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	OF THE	ACIFIC	R.Y.	Á	8		X	*
		February 1949	SINTERN	IENT DIREC	TIVE	٠	. , V % .	
	C 1539	Thomas C	13.	Ceme	tery Super	int	tendent	
TV- W-1	SECTION A —	ALVAN C	. BAKEI	DIRECTIVE NUME	SER		DATE	
H	NAME AND BURIAL LOCA	TION OF DECEASED	<u> </u>	8730	00000		35 KBA	4.7
NAME (SERIAL NI	IMBER	RANK	ARM	DATE OF DEATH	-
CEMETERY	Albert 194-	UNKNOW	MX-O	00 228		a	DAY MONTH	<u> </u>
GUADAL	CANAL	year to		• .			DISPOSITION OF	F REMAINS 64 DIST. PT.
PLOT ROW.		•	н		li.	-	CAUSE OF DEATH	
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NAME AND ADDRESS (OF CONSIGNEE	SECTION B — CO			A IPUT AP MILI			
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(BY ADMIN	ISTRATIVE OR	DER)		Lating to the				
NAME		SECTION C DISIN' SERIAL NUMBER	TERMENT AN	D IDENTIFICATION	l	D. 47	FRICTIVITEARE	_
UNKNOWN	X-228 +¥ -		5,	ļ. ·		ŀ	E DISTINTERRED	
IDENTIFICATION TAG		· UNK ·	UNK	UNK			21-Nov 47	·
PEMAINS	ORGANIZATION	17377		RELIGION	GEORGE:			
Q MARKER		UNK		UNK	•		NAME AND T	ITLE
NATURE OF BURIAL	· ·	SECTION D PREPARA	CONDITION	IAINS FOR SHIPME IN OF REMAINS	NT		<u>"</u>	
Casket -			\$1 6	Sympt Printer				
OTHER MEANS OF IDEN	TIFICATION		Milie	ATHATION				
Substit	tute I.B. tear	eads: Unknown	At.	A Page	የ ባሰና :			
		eaus. onknown	A-220, .	empossed re	18 N-CCO.			·
MINOR DISCREPANCIES	• 4			· .				
None	• · · · · · · · · · · · · · · · · · · ·	i.			,			
REMAINS PREPARED AN	D PLACED IN CASKET	- 					<u> </u>	
DATE 2 July	1948	BY		N P JOY	NES, EMBAL	MER	,	
CASKET SEALED BY		<u> </u>	EMBALME	R (Signature)	بلەرىسى وىمىد	-7	7	
E. E. BRAY	TBOY .	÷	N.	R. JOYNES	11. FS.	(Japres	
CASKET BOXED AND M	ARKED		SHIPPING	ADDRESS VERIFIED	вч .	/	/	
DATE 7/2/48	BY E. E. BRA	YBOY	· · · A .	D. MACFIE	+ 12		٠.	
i hereby co	ertify that all the for port above is correct	egoing operations w	ere conduc		plished under	my	immediate supe	rvisian
i dia mai me rep	on above is confect					/)	7.	
			. 17	OVD 0 001	~ H	/ .a.,	[4][]	<i></i>
					ORS INSPECTOR	19	- Section 1	
I Prepare Discre	epancy Report QMC	Form 1194a for majo	r discrepa	ncies.	/			
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QMC FORM REV 16 MAR 46 11	94 Jaco #95						0,~	

RECORD		ODIAL TRANSFER	
en e	1. SHI		
FROM US ARMY MAUS NO 3	N 75	"HAWN DIST CENTER	*. °.
KIND OF CONVEYANCE TRUCKING TUNKEL	7 \$	SIGNATURE OF RECEIVER JAMES B HARRIS CAPTAIN Q M. C	
SIGNATURE OF SHIPPER	DATE /	SIGNATURE OF RECEIVER	DATE
Capt. Over 02858	34 P	-JAMES B HARRIS	$I_{\mathcal{I}_{\mathcal{I}_{\mathcal{O}}}}$
	2. SHI	PPED CAPTRILL & M. C	75
FROM V	•	10	······································
		mail Alexander	
KIND OF CONVEYANCE	st.	NAME OF CONVOYER	
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44.			
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LIES & SOLOHOI	1 127	Ports	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER' V = 1	DATE	SIGNATURE OF RECEIVER	DATE
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FROM		10	
KIND OF CONVEYANCE		NAME OF CONVOVER	
THE SHEET SH		NAME OF CONVOYER	
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	7.00		

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COMGENUSARPAC FO SHAFTER TH

PRIORITY

OHARGE GRAVES WW II

FROM QMCMT REURL TELLS ROGER ROGER ROGER TWO NINE THREE RESOLUTION OF UNIDENTIFIED REMAINS MATTED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWNS XRAY FOUR STVEN XRAY FOUR SIVEN XRAY FOUR EIGHT XRAY FIVE SEVEN XRAY SIX TWO XRAY SIX THESE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR XRAY FIGHT FIVE XRAY NIME TWO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE ONE FOUR ABLE CMA BAK CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX KRAY ONE SEVEN EIGHT SEVEN NINE KRAY TWO TWO ONE KRAY TWO TOW SEVEN XRAY TWO TWO EIGHT XR YEAR THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE XRAY TWO THREFNINE XIA TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX XRAY TWO FIVE SEVEN XAMY TWO EIGHT ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE AND BAKER XRAY TWO NILE TOUR AND XRAY THREE ZERO THREE CHA ALL OF GUADALGANAL PD THIS OFFICE CONCURSING THE CLASSIFICATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UN CLASS IF IED

QMGMT 293 GRS PACIFIC

J. G. HOLLOWAY, LT COL, QMC 4 JAN 49 MEMORIAL DIVISION

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 QMGMU 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 possible compare with many persons missing, thereby precluding any individual identification.
 - 4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalganal)

l. CMC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46

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

S. 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

RRREC 293

Subject: Resolution of Unidentified Remains

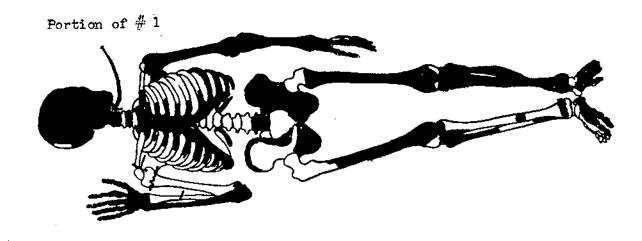
37 Incls: (All Guadalcanal)

- 5. CMC Form 1044-1044b-Bone List-Unknown X-62
- 6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
- 7. OMC Form 1044-1044b-Fone List-Major Discrepancy X-67
- 8. QMC Form 1044-1044b-Bone List-X-70
- 9. QMC Form 1044-1044b-Bone List-X-84
- 10. CMC Form 1044-1044b-Bone List-Unknown X-85
- 11. OMC Form 1044-1044a-1044b-Bons List-Unknown X-92
- 12. CMC Form 1044-1044b-Bone List-Unknown X-113
- 13. QMC Form 1044-1044b-Bone List-Harrative-Unidentified X-114
- 14. CMC Form 1044-1044b-Bone List-Narrative X-114A
- 15. CMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
- 16. QMC Form 1044-1044b-Bons 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-Bons List- Unknown X-178
- 20. QMG 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. MC Form 1044-1044b-Bone List-Warrative-X-228
- 24. OMC Form 1044-1044b-Bone List-X-230
- 25. QMC Form 1044-1044b-Bone List-Narrative-X-232
- 26. QMC Form 1044-1044b-Bone List-K-233
- 27. CMC Form 1044-1044b-Bone List-X-239
- 28. OMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
- 29. QMC Form 1044-1044a-1044b-Bono List-Narrative-Unknown X-248
- 30. CMC Form 1044-1044b-Rone List-X-256
- 31. QMC Form 1044-1044b-Rone List-Unknown X-257
- S2. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
- 53. QMC Form 1044-1044b-Bone List-Harrative-X-280 "B"
- 34. CMC 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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		₹ 	 	5	
4 / / / /	• IDENTIFIC	ATION DATA		• •	
1. REMAINS OF UNKNOWN X-228 / GUADALCAWAL	•		2	. DATE OF REPORT 25 March 1946	
3. NAME OF CEMETERY	· ·	4. PLOT 5. ROW	1	DATE OF	
U. S. Army Meusoleum	# 2	, B	53	IS INTERMENT REINT	ERMENT
Formerly of Guadalcanal		E 165	6 5	5 Mar '48 25 M	
opanarcanar .	PHYSICAL	- 1 200	 	3 Mar . 40 K2 3	ar 46
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	110. COLOR OF RAIR	20-21	L. RACE ,	
TITD	UTD	Auburn, wavy, med. texture.	Ilne,	Probably Whi	te.
12.GIVE DESCRIPTION OF ANY D		D WITH REMAINS			
One (1) embossed plat	te: Unknown X-228.	0			•
One (1) duplicate I.	o. cag: onxnown x=22	0.			
		•			
13. GIVE DESCRIPTION OF TAITO	DOS OR SCARS ON BODY AND/OR	SUCH INFORMATION OBTA	AINED; FROM O	THER SOURCES	
/ DEASON		i i li de la designa de la della della La constanta della d		Los AND A	
None	OF LACK OF STEE	, JEBRAT ADDANI	HEYING	DATA	
None LL C. DISTRY lst. Lt., FA 0-11	97305 / :0/	1	14 has	1610	
<u></u>	7-7	Vrany	14 was	1948	
l 1	TO WHAT EXTENT?	/			1
YES - X NO	TO WHAT EXTENT,?				
X YES NO	All bones fractur	ed.			
16. DESCRIBE EVIDENCE OF HEA					
The left first rib is	s very abnormal in si	žė.		•	
·				ACTUAL SIZ	E.
		`			
17. LIST EVERY ITEM OF CLOTE	NG. FOILIPHEN AND PER ONAL	FEFECTS FOUND, SHOW	ING THE TAPE	. COLOR. 5175. WAS	KINGS
SERVICE, ETC. (If loundr	ry marka are indistinct such n when facilities are not a	notation should be	made and s	nimen forwarded ti	be ough
Channels for examination	The fact of the fact at	Plante in the great	•	}	
	1 /	\setminus \wedge			
None.					
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OHC FORM 1044 PREVIOUS EDIT

19. BLACK OUT PARTS OF HODY HOT RECEPTED



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

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

No extra parts.

Paul L. Gravenor,

VONATURE OF MEDICAL OFFICER Lab Supervisor.

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized young man, of 21 years, with auburn wavy hair.

This individual appears to have been very stocky, with great muscular development and large bone joints.

Due to fragmentary conditions of the remains, no further information can be afforded.

No teeth present. Fluoroscopic examination unnecessary.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

O. W. GREENWOOD, CAPT., QMC

CENTRAL IDENTIFICATION LABORATORY

Owerenwood

OMC FORM 10446

CENTRAL NTIFICATION LABORATORY & WUSOLEUM BONE LIST								
NAME	StDE	NO	BONE LENGT IN CM		REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)			
SKULL		ı			Fragment of occipital present.			
	CERV1CAL	3			4 missing.			
VERTEBRAE	THORACIC	7			5 missing.			
	LUMBAR	3	_		2 missing.			
SACRUM		ì			Fragment.			
INNOMENATES	RIGHT	1	BI-ILIAC DI	IAM .	Tlium present.			
	LEFT	0			Missing.			
RIBS		16	•		Fractured and 8 missing.			
STERNUM		0			Missing.			
	RIGHT	1	<u> </u>		Eroded.			
CLAVICLES	LEFT	1			Acromian head present.			
<u> </u>	RIGHT	1			Fractured.			
SCAPULAE	LEFT	1			Fractured.			
	PIGHT	· · · · · ·						
HUMERI	LEFT	0	FONZS		Missing.			
	RIGHT	ì			Fractured, distal head missing.			
RADII	LEFT	0	37.5					
	RIGHT	0	KEABLE		Missing. Missing.			
ULNAE	LEFT	0	Sur		-			
	RIGHT	0	æASU		Missing.			
HANDS	LEFT	1	0		#3 metacarpal present.			
Fruita	RIGHT	1			Portions of both heads present.			
FEMORA	LEFT	1			Portions of both heads present.			
PATELLAE	RIGHT	0	<u> </u>	·	Miseing.			
PATELIAE	LEFT	0			Missing.			
TIBIAE	RIGHT	1			Multiple fracture.			
TIDIAL	LEFT	0			Missing.			
FIBULAE	RIGHT	1			Portion of shaft.			
r ioutae	LÉFT	0			Missing.			
FEET	RIGHT	1			Talus and 3 metatarsal present.			
	LEFT	1			Telus and calcaneus present.			
HUMERO-CLAVICULAR	RATIO UT	D		A PPROX	IMATE			
ESTIMATED HEIGHT	UT	D	AGE	20-21	L YEARS			
ESTIMATED WEIGHT	UT	D		LEG-HIP	BR RATIO			
ENCLOSURE TO:	X-228 ,	GUADA			L. Gravenor, Supervisor. ANTIROPOLOGIST			

GP - AGRS 2 1

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 X-630 and X-626 respectively.

92 <u>15</u>~ DATE REPORT FILLED OUT WD DMC Form 1.542 Rev. 1 November 1942. (GRS 1. dated 11 May 1942 may be ised funt in exhausted) REPORT OF INTERMENT (TM 10-639 and AR 30-1815) 12 October 1945 NAME (Last, First, Middle Initial) FOR IMPRINT OF IDENTIFICATION TAG Unknown X-228 RANK SERIAL NUMBER COUNTRY Unknown ' Unknown Unknown ORGANIZATION BRANCH Unknown Unknown RACE RELIGION DATE OF DEATH Unknown Unknown Unknown CAUSE OF DEATH PLACE OF DEATH Unknown Tulegi, BSI IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY IDENTIFICATION TAGS FOUND ON BODY BODY (Identification Cards, Letters, etc.) ₹. X NONE 3 DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE YES DX NO LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN 484 LIST OF PERSONAL EFFECTS FOUND ON BODY 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 ROW NO. GRAVE NO. GRAVE MARKER DATE PLOT NO. 17 Sep 45 0900 Ε 165 6 Wooden Cross Army Naty Marine | Cemetery Guadalcanal BSI Reburial TYPE OF RELIGIOUS CEREMONY PERSON REPORTING BURIAL Previous service unknown IDENTIFICATION TAGS BURIED WITH BODY TES TE NO ATTACHED 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) BODY ON LEFT, NAME (Last, First, Middle Initial) ORGANIZATION US ATTRY Moss, Eddie J SERIAL NO. ORGANIZATION BODY ON RIGHT, NAME (Last, First, Middle Initial) RANK US Army 20501308 Weber. William A Sgt PERSON CONDUCTING BURIAL RITES VERIFIED BY G. R. S. OFFICER Cojohn R. Nolan Unknown 1st Lt., QMC INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 11 GRS IN QUADRUPLICATE FOR LL S. DEAD, ONE ADD? - TIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SER-VICE. 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 REGISTRA-TION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS Previously buried as Unknown X-10 Plot B, Row 1, Grave 21.

USN & USNC Cemetery #1, Tulagi', BSI

2381

		·				·
					INSTRUCTIONS FOR BLANK	
-	·				1. PREPARATION OF BODY, BURYAL AND MARKINGS OF GRAVE: HAVE BODY EXBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROBUBY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURYAL BOTTLE, CANTEEN, SPEN	PERTY. DRESS T FIVE FEET: IN OF IDENTITY. TO GRAVE MARKER. A NOTATION OF ID IT SHELL OR OTHER
. 2				3HA	AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELC WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AN OF GRAVE, IF NO TAG IS AVAILABLE, WITE IDENTIFYING DATA ON MARKER. WHEN VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILE BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:	D FLACE AT HEAD PEGS ARE NOT A— ITARY BURIAL. IF INGERS. IF NONE
		-		N UN	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS	OR TATTOOS
:	•			DE NT	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BUR	DED
3	ANCH	yh. ₩J	NOISIA		2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKE VIDEO BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES. OR BY REFERENCE PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. SIGRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.	TCH INSPACE PRO-
4	RECORDS BR	12 ST 12 ZT	MEMORIAL D	THUMB AND FIN	3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZA ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHE ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNE COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART	TION,EMERGENCY R AVAILABLE MAT - DEATH- GOVERN- D INTO SALVAGE
7			``	GER PR	FILLINGS DIAGRAM REPRESENTS THE	MOUTH WIDE OPEN
LEFT THUMB		•		RINTS OF BOT	GOLD FILLING CAVITIES	
R.I GHT THUMB		•		H HANDS - IF T	MISSING TEETH TOOTH MISSING	
4			•	HIS IS NOT POSS	CROWNED TEETH - PORCELAIN CROWN 18 COLD CROWN	# ***
				BUE FIL	BRIDGE WORK	2"
ω	,	a ^a		L IN TOOTH	GOLD BRIDGE 21 0000	20 27
·	•			10	SKETCH AND MAP REFERENCE	
~				HART	*	
_			····	1		
	• :		•			

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<u> </u>						
AND OMC FORM 1082	O DEDAN	T AF INTERMENT		DATE REPORT	FILLED OUT	
Rey, 1 February 1945 (Supersedes form dated	KEPUK	T OF INTERMENT	_	12 Octo	12 October 1945	
3 Jan. 1945. Existing stocks may be used until exhausted.)	(TM 10+63	0 and AR 30-181	15)			
For Imprint of Identification Tag	NAME (Last, Pire	t, Middle Initial)			,	
	Unknown X-22	18				
15	RANK	SERIAL NUMBE	R	COUNT	ίΥ	
	Unknown	Unkno	WIII.	Unkı	OWN	
\	ORGANIZATION Unknown	,	BRANCH Unkno	wn		
	RACE Unknown	RELIGION Unknown		DATE (Unki	OF DEATH	
PLACE OF DEATH		CAUSE OF DEA			•••	
Tulagi, BSI		Unknown				
IDENTIFICATION TAGS FOUND ON BODY	€ 29 NONE		FICATION TAGS, O'		TO IDENTIFY	
DISPOSITION OF SUBSTITUTE TAGS, IN		·				
COMPLETE FINGERPRINT CHART OF BOT	WANCE ON BENEBOE	COMPLETE TOO	TH CHART ON REVE	oer		
YES	NO	COMPLETE 100	. I CHART ON REVE			
LIST ANATOMICAL CHARACTERISTICS A		INGERPRINTS CANNOT !				
,		·				
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSIT	ION OF SAME.				
No personal effect	s found					
1		•				
İ						
NAME OF EMERGENCY ADDRESSEE		ANDRESS OF F	MERGENCY ADDRESS			
Unknown		Unknown			•	
NAME, NUMBER AND LOCATION OF CEME	TERY.					
Army Navy Marine Cemeter	y Guadalcanal	. BSI				
	LOT NO. ROW		GRAVE MA			
17 Sep 45 0900	E 16		1	den Cross		
TYPE OF RELIGIOUS CEREMONY	•	PERSON REPOR	TING BURIAL			
Previous service unkno	own	/s/ T- 5	<u>William H. T</u>	ussey		
IDENTIFICATION TAGS BURIED WITH B				YE		
IF IDENTIFICATION TAGS NOT PRESEN	T, WHAT OTHER IDEN	ITIFICATION DATA BUR	PIED WITH BODY AN	D IN WHAT KIND	OF CONTAINERS	
		SIDE (See Paragrap				
BODY ON LEFT. NAME (Lest, First,	Middle Initial)	RANK Pvt	SERIAL NO.	ORGANIZATION	GRAVE NO.	
Moss, Eddie J.	W1444 - Y 141 41		36790575	US Army ORGANIZATION	GRAVE NO.	
BODY ON RIGHT, NAME (Last, First, Weber, William A	middle initial)	RANK . Sgt	SERIAL NO. 20501308	US Army	GILATE NO.	
PERSON CONDUCTING BURIAL RITES			G. R. S. OFFICER	1 ON MIND	<u> </u>	
. unknown		/s/ E11	sworth Marsh	all,		
. WIKITOWIT			Lt., QMC	for		
1			N R. NOLAN,	lst Lt., QM	3	
15 SUPLAL OTHER THAN						

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES 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 COPPES 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-10 Plot B, Row 1, Grave 21 USN & USMC Cemetery #1, Tulagi, BS1

· · · · · · · · · · · · · · · · · · ·	INSTRUCTIONS FOR BALLAL
Left Little Finger	1: PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examine by a member of the medical detachment and attach DMT 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:
Left Middle Finger	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED TO 2 LOCATION OF CHAVE: Report buriels in antablished counteries by plot you
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 Bur-
Left Thumb	ial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bug, 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
Rìght Thumb	CAVITIES CAVITY DECAYED 15
Right Index Finger	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
Right Middle Finger	BRIDGE WORK GOLD BRIDGE GOLD BRIDGE 17 LOWER 19 10 10 10 10 10 10 10 10 10
Right Ring Finger	SKETCH AND MAP REFERENCE A TRUE COPY:
Right Little Finger	C. M. ISELEY, Lt. Col., G.S.C.

DATE REPORT FILLED OUT VD ONC 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) NAME (Last, First, Middle Initial) FOR IMPRINT OF IDENTIFICATION TAG UNIDENTIFIED BODY X-10 SERIAL NUMBER O ORGANIZATION Unknown DACE DATE OF DEATH Unknown Unknown CAUSE OF DEATH Tulagi, B.S.I. Unknown IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) IDENTIFICATION TAGS FOUND ON BODY SOOT NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE TOOTH CHART ON REVERSE COMPLETE FINGER PRINT CHART OF BOTH HANDS ON REVERSE T YES DEE 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 GRAVE MARKER GRAVE NO. 14 Dec. 1944 1030 USN & USMC CEMETERY #1 TULAGI, B.S.I. (Reburial) PERSON REPORTING BURIAL TYPE OF RELIGIOUS CEREMONY Sl. Sg.Y. J. Mayer Previous Service Unknown IDENTIFICATION TAGS BURIED WITH BODY TYES TO ATTACHED TO MARKER TYES TO 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) SERIAL NO. 618-02-75 BODY ON LEFT, NAME (Last, First, Middle Initial) ORGANIZATION SMYTH, Francis E. Unknown ORGANIZATION RANK SERIAL NO. BODY ON RIGHT, NAME (Last, First, Middle Initial)
SMITH, H.A. Unknown Unknown VERIFIED BY G. R. S. OFFICER PERSON CONDUCTING BURIAL RITES OHN R. NOLAN Unknown 1st Lt., QMC

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

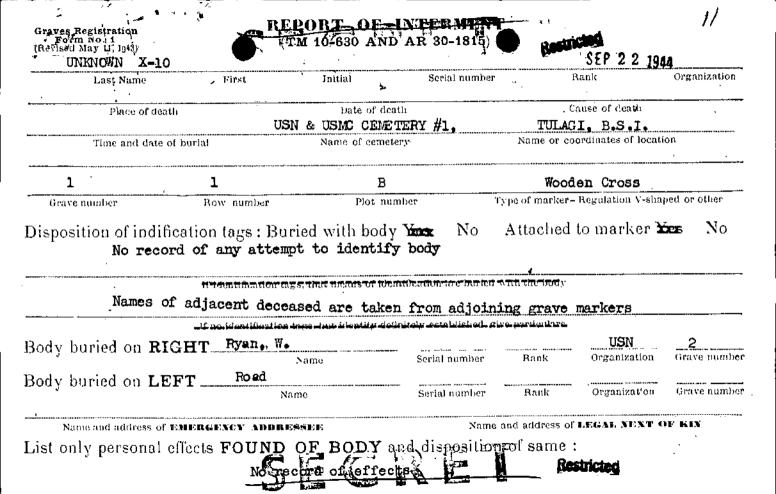
OVER FOR BURIAL INSTRUCTIONS

THE THE SORE A COLD	12			DATE REPORT FILLED OU
WD QMC Form 1042 Rev. 1 November 1942	REPORT OF II		• •	DATE REPORT PIECES OF
(GRS 1. dated 11 May 1942	(TM 10-639 and /		_	, -
may be used until exhausted)				9 April 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Mic	dle. Initial)		•
	UNIDENTIFIE	D BODY 2	⊊ 10	
\	RANK	SERIAL NUMBER		COUNTRY
/ à \	Unknown	Unl	nown	Unknown
O NO TAGS	ORGANIZATION		BRANCH	
\	Unknown		<u> </u>	Unknown
	RACE	RELIGION	13-1	DATE OF DEATH
PLACE OF DEATH	Unknown	CAUSE OF DEATH	Unknown	Unknown
Tulagi, B			Unknown	
IDENTIFICATION TAGS FOUND ON BODY		F NO IDENTIFIC	ATION TAGS, OTHER ation Cards, Leti	R MEANS USED TO IDENTIFY ters. etc.
DISPOSITION OF SUBSTITUTE TAGS, IF	MADE	-		-
VISTOSTITON OF SUBSTITUTE FAGS, IT	HAVE	1		
COMPLETE FINGER PRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVERSE	· • · · · · · · · · · · · · · · · · · ·
T YES	#2323€ NO		YES	DEEC NO
LIST ANATOMICAL CHARACTERISTICS AN	ID OTHER DATA IF FINGERPI	INTS CANNOT BE TA	KER	
-				
	No personal	effects found	1.	
	No personal			<u> </u>
NAME OF EMERGENCY ADDRESSEE	No personal		AGENCY ADDRESSEE	
Unknown		ADDRESS OF EME	GENCY ADDRESSEE Unknown	
Unknown IF BURIAL OTHER THAN	IN ESTABLISHED CEMETERY	ADDRESS OF EMET	Unknown	DN REVERSE
Unknown IF BURIAL OTHER THAN DATE HOUR	IN ESTABLISHED CEMETERY I	ADDRESS OF EMET	Unknown MAP REFERENCES RAYE MARKER	
Unknown IF BURIAL OTHER THAN DATE 14 'Dec. 1944 1030	PLOT NO. ROW NO.	ADDRESS OF EMET	Unknown MAP REFERENCES RAVE MARKER Wooden Cross	
Unknown IF BURIAL OTHER THAN DATE 14 Dec. 1944 1030 (Reburial)	IN ESTABLISHED CEMETERY I	ADDRESS OF EMET	Unknown MAP REFERENCES Wooden Cross AGI, B.S.I.	-
Unknown IF BURIAL OTHER THAN DATE 14 'Dec. 1944 1030	PLOT NO. ROW NO. B USN & USMC CEN	ADDRESS OF EMET	Unknown MAP REFERENCES WOODEN Cross AGI, B.S.I.	-
Unknown IF BURIAL OTHER THAN DATE 14 Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown DENTIFICATION TAGS BURIED WITH BE	PLOT NO. ROW NO. B 1 USN & USMC CEN	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. GRAVE NO. GRAVE PERSON REPORT IN ATTACHED TO MA	Unknown MAP REFERENCES RAVE MARKER Wooden Cross AGI, B.S.I. IG BURIAL RKER	L J. Mayer
Unknown IF BURIAL OTHER THAN DATE 14 Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PLOT NO. ROW NO. B 1 USN & USMC CEN	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. GRAVE NO. GRAVE PERSON REPORT IN ATTACHED TO MA	Unknown MAP REFERENCES RAVE MARKER Wooden Cross AGI, B.S.I. IG BURIAL RKER	L J. Mayer
Unknown IF BURIAL OTHER THAN DATE 14 Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown IDENTIFICATION TAGS BURIED WITH	PLOT NO. ROW NO. B 1 USN & USMC CEN	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. 21 ETERY #1 TULL PERSON REPORT II ATTACHED TO MA	Unknown MAP REFERENCES WOODEN Cross AGI, B.S.I. IG BURIAL RKER WITH BODY AND IN	L J. Mayer
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Unknown IF BURIAL OTHER THAN DATE 14 Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown to the service Unkn	PLOT NO. ROW NO. B USIN & USINC CEN OWN ON THE	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. 21 ETERY #1 TULL PERSON REPORTING ATTACHED TO MA TION DATA BURIED TO SEE Paragraph & TANK Unknown	Unknown MAP REFERENCES RAVE MARKER WOODON Cross AGI, B.S.I. IG BURIAL RKER WITH BODY AND IN SERIAL NO. 618-02-75	YES TOO NO WHAT KIND OF CONTAINERS. ORGANIZATION USP
Unknown IF BURIAL OTHER THAN IN DEC. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown IDENTIFICATION TAGS BURIED WITH BUTTER IT IDENTIFICATION TAGS NOT PRESENTED ON LEFT, NAME (Last, First, 1800) ON RIGHT, NAME (Last, First, 1800) ON RIGHT, NAME (Last, First, 1800) ON RIGHT, NAME (Last, First, 1800)	PLOT NO. ROW NO. B USIN & USINC CEN OWN ON THE	ADDRESS OF EMER FURNISH SKETCH ANI GRAVE NO. 21 ETERY #1 TUL PERSON REPORTION ATTACHED TO MA TION DATA BURIED RANK Unknown RANK	Unknown MAP REFERENCES RAVE MARKER WOODEN Cross AGI, B.S.I. IG BURIAL RKER WITH BODY AND IN SERIAL NO. 618-02-75 SERIAL NO.	VES TO NO WHAT KIND OF CONTAINERS. ORGANIZATION USP
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Unknown IF BURIAL OTHER THAN IF BURIAL OTHER THAN HOUR 14 'Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown IDENTIFICATION TAGS BURIED WITH FRANCIS E. BODY ON RIGHT, NAME (Last, First, SMYTH, Francis E. BODY ON RIGHT, NAME (Last, First, SMYTH, H.A. PERSON CONDUCTING BURIAL RITES UNKNOWN INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY IN THE COPY FOR ALLIED A	PLOT NO. ROW NO. B USIN & USINC CEN OWN DOY YES XX NO T, WHAT OTHER IDENTIFICA DIES BURIED EITHER SIDE Hiddle Initial) BURIAL REPORT: MAKE OU DEAD. SIGN ALL COPIES. F WILL FORWARD THE ORIGI	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. 21 ETERY #1 TULL PERSON REPORT II ATTACHED TO MA TON DATA BURIED TO THE SEPTIMENT OF THE STANK UNKNOWN RANK UNKNOWN VERIFIED BY G. SUBMIT REPORT TO THE SUBMIT REPORT	Unknown MAP REFERENCES RAVE MARKER WOODEN Cross AGI, B.S.I. IG BURIAL RKER HITH BODY AND IN SERIAL NO. 618-02-75 SERIAL NO. Unknown R. S. OFFICER IN QUADRUPLICATE NEAREST MEMBER QUE STHROUGH AT LEAS THROUGH AT LEAS	ORGANIZATION ORGANIZATION ORGANIZATION USP OMN R. NOLAN St Lt., QMC. FOR U. S DEAD, ONE ADD F GRAVES REGISTRATION SE T ONE HIGHER ADMINISTRAT
Unknown IF BURIAL OTHER THAN IF BURIAL OTHER THAN HOUR 14 'Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown IDENTIFICATION TAGS BURIED WITH FRANCIS E. BODY ON RIGHT, NAME (Last, First, SMYTH, Francis E. BODY ON RIGHT, NAME (Last, First, SMYTH, H.A. PERSON CONDUCTING BURIAL RITES UNKNOWN INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY IVICE, GRAVES REGISTRATION SERVICE KEADOUGHTERS (TO BE CHECKED AGAIN)	PLOT NO. ROW NO. B USIN & USINC CEN USIN & USINC CEN DOY YES XX NO T, WHAT OTHER IDENTIFICA DIES BURIED EITHER SIDE HIDDEN THE OFFICE BURIAL REPORT: MAKE OU DEAD. SIGN ALL COPIES. E WILL FORWARD THE ORIGI ST CASUALTY REPORTS AND	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. 21 ETERY #1 TULL PERSON REPORT II ATTACHED TO MA FOR DATA BURIED TO MALE AND TWO COPIES SUBMIT REPORT TO MALE AND TWO COPIES ALLIED PAPERS AND	Unknown MAP REFERENCES RAVE MARKER Wooden Cross AGI, B.S.I. IG BURIAL REER HITH BODY AND IN SERIAL NO. 618-02-75 SERIAL NO. Unknown R. S. OFFICER IN QUADRUPLICATE NEAREST MEMBER QUE S THROUGH AT LEAS ALL COPIES VERIF	ORGANIZATION ORGANIZATION ORGANIZATION USP OMN R. NOLAN St Lt., QMC. FOR U. S DEAD, ONE ADD F GRAVES REGISTRATION SE T ONE HIGHER ADMINISTRAT
Unknown IF BURIAL OTHER THAN IF BURIAL OTHER THAN HOUR 14 'Dec. 1944 1030 (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown IDENTIFICATION TAGS BURIED WITH FRANCIS E. BODY ON RIGHT, NAME (Last, First, SMYTH, Francis E. BODY ON RIGHT, NAME (Last, First, SMYTH, H.A. PERSON CONDUCTING BURIAL RITES UNKNOWN INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY IN THE COPY FOR ALLIED A	PLOT NO. ROW NO. B USIN & USINC CEN USIN & USINC CEN DOY YES XX NO T, WHAT OTHER IDENTIFICA DIES BURIED EITHER SIDE HIDDEN THE OFFICE BURIAL REPORT: MAKE OU DEAD. SIGN ALL COPIES. E WILL FORWARD THE ORIGI ST CASUALTY REPORTS AND	ADDRESS OF EMERICANISH SKETCH AND GRAVE NO. GRAVE NO. 21 ETERY #1 TULL PERSON REPORT II ATTACHED TO MA FOR DATA BURIED TO MALE AND TWO COPIES SUBMIT REPORT TO MALE AND TWO COPIES ALLIED PAPERS AND	Unknown MAP REFERENCES RAVE MARKER Wooden Cross AGI, B.S.I. IG BURIAL REER HITH BODY AND IN SERIAL NO. 618-02-75 SERIAL NO. Unknown R. S. OFFICER IN QUADRUPLICATE NEAREST MEMBER QUE S THROUGH AT LEAS ALL COPIES VERIF	ORGANIZATION ORGANIZATION ORGANIZATION USP OMN R. NOLAN St Lt., QMC. FOR U. S DEAD, ONE ADD F GRAVES REGISTRATION SE T ONE HIGHER ADMINISTRAT

Int # 10

			
		INSTRUCTIONS FOR BEAL	- 4, 2
-	-	1. PREFARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 525. REMOVE ALL PERSONAL PROPERTY. DRES BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; 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 MAR LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION ENTIFYING DATA IN DUPLICATE ON FORM: PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR O	SS IN RKER. OF ID OTHER
-		AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE, (1) FOOT BELOW GRAVE MARK WHEN MARKING THE GRAVE; FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HOF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT	HE AD \
'n	_	VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:	
		HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS	.
τ		WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	
		2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, A GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE VIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINEN PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.	PRO-
<u>-</u>		9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGEN ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERGHIEF, JOWEL, OR OTHER AVAILABLE 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 SALVA COLLECTING POINT.	NCY MAT - VERN- AGE
	Ì	THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDANGE WITH DIAGRAM.	
LEFT		SILVER FILLING GOLD FILLING CAVITIES SILVER FILLING DIAGRAM REPRESENTS THE MOUTH WIDE TO THE MOUTH	OPEN
RIGHT THUMB		DECAYED UPPER WISSTNG TEETH)" D"
4	- · · · · · · · · · · · · · · · · · · ·	CROWNED TEETH	 31
· · · · · ·		PORCELAIN CROWN IS LOWER SO	1
ω	•	GOLD BRIDGE 21 0000 22 23 24 25 16 27	-
	<u> </u>	SKETCH AND MAP REFERENCE	
÷ -		#A27T	:
2	· - •		
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	-		•••
i	•	+ 1M/4 - 1 24	¥%.

25-13440-50M



1	1	IF DECEASED UNIDENTIFIED			
	4	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		₹	
	ະ	you are able. Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: ————————————————————————————————————		*	
ELICIOTE EL	15	In space below, locate and describe any sears, birthmarks, moles, deformities, etc.		a	HIL BAND
HAND		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :		_	110
		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDWARKS. Signature of officer or other person reporting purish.	· · · ·	THUMB	
		The Land State of the Address of the		,	, c