

Interred 14 March 1949 **DISINTERMENT DIRECTIVE**

F 1012

Thomas C. Baker - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **8730 00000** DATE: **26 09 47**

NAME: *243* **UNKNOWNX-000226** SERIAL NUMBER: **8730 00000** RANK: **Q** DATE OF DEATH: **26 09 47**

CEMETERY: **GUADALCANAL** DISPOSITION OF REMAINS: **0492 64**

PLOT: **B164** ROW: **8** GRAVE: **8** COUNTRY: **SOLOMON ISLANDS** CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **HONOLULU NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER)** NAME AND ADDRESS OF NEXT OF KIN: **6**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-226** SERIAL NUMBER: **UNK** RANK: **UNK** DATE OF DEATH: **UNK** DATE DISTINTERRED: **21 Nov 47**

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNK** RELIGION: **UNK** IDENTIFICATION VERIFIED BY: **Arthur A. Latham**

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Casket** CONDITION OF REMAINS: **Skeleton**

OTHER MEANS OF IDENTIFICATION: **Substitute I. D. tag reads: Unknown X-226.**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **2 July 1948** BY: **N R JOYNES, EMBALMER**

CASKET SEALED BY: **E. E. BRAYBOY** EMBALMER (Signature): *N. R. Joynes*

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: **A. D. MACFIE**

DATE: **7/2/48** BY: **E. E. BRAYBOY**

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

LLOYD G. OAMES *Lloyd G. Oames*
SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-226 Guadalcanal				2. DATE OF REPORT 24 February 1948	
3. NAME OF CEMETERY U.S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT E	5. ROW B 164	6. GRAVE 4 8	7. DATE OF DISINTERMENT REINTERMENT 20 Feb '48 24 Feb '48

PHYSICAL DESCRIPTION Age 23 to 26.			
8. ESTIMATED WEIGHT 125 to 130 lbs	9. ESTIMATED HEIGHT 5' 4¹/₂"	10. COLOR OF HAIR Light Brown	11. RACE White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate reading: Unknown X-226, Died, P-E, R-164, Gr-8.
One (1) embossed plate reading: Unidentified.
One (1) duplicate I.D. tag reading: Unknown X-226.**

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

None

UNIDENTIFIABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
 I.D. TAG NO. 0-1167395 *Cyril C. Disney* *20 Jan 1949*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **All long bones fractured.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Premature closure of left temporal - parietal suture.

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

32



18.

TOOTH CHART

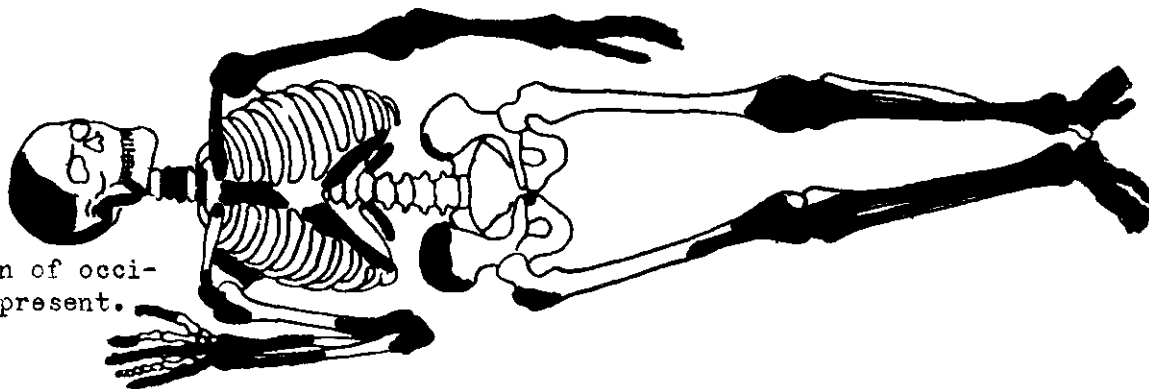
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p>Unknown X-226</p>	<p>← Tooth Missing →</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Guadalcanal</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
	(F)	A F, OM	A OL (M)	(M)									A M, L DRIFT	A L, O	(M)	(M)
Side Views																
Top Views																
Side Views																
	A O	A OM	DRIFT										DRIFT	A OM (M)	A O	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

- Remarks:
1. L-4 and L-5 are in torsi version.
 2. L-12 is in torsi version.

19. BLACK OUT PARTS OF BODY NOT RECORDED



Portion of occipital present.

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.

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a small man about 23 to 25 years old, weighing about 125 to 130 lbs, with apparently light brown hair. (nasal sample).
 The fragmentary skull suggests a small size vault, with narrow forehead having rather large development of browridges.
 Facial proportions are long and narrow, with flat sides.
 Nasal root and bridge are rather wide but form a fairly high, convex bridge.
 Mouth parts are projecting.
 Upper lip was rather long.
 Chin is receding and forms deep, rather narrow bi-lateral eminence, which sticks forward more on left side.
 Palate is rather long and somewhat narrow.

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

CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		
VERTEBRAE	CERVICAL	4		Missing 2, 3, 7.
	THORACIC	8		Missing 2, 7, 8, 11.
	LUMBAR	5		
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM approx 24.0	Fractured - portion missing.
	LEFT	1		Fractured - portion missing.
RIBS		22		Missing 2.
STERNUM		1		Present - lower portion of body.
CLAVICLES	RIGHT	0		Missing
	LEFT	1		Missing both ends.
SCAPULAE	RIGHT	1		Portion missing.
	LEFT	1		" "
HUMERI	RIGHT	1		Head and distal half missing.
	LEFT	0		Missing
RADII	RIGHT	1		Both ends missing.
	LEFT	0		Missing
ULNAE	RIGHT	1		Both ends missing.
	LEFT	0		Missing
HANDS	RIGHT	1		Present - 1,2,4, metacarpals, 1 phalange.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Missing - greater trochanter and distal end.
	LEFT	1	approx 44.8	Missing - distal end.
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Present - only portion of head.
FIBULAE	RIGHT	0		Missing
	LEFT	1		Missing - both ends.
FEET	RIGHT	0		Missing
	LEFT	1		Present - calcaneus, 5th metatarsal.

NUMERO-CLAVICULAR RATIO			APPROXIMATE	
ESTIMATED HEIGHT	5' 4 $\frac{1}{2}$ "	AGE	23 to 26	YEARS
ESTIMATED WEIGHT	125 to 130 lbs		LEG-HIP BR RATIO	

Charles E. Snow

ENCLOSURE TO: Unknown X-226

Guadalcanal

Charles E. Snow
ANTHROPOLOGIST

QMC Form 104
 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)

92 15 +
 DATE REPORT FILLED OUT
 12 October 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-226		
	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 <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 checked="" type="checkbox"/> YES <input 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 unknown	ADDRESS OF EMERGENCY ADDRESSEE unknown
--	---

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

DATE 17 Sept 45 (Reburial)	HOUR 0855	PLOT NO. E	ROW NO. 164	GRAVE NO. 8	GRAVE MARKER Wooden Cross
----------------------------------	--------------	---------------	----------------	----------------	------------------------------

Army navy Marine Cemetery Guadalcanal BSI

TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL T-5 William H. Tussy
--	---

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) Fanning, Buster E.	RANK S 2/c	SERIAL NO. 878-65-36	ORGANIZATION US Denver USNR
BODY ON RIGHT, NAME (Last, First, Middle Initial) Dyer, Rufus C.	RANK Cpl	SERIAL NO. 34198172	ORGANIZATION Det of Pnts 25 vac

PERSON CONDUCTING BURIAL RITES unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> FOR 1st Lt. QMC JOHN R. NOLAN, 1st Lt., QMC. Hosp.
---	--

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 Previously buried as Unknown X-8, in Plot B, Row 1, Grave 16, USN & USMC Cemetery #1, Tulagi, B.S.I.

INSTRUCTIONS FOR BURIAL


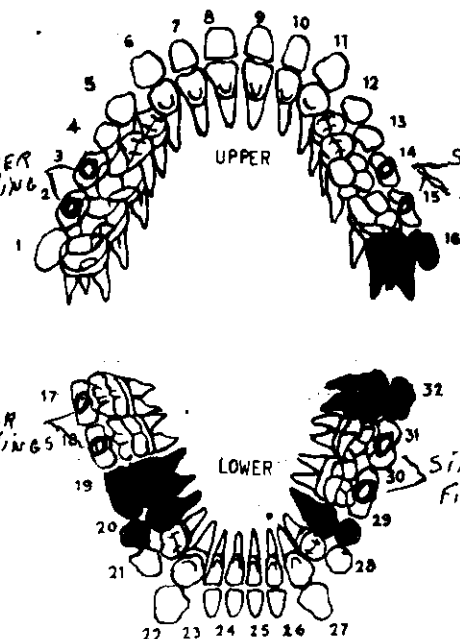




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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.

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 FROM BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

RECORDS BRANCH

9th. MAR. 1951

MEMORANDUM

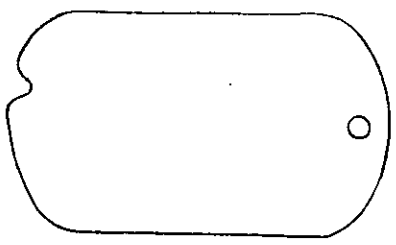
WD QMC-FORM 1042

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

12 October 1945

	For Imprint of Identification Tag NAME (Last, First, Middle Initial) Unknown X-226		
	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 <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 checked="" type="checkbox"/> YES <input 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 unknown	ADDRESS OF EMERGENCY ADDRESSEE unknown
--	---

NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 0855	PLOT NO. E	ROW NO. 164	GRAVE NO. 8	GRAVE MARKER Wooden Cross
--	--------------	---------------	----------------	----------------	------------------------------

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) Fanning, Buster E.	RANK S 2/c	SERIAL NO. 878-65-36	ORGANIZATION USS Denver	GRAVE NO. USNR
BODY ON RIGHT, NAME (Last, First, Middle Initial) Dyer, Rufus C.	RANK Cpl	SERIAL NO. 34198172	ORGANIZATION Det of Pnts	GRAVE NO. 25 Evac Hosp

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
---	--

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 Unknown X-8, in Plot B, Row 1, Grave 16
 USN & USMC Cemetery #1, Tulagi, B.S.I.

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
--------------------------	---------------	-----------------------

a 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

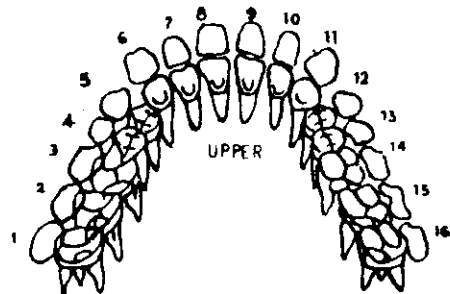
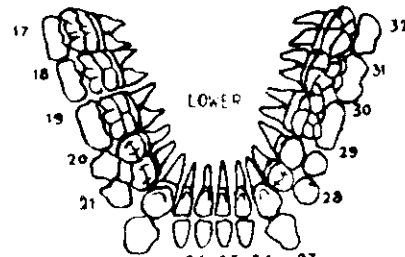


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

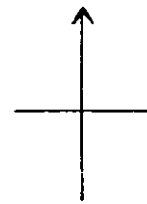


TOOTH CHART ON ORIGINAL

SKETCH AND MAP REFERENCE

A TRUE COPY:

C. M. Iseley
C. M. ISELEY,
Lt. Col., G.S.C.



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

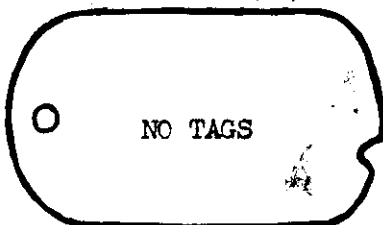
Right
Thumb

Right
Index Finger

Right
Middle Finger

Right
Ring Finger

Right
Little Finger

WD QMC 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 9 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-8			
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 <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 checked="" type="checkbox"/> YES <input 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 <p style="text-align: center;">No personal effects found.</p>					
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 14 Dec. 1944 (Reburial)	HOUR 1030	PLOT NO. B	ROW NO. 1	GRAVE NO. 16	GRAVE MARKER Wooden Cross
USN & USMC CEME			TERY #1 TULAGI, B.S.I.		
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL <i>John R. Nolan</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) UNIDENTIFIED BODY X-7		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-9		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <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					

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.

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

1
2
3
4
LEFT THUMB
RIGHT THUMB
4
3
2
1






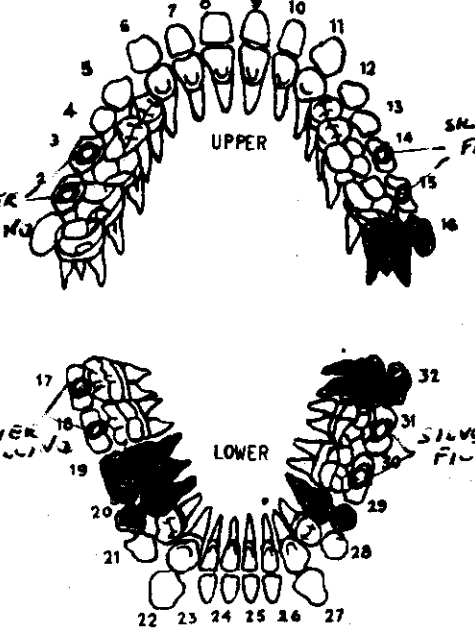
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

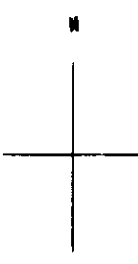
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



UPPER

LOWER

SKETCH AND MAP REFERENCE




N

WD OMC Form 1082
 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
 9 April 1945

FOR IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)	
		UNIDENTIFIED BODY X-8	
		RANK Unknown	SERIAL NUMBER 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 <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 checked="" type="checkbox"/> YES <input 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 Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown	
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE			
DATE 14 Dec. 1944 (Reburial)	HOUR 1030	PLOT NO. B	ROW NO. 1
USN & USMC CEMETERY #1		GRAVE NO. 16	GRAVE MARKER Wooden Cross
TULAGI, B.S.I.			
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown		PERSON REPORTING BURIAL <i>Asst. Richard J. Mayner</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) UNIDENTIFIED BODY X-7		RANK Unknown	SERIAL NO. Unknown
		ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-9		RANK Unknown	SERIAL NO. Unknown
		ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC	
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			

14# 8