

QMGM T DEPT OF ARMY WASH DC CAPT SLOANE EXT 2462

UNCLASSIFIED

CONGENUSARPAC BY CHAPTER TH

PRIORITY

X

UNKNOWN GRAVES WW II

FROM QMGM T REURL DEPT OF ARMY WASH DC CAPT SLOANE EXT 2462
OF UNIDENTIFIED REMAINS OF ONE FIVE DECEMBER FOUR EIGHT

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

UNCLASSIFIED

QMGM T 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 OQGMU 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

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. QMC 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-259
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303

1-17-48
Interned 14 March 1949
F 904

DISINTERMENT DIRECTIVE

CAN Beall

1

Robert W. Ralston Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME
217 UNKNOWNX-000227

SERIAL NUMBER
UNKNOWNX-000227

ARM
1

CEMETERY
GUADALCANAL

DISPOSITION OF REMAINS
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
E168 6 6 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
**UNKNOWN X-227
A, N, M Cem, Guadalcanal**

SERIAL NUMBER
UNK

RANK
UNK

DATE OF DEATH
UNK

DATE DISINTERRED
20 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNK

RELIGION
UNK

IDENTIFICATION VERIFIED BY
**L. W. Lynn,
Embalmer** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Casket

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Grave Marker and Mortuary tag.

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE **2 July 1948**
CASKET SEALED BY
IRA J. VONK

BY **ROBERT W. RALSTON, EMBALMER**
EMBALMER (Signature)
Robert W. Ralston
R. W. RALSTON

CASKET BOXED AND MARKED
DATE **7/2/48** BY **IRA J. VONK**

SHIPPING ADDRESS VERIFIED BY
A. J. ROBERTSON

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

J. L. Murphy
J. L. MURPHY, CAPT, QMC
SIGNATURE OF GRS INSPECTOR

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

NLV Incl 233

IDENTIFICATION DATA

| | | | | | |
|--|----------|------------|---|-------------------|-------------------|
| 1. REMAINS OF UNKNOWN X-227 GUADALCANAL | | | 2. DATE OF REPORT 25 March 1948 | | |
| 3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | E | 168 | B 43 | DISINTERMENT | REINTERMENT |
| | | | 6 | 25 Mar '48 | 25 Mar '48 |

PHYSICAL DESCRIPTION

| | | | |
|--|---|---------------------------------|------------------------------------|
| 8. ESTIMATED WEIGHT 135 - 140 lbs. | 9. ESTIMATED HEIGHT 170 - 66.93 - 5' 6-7/8" | 10. COLOR OF HAIR UTD | 11. RACE Probably White. |
|--|---|---------------------------------|------------------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unknown X-227, P-S, R-168, G-6.
 One (1) duplicate I.D. tag reading: Unknown X-227.
 One (1) embossed plate reading: Unidentified.

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

None.

Copy of O. D. D. 14 Dec 1948

| | |
|---|---|
| 14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT? Evidence of burns about the head. |
|---|---|

| | |
|--|---|
| 15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT? Multiple fracture of skull, lower bones present are fractured. |
|--|---|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None.

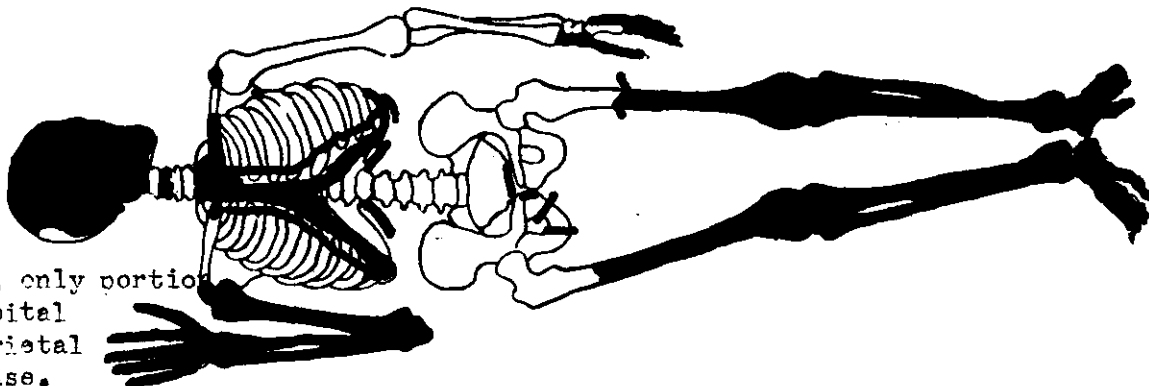
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None.

Incl 22

19. BLACK OUT PARTS OF BODY NOT RECORDED

1, 2, 3 cervical missing.



Present, only portion of occipital left parietal skull base.

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

One (1) extra left humerus.

Paul L. Gravenor,

SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture: A short, slender, young man of average muscularity.

Due to the absence of most skull parts, no further description is possible.

The extra bone mentioned above is catalogued as C.I.L. # 630.

No teeth present. Fluoroscopic examination unnecessary.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
D. W. GREENWOOD, CAPT., QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

| NAME | SIDE | NO | BONE LENGTHS IN CM | REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) |
|-------------|----------|----|-----------------------|---|
| SKULL | | 1 | | Multiple fracture- Skull base, portion of occipital and left parietal present only. |
| VERTEBRAE | CERVICAL | 3 | | 1-2-3-5 missing. |
| | THORACIC | 9 | | 1-2-6 missing. |
| | LUMBAR | 5 | | |
| SACRUM | | 1 | | |
| INNOMINATES | RIGHT | 1 | BI-ILIAC DIAM 26.6 | Fractured ischium. |
| | LEFT | 1 | | |
| RIBS | | 24 | | Three missing. |
| STERNUM | | 0 | | Missing. |
| CLAVICLES | RIGHT | 1 | | Tip missing. |
| | LEFT | 1 | | Fractured- midshaft-part missing. |
| SCAPULAE | RIGHT | 1 | | |
| | LEFT | 1 | | |
| HUMERI | RIGHT | 0 | | Missing. |
| | LEFT | 1 | 32.2 | |
| RADII | RIGHT | 0 | | Missing. |
| | LEFT | 1 | 24.8 | |
| ULNAE | RIGHT | 0 | | Missing. |
| | LEFT | 1 | 26.4 | |
| HANDS | RIGHT | 0 | | Missing. |
| | LEFT | 1 | | 2-4 metacarpals present. |
| FEMORA | RIGHT | 1 | | Fractured above midshaft, lower half missing. |
| | LEFT | 1 | | Fractured midshaft, lower half missing. |
| PATELLAE | RIGHT | 0 | | Missing. |
| | LEFT | 0 | | Missing. |
| TIBIAE | RIGHT | 0 | | Missing. |
| | LEFT | 0 | | Missing. |
| FIBULAE | RIGHT | 0 | | Missing. |
| | LEFT | 0 | | Missing. |
| FEET | RIGHT | 0 | | Missing. |
| | LEFT | 0 | | Missing. |

| | | | |
|---|-----|------------------|-------|
| HUMERO-CLAVICULAR RATIO | | APPROXIMATE | |
| ESTIMATED HEIGHT 170 - 66.93 5' 6-7/8" | AGE | 20-22 | YEARS |
| ESTIMATED WEIGHT 135 - 140 lbs. | | LEG-HIP BR RATIO | |

ENCLOSURE TO: UNKNOWN X-227 GUADALCANAL Paul L. Gravenor
Lab Supervisor.

Paul L. Gravenor
ANTHROPOLOGIST

NARRATIVE

X-225, Guadalcanal, Plot-E, Row-168, Grave-4.
X-226, Guadalcanal, Plot-E, Row-164, Grave-8.
X-227, Guadalcanal, Plot-E, Row-168, Grave-6.
X-228, Guadalcanal, Plot-E, Row-165, Grave-6.

The remains of X-225 and X-227 were processed simultaneously and an extra left humerus was found in the casket of X-227.

An extra left tibia (upper third) and an extra left fibula (upper one-third) were found in the casket of X-225.

In an attempt to associate the extra bones, the above listed "X" numbers were checked. X-225, X-227 and X-228 were processed completely at this time. X-226 had been processed previously.

X-228 lacked a left humerus, but difference in size and age disallowed association. The extra bones from X-225 also could not be associated.

The extra parts were removed and classified as C.I.L. Unknown Y-630 and X-626 respectively.

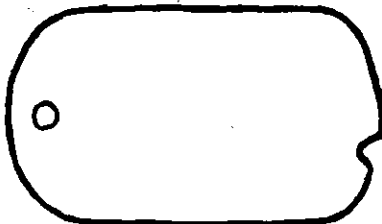
QMC Form 1042
Rev. 1 November 1942
(GRS 1, dated 11 May 1942
may be used until exhausted)

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

DATE REPORT FILLED OUT

12 October 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-227

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

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

| DATE | HOUR | PLOT NO. | ROW NO. | GRAVE NO. | GRAVE MARKER |
|------------|------|------------------|---------|-----------|--------------------------|
| 17 Sept 45 | 0915 | E | 168 | 6 | wooden cross |
| Reburial | | Army Navy Marine | | | cemetary Guadalcanal BSI |

TYPE OF RELIGIOUS CEREMONY

Previous service unknown

PERSON REPORTING BURIAL

Sgt. Richard J. Meyer

IDENTIFICATION TAGS BURIED WITH BODY YES NO

ATTACHED TO MARKER

YES

NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

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

Jones, Julius

RANK

Tec 4

SERIAL NO.

36131087

ORGANIZATION

76th CA (AA)

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

Tomlin, Willie

RANK

Cpl

SERIAL NO.

34018182

ORGANIZATION

76th CA (AA)

PERSON CONDUCTING BURIAL RITES

unknown

VERIFIED BY G. S. OFFICER

John R. Nolan
1st Lt. OMC.
FOR JOHN R. NOLAN, 1st Lt., OMC.

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

OVER FOR BURIAL INSTRUCTIONS Previously buried in Plot B, Row 1, Grave 17 as unknown X-9
in USN & USMC Cemetery #1, Tulagi, BSI

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.






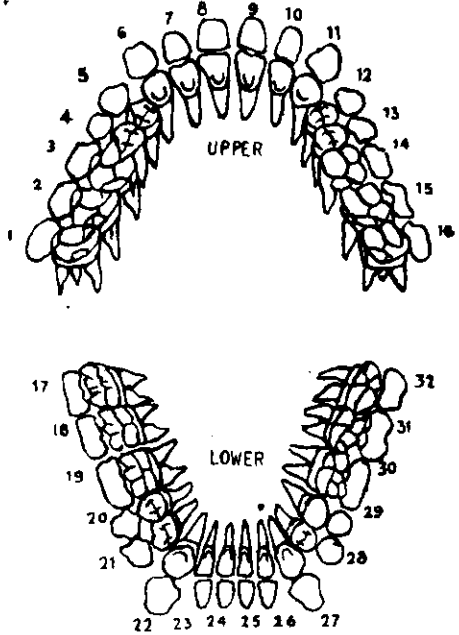
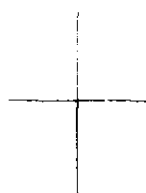
| | | |
|-------------|---------------|---|
| LEFT THUMB | FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |
| RIGHT THUMB | CAVITIES |  <p>CAVITY DECAYED</p> |
| | MISSING TEETH |  <p>TOOTH MISSING</p> |
| | CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> |
| | BRIDGE WORK |  <p>GOLD BRIDGE</p> |

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N



RECORDS BRANCH
 NOV 27 12 27 PM '46

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

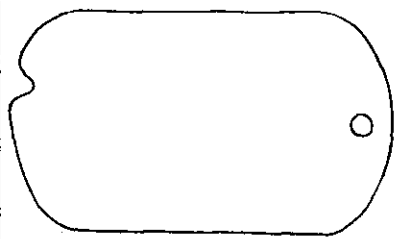
WD QMC FORM 1042
 Rev. 1 February 1945
 (Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.)

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-227

| | | |
|-------------------------|--------------------------|--------------------------|
| 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 0915 | PLOT NO. E | ROW NO. 168 | 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) Jones, Julius | RANK Tec 4 | SERIAL NO. 36131087 | ORGANIZATION 76th CA(AA) | GRAVE NO. |
| BODY ON RIGHT, NAME (Last, First, Middle Initial) Tomlin, Willie | RANK Cpl | SERIAL NO. 34018182 | ORGANIZATION 76th CA(AA) | 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

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 B, Row 1, Grave 17 as Unknown X-9 in USN & USMC Cemetery #1, Tulagi, BSI**

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

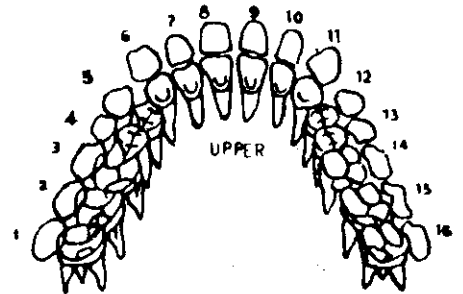
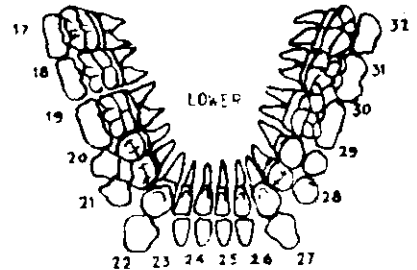


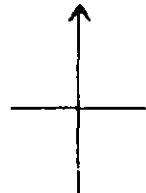
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

E.A. MILLER, JR.,
1st Lieut. QMC



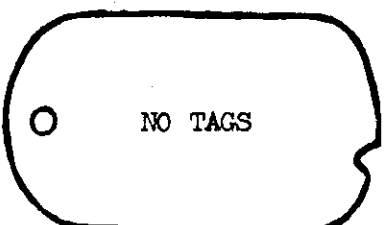
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

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

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-9 | | |
| | 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 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 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. 17 | GRAVE MARKER Wooden Cross |
| USN & USMC CEMETERY #1 TULAGI, B.S.I. | | | | | |

| | |
|--|---|
| TYPE OF RELIGIOUS CEREMONY Previous Service Unknown | PERSON REPORTING BURIAL <i>Lt. Edward J. Hayes</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-8 | RANK Unknown | SERIAL NO. Unknown | ORGANIZATION Unknown |
| BODY ON RIGHT, NAME (Last, First, Middle Initial) DEAN, M.W. | RANK Unknown | SERIAL NO. Unknown | ORGANIZATION USN |

| | |
|---|---|
| PERSON CONDUCTING BURIAL RITES Unknown | VERIFIED BY G. R. S. OFFICER <i>John A. Nolan</i> JOHN R. NOLAN 1st Lt., OMC |
|---|---|

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

OVER FOR BURIAL INSTRUCTIONS

Int # 9

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

| | | | | |
|--------------------------|--------|---------------|---------------|------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS OR TATTOOS |
| WEAPON AND SERIAL NUMBER | | LAUNDRY MARKS | | WHERE BODY WAS BURIED |

2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

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

LEFT THUMB

RIGHT THUMB

FILLINGS



CAVITIES



MISSING TEETH



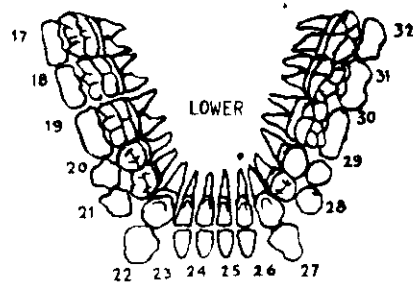
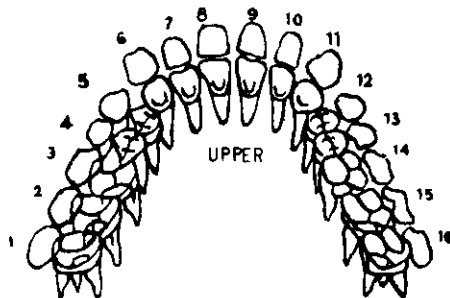
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N

WD OMC Form 1042
 Rev. 1 November 1942
 (GDS 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-9

| | | |
|--------------|---------------|---------------|
| RANK | SERIAL NUMBER | COUNTRY |
| Unknown | Unknown | Unknown |
| ORGANIZATION | BRANCH | |
| Unknown | Unknown | |
| RACE | RELIGION | DATE OF DEATH |
| Unknown | Unknown | 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

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 | 17 | Wooden Cross |
| USN & USMC CEMETERY #1 TULAGI, B.S.I. | | | | | |

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

Sgt. Richard J. Mason

IDENTIFICATION TAGS BURIED WITH BODY YES NO ATTACHED TO MARKER YES NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

| | | | |
|---|---------|------------|--------------|
| BODY ON LEFT, NAME (Last, First, Middle Initial) | RANK | SERIAL NO. | ORGANIZATION |
| UNIDENTIFIED BODY X-9 | Unknown | Unknown | Unknown |
| BODY ON RIGHT, NAME (Last, First, Middle Initial) | RANK | SERIAL NO. | ORGANIZATION |
| DEAN, M.W. | Unknown | Unknown | USN |

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John A. Nolan
 JOHN R. NOLAN
 1st Lt., OMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GDS 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

206# 9