No. <p align="center">6632968</p>	ORGANIZATION <p align="center">USS SAN JUAN</p>	GRAVE No. <p align="center">*</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">End of Row.</p>			RANK 	SERIAL No. 	ORGANIZATION 	GRAVE No. 	
SIGNATURE OF PERSON PREPARING REPORT <p align="center">/s/ T/S William H. Tussey</p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center">JOHN R. HOLAN 1st Lt., 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

72

	Section UNIDENTIFIED REMAINS.			
LEFT LITTLE 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 RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
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:				

QMC FORM
No. 1-GRS

REPORT OF INTERMENT

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d-TR 10-530)

Unknown X-14

U. S. Navy

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

U. S. S. Pensacola

Nov 30, 1942

Drowning

(Place of Death) (Date of Death) (Cause of Death)

1500-Jan 3, 1943

Espiritu Santo Military Cemetery

(Time & Date of Burial) (Place of Burial-Name & No. of Cemetery,
if in a cemetery)

7

2

49 Wooden Cross

Buried with body

Attached to marker

(Grave No.) (Row, No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

Unknown:

(Name and address of Emergency Addressee) (Name and address of legal next of kin)

Restricted

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Par. 25e (2))

TMLO-630

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right Almanza, Oscar 382 39 14 EM3/c USN, Grave 6, Row 2, Plot 49.

On Left McKinney, Boyd E. Pvt USA, Grave 8, Row 2, Plot 49.

s/ BENJAMIN B. BROWN,
Lt. Cmc, USNR, G.R.O., Base Button.

E. K. Clark
E. K. CLARK,
Capt, QMC, G.R.O., APO 708.

Signature of Officer or other person reporting Burial. Verified by Army G.R.S. Officer

Prepare in triplicate - 1 copy to Army GRS Officer - 1 copy to Chief, GRS -
Original to the QMC