

139

GWA X

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

DISINTERMENT DIRECTIVE

Interred 23 February 1949  
E 337

- Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47  
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000221		8	

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

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
E 147		6	SOLOMON ISLANDS	6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-221	UNK	UNK	UNK	22 Nov. '47
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNK	UNK	A. A. Latham, 1st Lt. J.L.C. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Casket	Skeletal FILE
OTHER MEANS OF IDENTIFICATION	18 MAY 1949 EXPIRATION
One (1) Grave Marker: One (1) Mortuary Tag.	

MINOR DISCREPANCIES /  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 6 July 1948 BY L A JONES, EMBALMER

CASKET SEALED BY G. D. MEEK EMBALMER (Signature) L. A. Jones

CASKET BOXED AND MARKED DATE 7/2/48 BY G. D. MEEK SHIPPING ADDRESS VERIFIED BY T. P. MADINE

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

WILLIAM A. McNAMARY

SIGNATURE OF GRS INSPECTOR

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

ADJ. C. L. R. M. L. N.

Incl 72

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

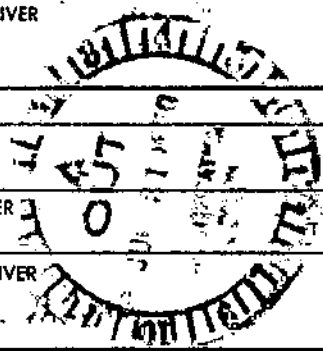
FROM: ARMY MAIL NO 3		TO: HAWN DIST CENTER	
KIND OF CONVEYANCE: <i>Handwritten</i>		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER: <i>Handwritten</i>	DATE: <i>Handwritten</i>	SIGNATURE OF RECEIVER: <i>James B Harris</i>	DATE: <i>Handwritten</i>
		JAMES B HARRIS CAPTAIN U.S.A.	

## 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: <i>Handwritten</i>		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: (STATUTE ORDER)		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER: <i>Handwritten</i>	DATE:	SIGNATURE OF RECEIVER:	DATE:
		HONORABLE NATIONAL GUARDIAN	

## 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:

COMGENUSARPAC FT SHAFTER TH

PRIORITY

X

CHARGE GRAVES WW II

FROM QMGMT REULET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION  
 OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT  
 UNKNOWNNS 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 ABL E MA 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 ABL AND BAKER XRAY TWO NINE TWO ABL  
 AND BAKER XRAY TWO NINE FOUR AND XRAY THREE ZERO THREE MA ALL OF GUADALCANAL  
 PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWNNS 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, QMC  
Chief, RR Div

AIR MAIL

RRMEC 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-243
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

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-221      GUADALCANAL			2. DATE OF REPORT 26 March 1948		
3. NAME OF CEMETERY U.S. Army Mausoleum #1 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	E	147	113 6	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION      Age: 25 - 27				25 Mar '48	25 Mar '48

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD.
----------------------------	----------------------------	--------------------------	------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
 One (1) embossed plate: Unknown X-221, Plot-E, Row-147, Grave-6.  
 One (1) embossed plate: Unidentified.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	
<p><b>U N I D E N T I F I E D</b>                  BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p>	
CYRIL C. DISNEY None.	1st. Lt., FA 0-1167395 <i>Cyril C. Disney</i> 14 Dec 1948

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

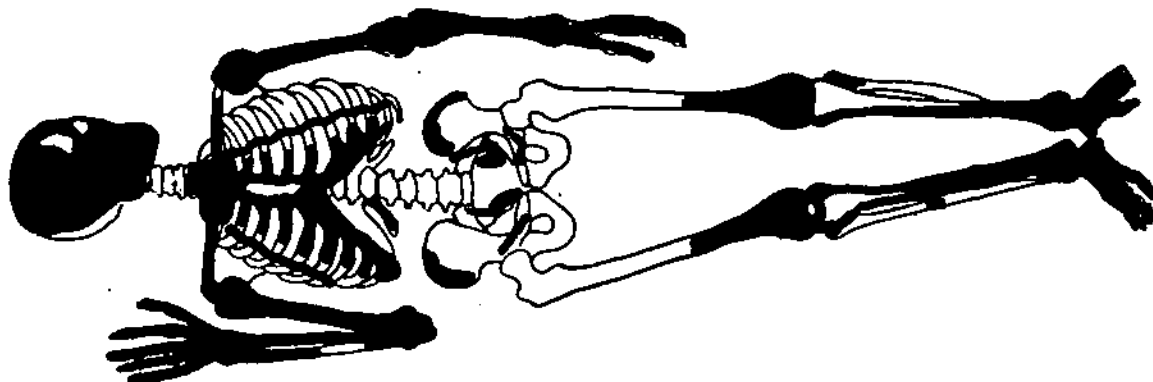
None.

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.

*Incl. 21*

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 two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

A fragment of the proximal head of the left tibia.

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

21. REMARKS AND ADDITIONAL INFORMATION

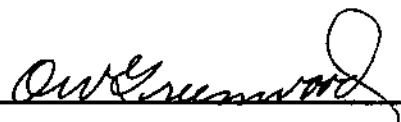
Picture an older man of average size, but well muscled and of stocky build, with very heavy bone tissue.  
 Due to the fragmentary condition of these remains, no further data is available.

The extra part mentioned above is of a smaller person and have been catalogued as C.I.L. Unknown X-627.

No teeth. Fluoroscopic examination 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., OMC  
**CENTRAL IDENTIFICATION LABORATORY**

SIGNATURE  


**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Portion of skull base, frontal and occipital present.
VERTEBRAE	CERVICAL	4		1, 6 & 7 missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Eroded.
	LEFT	1		Eroded.
RIBS		22		Fractured missing.
STERNUM		1		Fragment of the body present.
CLAVICLES	RIGHT	0	NO MEASURABLE PARTS.	Missing.
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Coracoid process missing.
	LEFT	1		Coracoid process missing.
HUMERI	RIGHT	0		Missing.
	LEFT	0		Missing.
RADII	RIGHT	0		Missing.
	LEFT	0		Missing.
ULNAE	RIGHT	1		Fragment of shaft present.
	LEFT	0		Missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Distal end and 1/3 missing.
	LEFT	1		Distal end and 1/3 missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	Fragment of proximal head and shaft.	
	LEFT	1	Fragment of proximal head and shaft present.	
FIBULAE	RIGHT	1	Fractured.	
	LEFT	1 <sup>1</sup> / <sub>2</sub>	Proximal head & 1/3 shaft missing.	
FEET	RIGHT	0	Missing.	
	LEFT	0	Missing.	

HUMERO-CLAVICULAR RATIO	UTD		APPROXIMATE	
ESTIMATED HEIGHT	UTD	AGE	25-27	YEARS
ESTIMATED WEIGHT	UTD		LEG-HIP BR RATIO	

ENCLOSURE TO: UNKNOWN X-221 GUADALCANAL Paul L. Gravenor,  
Lab Supervisor.

*Paul L. Gravenor*  
ANTHROPOLOGIST



NARRATIVE

Upon processing the remains known as X-222, Plot-E, Row-165, Grave - 8 and X-224, Plot-E, Row-154, Grave-4, (both from Guadalcanal) the difference in right and left arm measurements in both cases raised the question as to whether these bones belonged to the bodies to which they had been assigned.

In an effort to establish a more positive association, the remains of X-221, X-223 and X-225 were checked and the two (2) extra bone fragments from these checked against X-222 and X-224.

No interchange was made and the remains were casketed to be compared with original associated burial at a later date. No case papers have been submitted to this date on cases X-222 and X-224.

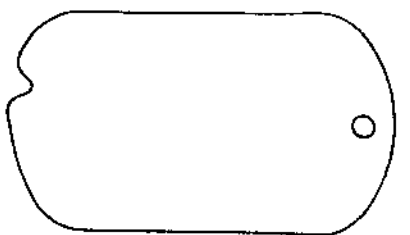
WD OMC FORM 1082  
Rev. 1 February 1945  
(Supersedes form dated  
3 Jan. 1945. Existing stocks  
may be used until exhausted.)

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

DATE REPORT FILLED OUT

27 Sept 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-221

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1

2

NONE

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

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

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal, B.S.I.

DATE OF BURIAL

17 Sept 45  
(Reburial)

HOUR

0815

PLOT NO.

"E"

ROW NO.

147

GRAVE NO.

6

GRAVE MARKER

Wooden Cross

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown.

PERSON REPORTING BURIAL

/s/ S/Sgt. Richard J. Moyer

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)

Gustafson, Milton H.

RANK

S lc

SERIAL NO.

3823501

ORGANIZATION

US Navy

GRAVE NO.

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

Rankin, Marion H.

RANK

Unknown

SERIAL NO.

3813320

ORGANIZATION

US Navy

GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ John R. Nolan

/t/ JOHN R. NOLAN

1st Lt., OMC

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 as X-3 Row 1, Grave 5, Plot B.

USN & USMC Cemetery, Tulagi

## 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

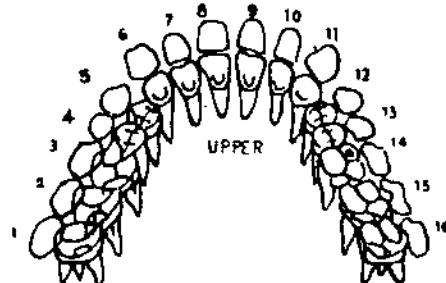
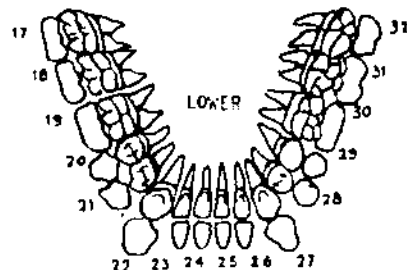


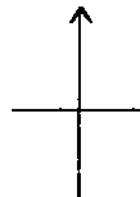
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

E. A. Miller, Jr.  
 1st Lt., QMC



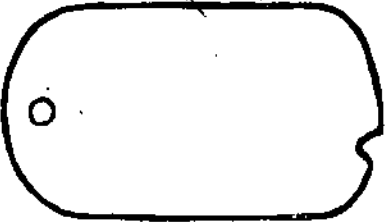
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

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	

WD OMC Form 1042  
 Rev. 1 November 1942  
 (GRS Form dated 11 May 1942  
 may be used until exhausted)

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

9215  
 DATE REPORT FILLED OUT  
 27 Sept 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) <b>Unknown X-221</b>		
	RANK	SERIAL NUMBER	COUNTRY			
	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>			
	ORGANIZATION <b>Unknown</b>		BRANCH <b>Unknown</b>			
RACE	RELIGION	DATE OF DEATH				
<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>				

PLACE OF DEATH <b>Tulagi, B.S.I.</b>	CAUSE OF DEATH <b>Unknown</b>
---	----------------------------------

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 FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**No personal effects found.**

NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>	ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>
---	--

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

DATE <b>17 Sept 45</b> (Reburial)	HOUR <b>0815</b>	PLOT NO. <b>5</b>	ROW NO. <b>147</b>	GRAVE NO. <b>6</b>	GRAVE MARKER <b>Wooden Cross.</b>
Army Navy Marine Cemetery			Guadalcanal B.S.I.		

TYPE OF RELIGIOUS CEREMONY <b>Previous Service Unknown.</b>	PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</i>
--	---

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 8 on Reverse)**

BODY ON LEFT, NAME (Last, First, Middle Initial) <b>Gustafson, Milton H.</b>	RANK <b>S 1c</b> <del>Unknown</del>	SERIAL NO. <b>3823501</b>	ORGANIZATION <b>US Navy</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>Rankin, Marion H.</b>	RANK <b>Unknown</b>	SERIAL NO. <b>3813320</b>	ORGANIZATION <b>US Navy</b>

PERSON CONDUCTING BURIAL RITES <b>Unknown</b>	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., OMC</b>
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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 *Previously buried as X-3, Row 1, Grave 5, Plot B  
 USN + USMC Cemetery Tulagi*

## INSTRUCTIONS FOR BURIAL

**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH ENT 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
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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**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.**

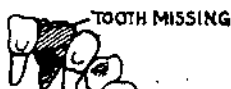
FILLINGS



CAVITIES



MISSING TEETH



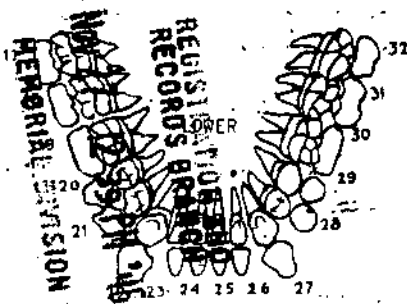
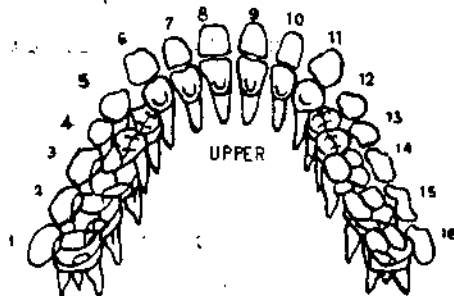
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

LEFT THUMB


RIGHT THUMB

QMC Form 1002  
Rev. 3 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

9 April 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-3					
	RANK		SERIAL NUMBER		COUNTRY	
	Unknown		Unknown		Unknown	
ORGANIZATION				BRANCH		
Unknown				Unknown		
RACE		RELIGION		DATE OF DEATH		
Unknown		Unknown		Unknown		

PLACE OF DEATH	CAUSE OF DEATH
Tulagi, B.S.I.	Unknown

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	

DISPOSITION OF SUBSTITUTE TAGS, IF MADE
---

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN
--

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

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	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
14 Dec. 1944 (Reburial)	1030	B	1	5	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Sgt. Richard J. Meyer</i>

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 4 on Reverse)			
BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
WILSON, Ralph A.	Unknown	Unknown	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
ROGERS, R.L.	Unknown	Unknown	USN
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Unknown	<i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		

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

OVER FOR BURIAL INSTRUCTIONS
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Incl # 8

# 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

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LEFT THUMB






RIGHT THUMB

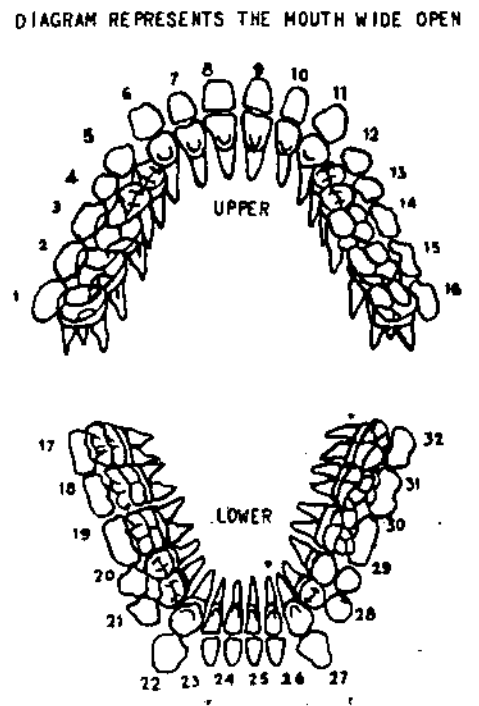
4

3

2

1

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>



**SKETCH AND MAP REFERENCE**



REPORT OF INTERMENT  
(TM 10-630-AND AR 30-1816)

Restricted

381

SEP 22 1944

Unknown X-3

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

USN & USMC Cemetery # 1 Tulagi, B. S. I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

38

1

A

Wooden Cross

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No   
No record of any attempt to identify body

(If no identification tags, what means of identification are buried with the body?)

Names of adjacent deceased are taken from adjoining grave markers

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Cornelious, D. V.

(Name)

(Serial number)

(Rank)

USN

(Organization)

39

(Grave number)

Body buried on LEFT Stapleton, W. L.

(Name)

(Serial number)

(Rank)

USNR

(Organization)

37

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

No record of effects

Restricted



**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:**

Height:	Apparent nationality:
Weight: . . .	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair: . . .	Wear glasses?
Race:-----	Is tooth-chart-attached?.

(If possible, have medical personnel take a tooth chart)

<sup>3</sup> In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:-----

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.**

*1st Sgt Richard Meyer*  
 -----  
 (Signature of officer or other person reporting burial)  
*John L. Stewart*  
 -----

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB