UNCLASS IFIED

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COMGENUSARPAC ST CHAFTER TH

PRIORITY

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ON 1978 GRAVES WW II

FROM QUICHT REURL

ROGER ROGER ROGER TWO NINE THREE RESOLUTION

OF UNIDENTIFIED REMAI

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AND BAKER XRAY TWO NI

PD THIS OFFICE CONCUR. IN THE CLASSIFICATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UN CLASS IF IED

QMGMT 293 GBS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QHC 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 (57) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMCMU 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.
- 5. The remainder that have dental anatomy could possible 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. ruc Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46

2. QMC Form 1044-1044a-1044b-Bone List-Unknown X-47

5. 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, MC Chief, RR Div

AIR MAIL

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

- 5. CMC Form 1044-1044b-Bone List-Unknown X-62
- 6. HC Form 1044-1044s-1044b-Bone List-Unknown X-63
- 7. Tio Form 1044-1044b-Rone List-Major Discrepancy X-37
- 6. QNC Form 1044-1044b-Bone List-X-70
- 9. QMC Form 1044-1044b-Bone List-X-84
- 10. CMC Form 1044-1044b-Bono List-Unknown X-85
- 11. QMC Form 1044-1044a-1044b-Eone List-Unknown X-92
- 12. CMC Form 1044-1044d-Bone List-Unknown X-115
- 13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
- 14. GMG Form 1044-1044b-Bone List-Marrative X-114A
- 15. GSC Form 1044-1044a-1044b-Bone List-Narrative-X-1143
- 16. QMC Form 1044-1044b-Bone List-Harrative-Unidentified H-114C
- 17. QMC Form 1044-1044a-1044b-Bono List-Unidentified A-115
- 18. QMC Form 1044-1044b-Bone List-Unknown X-176
- 19. Q4C Form 1044-10445-Bone List- Unknown X-178
- 20. QMC Form 1044-1044b-Bons 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. AMC Form 1044-1044b-Bone List-Warrative-X-228
- 24. ONO Form 1044-1044b-Bone List-X-230
- 25. QMC Form 1044-1044b-Bono List-Narrative-X-232
- 26. QMC Form 1044-1044b-Bone Lieb-X-238
- 27. CMC Form 1044-10446-Bone List-X-259
- 18. QIC Form 1044-1044b-Rone List-Marrative-Unknown X-240
- 20. CMC Form 1044-1044a-1044b-Rone List-Warrative-Unknown X-248
- 50. CEC Form 1044-1044b-Bone List-X-256
- 51. QCC Form 1044-1044b-Bono List-Unknown X-257
- 52. QUE Form 1044-1044b-Rone List-Magrative X-280 "A"
- 35. QMC Form 1044-1044b-Bono List-Marrative-X-280 "B"
- 34. QMC Porm 1044-1044b-Bone List-Harretive X-292-"A"
- 36. QMC Form 1044-1044b-Bone List-Warrative X-292 "B"
- 36. GEC Form 1044-1044b-Hone Mast-Unknown X-294
- S7. QMC Form 1044-1044a-1044b-Rone List-Marrative-Unknown X-303

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EMETERY			<u> </u>	 	-1-	\vdash	DAY MONTH YEAR DISPOSITION OF REMAINS
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(BY ADMINISTR	ATIVE ORE	ER)					
		SECTION C — DISINTE	RMENT AN	D IDENTIFICATION			
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OTHER MEANS OF IDENTIFICA	TION						
Grave Marker	and Mortu	ary tes.					
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mor dockerances 1	•						
None							
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ATE 2 July 1948		BV.		וו וווסיבופיטט	RALSTON.	E3.0°	BATMER.
ASKET SEALED BY	· · · · ·	. BY	EMBALME	R (Signature)	THE TOTAL	,	7)
IRA J. VONK				R. W. F	alston 🔏	1/2	Aletan
ASKET BOXED AND MARKED	·		SHIPPING	ADDRESS VERIFIE	D BY		,
7/2/48 BY	IRA J. VON	K		A. J. E	ROBERTSON		
	that all the for	regoing operations we	re condu	ted and accor	nplished under	r my	immediate supervision
and that the report of				a /	/ ./	-	•
<u>.</u> *		$= \frac{A}{2}$	<u>.</u>	(J. J.	Inkly		S
			\	J. L. M	FORS INSPECTO		MC
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RECORD OF CUSTODIAL TRANSFER

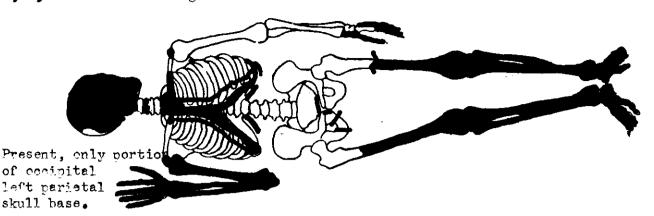
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∃TAG	SIGNATURE OF RECEIVED INC. MONTHER	DATE	Topper Mit Drygo	SIGNATURE OF SHIPPER
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				,	,	
	IDENTIFICA	TION D.	ATA	•		
1. REMAINS OF UNKNOWN					2. DATE OF RES	PORT
X-227 GUADALCAHAL					25 March	1948
3. NAME OF CEMETERY		4. PLOT	5 - ROW	6. GRAVE	ļ. 	TE OF
U. S. Army Mausoleum # 1		1 1 6 6 1	В	43	DISINTERMENT	
				10	[
Formerly of		E	168	6	25 Non 148	25 Mar '48
Guadalcanal	PHYSICAL D	<u> </u>			<u> </u>	
8. ESTIMATED WEIGHT 9. ES	TIMATED HEIGHT	ESCRIPTION TO LOR	OF HAIR	pprox.	Age: 20-22	, <u> </u>
	- 66.93 - 5° 6-7/8	11 11	TD		Probably W	
136 140 155	- 00.99 - 0 - 0-1/C	WITH DEMA	NC.		Troombry "	UT 06 *
One (1) embossed plate r One (1) duplicate I.D. t One (1) embossed plate r	ag reading: Unknown	X-227.	n-100	g=b•		
13.GIVE DESCRIPTION OF TATTOOS OF	R SCARS ON BODY AND OR SH	CH INFORM	ATION OBIA	LINEO FROM	OTHER SOURCES	· · ·
None	Quif 6. L	9 mi	ey	14 ble	0 EMTA e 1948	
14. WAS BODY BURNED? TO W	HAT EXPENT?					
YES NO	Evidence of burns	about t	he/head	l.		
15. WAS BODY MANGLED? TO W	HAT EXTENT? Multiple f	racture	of sku	11, low	er bones pr	esent are
	actured.			•	-	
16. DESCRIBE EVIDENCE OF HEALED	FRACTURES AND BONE MALFOR	MATIONS				
None.						
17. LIST EVERY ITEM OF CLOTHING, SERVICE, ETC. (If laundry ma channels for examination whe	rkm are indistinct such :	notation s	hould be	mede and s	PE, COLOR, SIZ pecimen forwar	E, MARKINGS, ded through
None						

Incl 22

19. BLACK OUT PARTS OF HODY NOT RECORDED

1, 2, 3 cervical missing.



20•

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

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER

One (1) extra left humerus.

Paul L. Gravenor.

TONATURE 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 OF GREENWOOD, CAPE., QMC

SIGNATURE

ENTRAL IDENTIFICATION LABORATORS

ONGreenwood

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
			, , , , , , , , , , , , , , , , , , ,	Multiple fracture- Skull base, portion of
SKUŁL		1		occipital and left perietal present only.
11.43.	CERVICAL	3		1-2-3-5 missing.
VERTEBRAE	THORACIC	9		1-2-6 missing
	LUMB AR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured ischium.
THRUMINA IES	LEFT	1	26,6	
RIBS		24		Three missing.
STERNUM		0		Missing.
CLAY ICLES	RIGHT	1		Tip missing.
CLAY ICIES	LEFT	1	4	Fractured- midshaft-part missing.
	RIGHT	1		
SCAPULAE	LEFT	1		
	FIGHT	0		Missing.
HUMERI	LEFT	1	32.2	
RADII	RIGHT	0		Missing.
KAUTI	LEFT	1	24.8	
ULNAE	RIGHT	0		Missing
	LEFT	1	26.4	1
HANDS	RIGHT	0		Wissing.
	LEFT	1		2-4 metacarpals present.
FEMORA	RIGHT	1		Fractured above midshaft, lower half missi
	LEFT	1		Fractured midshaft, lower half missing.
PATELLAE	RIGHT	0		Missing.
·	LEFT	0	:	Missing.
TIBIAE	RIGHT	0		Wissing.
	LEFT	0		Missing.
FIBULAE	RIGHT	0		Missing.
	LEFT			Missing.
FEET	RIGHT	0		Missing.
	LEFT	0		Missing.
HUMERO-CLAVICULA	170 - 66.9	3		OX IMATE
EST IMATED HEIGHT		/8 ^{II}	AGE 2	9-22 YEARS
ESTIMATED WEIGHT	135 - 140 1	hs.	LEG-I	IP BR RATIO

MARRATIVE

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 humarus 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 $^{m}X^{m}$ 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 humarus, 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.

DATE REPORT FILLED OUT OMC FORM 1082 Rev. 1 November 1942 REPORT OF INTERMENT (GRE 1. dated 11 May 1942 may be used until exhausted) (TM 10-639 and AR 30-1815) 12 October 1945 NAME (Last. First, Middle Initial) FOR IMPRINT OF LIDENTIFICATION TAG Unknown X-227 COUNTRY SERIAL NUMBER DANK unknown unknown นทรี่งกอพท ORGANIZATION BRANCH unknown unknown DATE OF DEATH RELIGION RACE unknown unknown unknown CAUSE OF DEATH PLACE OF DEATH Tulagi, B.S.I. unknown IDENTIFICATION TAGS FOUND ON BODY IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY RODY (Identification Cards, Letters, etc.) DXX NONE DISPOSITION OF SUBSTITUTE TAGS. IF MADE COMPLETE TOOTH CHART ON REVERSE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE T YES [XX YES. XXI NO LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN LIST OF PERSONAL EFFECTS FOUND ON RODY AND DISPOSITION OF SAME No personal effects found. ADDRESS OF EMERGENCY ADDRESSEE NAME OF EMERGENCY ADDRESSEE unknown unknown IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE GRAVE NO. GRAVE MARKER DATE HOUR PLOT NO. ROW NO. 168 6 wooden pross 0915 17 Sept 45 Е army Wavy warine demetery Chadalcanal RSI Reburial PERSON REPORTING BURIAL TYPE OF RELIGIOUS CEREMONY Previous service unknown IDENTIFICATION TAGS BURIED WITH BODY TYES TO NO ATTACHES TO MARKER 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) ORGANIZATION BODY ON LEFT, NAME (Last, First, Middle Initial) SERIAL NO. RANK 36131087 Tec 4 76th ca (AA) Jones, Julius SERIAL NO. ORGANIZATION BODY ON RIGHT, NAME (Last, First, Middle Initial) RANK 34018182 76th da (aa) Tomlin, Fillie Cpl PERSON CONDUCTING BURIAL RITES unknown JÓHN R. NOLAN, Ist Lt., QHC.

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPLICATE 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 DRIGINAL 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 P, Row 1, Grave 17 as unknown X-9 in USN & USNC Cemetery #1. Tulegi. BST

238 1

	INSTRUCTIONS FOR BA	TAL
_	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 520. REBODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. ENASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCPLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION OF THE TAG ON BODY IN PROTECTED POSITION. IF NO LENTIFYING DATA IN DUPLICATE ON FORM: PLACE IN BURIAL	F GRAVE: HAVE BODY EXAMINED BY A MEM- EMOVE ALL PERSONAL PROPERTY. DRESS DIG GRAVE TO DEPTH OF FIVE FEET; IN CTION OF BODY OR LOSS OF IDENTITY. CATION TAG AND ATTACH TO GRAVE MARKER. O TAG IS PRESENT, MAKE A NOTATION OF ID BOTTLE. CANTEFN. SPENT SHELL OR OTHER
Z WHE	AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OT WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING C YAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY ID BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND	THER ONE (1) FOOT BELOW GRAVE MARKER. TEMPORARY NAME PEG AND PLACE AT HEAD DATA ON MARKER. WHEN PEGS ARE NOT A- DENTIFY GRAVE AS A MILITARY BURIAL. IF S OR THOSE REMAINING FINGERS. IF NONE NOTE:
	THE IGHT PECIAL OF HATE	BIRTHMARKS, SCARS OR TATTOOS
IDE NT	WEAPON AND SERIAL NUMBER LAUNDRY MARKS	WHERE BODY WAS BURIED
S S S S S S S S S S S S S S S S S S S		ER BURIALS PREPARE SKETCH IN SPACE PRO- ENCES, OR BY REFERENCE TO PROMINENT ACCURATE, COMPLETE. STAND AT FOOT OF LEFT AND RIGHT.
FZ ZY	PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECT PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTIFY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKER ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECT OF COLLECTING POINT.	ITY OF OWNER, ORGANIZATION, EMERGENCY RCHIEF, TOWEL, OR OTHER AVAILABLE MAT-RSONNEL WITH REPORT OF DEATH. GOVERN—CTS BUT IS TO BE TURNED INTO SALVAGE
70- AND	FILLINGS	TAGRAM REPRESENTS THE MOUTH WIDE OPEN
PR INTS	SILVER FILLING GOLD FILLING	7 8 2 10
OF BOTH	CAVITIES	
RIGHT THUME	DECAYED	UPPER 15
F THIS IS	MISSING TEETH TOOTH MISSING	AND.
NOT POSSIBLE F	CROWNED TEETH PORCELAIN CROWN GOLD CROWN	17 CF 32 10 10 10 10 10 10 10 10 10 10 10 10 10
FILL IN TOOTH	BRIDGE WORK	20 21 22 23 24 25 16 27
CR CR	SKETCH AND MAP REFER	PENCE
ART		·
2	•	
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VD QHC FORM 1042 Rev. 1 February 1945	De l	DADT AF	INTERMENT		DATE REPORT FILLED OUT
(Supersedes form dated	- KEI	TURI UT	INICAMENI	 -,	12 October 1945
3 Jan. 1945. Existing stocks may be used until exhausted.)	(TH 10-	-630 and	4 AR 30-18	15)	
For Imprint of Identification Tag	NAME (Last, F	iret, Mid	die Initial)		
	Unknown	X-227			
	RANK.		SERIAL NUMBE	R	COUNTRY
- \ I	unknown		unknow		unknown
0)	ORGANIZATION unknown	- 12	<u> </u>	BRANCH unkn	own
	RACŁ		RELIGION		DATE OF DEATH
	unkn	own		known	unknown
PLACE OF DEATH	L		CAUSE OF DEA	ITH	
Tulagi, B.S.I.			unknow	m	
J			<u> </u>		
IDENTIFICATION TAGS FOUND ON BODY					HER MEANS USED TO IDENTIFY
□ 1 □ 2	XX NONE		BODY (Identi	fication Carda, Lo	etterm, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF	MADE	· · · · · · · · · · · · · · · · · · ·	1		
			[
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVI	ERSE	COMPLETE TOO	TH CHART ON REVER	SE
T YES	ON EE			T YES	SESE NO
LIST ANATOMICAL CHARACTERISTICS AN	D OTHER DATA	IF FINGERF	RINTS CANNOT	BE TAKEN.	
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPO	OSITION OF	SAME.		
No personal effects f	ound.				
•	-				
NAME OF EMERGENCY ADDRESSEE			ADDRESS OF E	MERGENCY ADDRESSE	Ε
unknown			unknown		
NAME, NUMBER AND LOCATION OF CEME	TERY.				
Army Navy Marine Cemet	ery Guadal	canal B	.S.I.		
		ROW NO.	GRAVE NO.	GRAVE MAR	_
Reburial 0915	E	168	6	Woode	n Cross
TYPE OF RELIGIOUS CEREMONY			PERSON REPOR		
Previous service unk	nown		/s/S/S	gt. Richard J	. Moyer
IDENTIFICATION TAGS BURIED WITH BO		XX NO	ATTACHED TO		YES XX NO
IF IDENTIFICATION TAGS NOT PRESENT	T. WHAT OTHER	IDENTIFIC	ATION DATA BUT	RIED WITH BODY AND	IN WHAT KIND OF CONTAINERS.
BO	DIES BURIED EL	THER SIDE	(See Paragras	oh 2 on Reverse)	_
BODY ON LEFT, NAME (Last, First,	·		RANK	SERIAL NO.	ORGANIZATION GRAVE NO.
Jones, Julius			Tec 4	36131087	76th CA(AA)
BODY ON RIGHT, NAME (Last, First,	Middle Initia	1)	RANK	SERIAL NO.	ORGANIZATION GRAVE NO.
Tomlin, Willie		-	Cp1	34018182	75th CA(44)
PERSON CONDUCTING BURIAL RITES			VERIELED BY	G. R. S. OFFICER	
unknown			/8/ Ells	worth Marshal	
				Lt. QMC fo	
			/t/ JOHN	R. NOLAN, ls	t Lt., QMC
IF BURIAL OTHER THAN	IN FSTARLISHED	CEMETERY	FURBLISH SKETO	H AND MAP REFEREN	CES ON REVERSE

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPLICATE 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

<u></u>	
F	INSTRUCTIONS FOR BURLAL
Left ttle Finger	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
Left Ring Finger	(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
Left Middle Finger	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
Left Index Finger	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
Left Thumb	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 SHLVER FILLING
Right Thumb	CAVITIES CAVITY DECAYED 3 UPPER 14
Right Index Finger	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
Right Middle Finger	BRIDGE WORK GOLD BRIDGE CROWNED TEETH 18 LOWER 20 29 29
Right Ring Finger	
Right Little Finger	E.A.MILLER, JR., 1st Lieut. QMC

WD QMC Form 1042 Rev. 1 November 1942	REPORT OF IN	N TEDMENT		DATE REPORT FILLED OUT
(GRS 1, dated 11 May 1942) may be used until exhausted)	(TM 10-639 and A		_	9 April 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Mic	dle Initial)		7
	UNIDENTIFIE	D BODY	~ ^	
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PLACE OF DEATH	VALUE NAS	CAUSE OF DEATH		VIIKIIOWII
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DISPOSITION OF SUBSTITUTE TAGS, IF		-		
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COMPLETE FINGER PRINT CHART OF BOTH		COMPLETE TOOTH	CHART ON REVERSE	
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LIST OF PERSONAL EFFECTS FOUND ON B	ODY AND DISPOSITION OF	SAME		
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	INSTRUCTIONS FOR 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
2	ENTIFYING 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. BOOY 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
ω	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.
	PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL RE- PORT 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 MAT ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERN- MENT 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, INACCORDANCE
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Rev. 1 November 1942 (GRS 1, dated 11 May 1942	REPORT OF IN			
may be used until exhausted)	(TM 10-630 and A	R 30-1815)		9 April 1945
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