NATIONAL MEMORIAL CEMETER	Y .	311		estate a	Brand a
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1 V	2 - C 1		DIRECTIVE NUMB	ED .	DATE
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I MAME	. IINK NY	SERIAL NU		! !	ARM DATE OF DEATH
<u> </u>	O 14.17.14.0	/# 14 A U !			DAY MONTH YEAR
CEMETERY		P i		·	DISPOSITION OF REMAINS
GUADALCANAL	हरात •				CODE DIST. PT.
PLOT ROW GRAVE COUNTRY			ar	0.	CAUSE OF DEATH
F211 1 50	LOMON	ISLAN.	US L	1	6
	SECTION B	- CONSIGNEE AN			
NAME AND ADDRESS OF CONSIGNEE	ACTEDY.	NAME	AND ADDRESS OF	NEXT OF KIN	
HONOLULU NATIONAL CEN TERRITORY OF HAWAII	OLIERT	İ			
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NAME	SERIAL NUMBER	RANK	DATE OF DEATH		DATE DISTINTERRED
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O MARKER	UNK	*** * **	UNK	Emb	NAME AND TITLE
NATURE OF BURIAL	SECTION D — PRE	CONDITIO	AINS FOR SHIPME	NT	
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Casket OTHER MEANS OF IDENTIFICATION	· · · · · · · · · · · · · · · · · · ·	n= Skele	val.	<u> </u>	
OTHER MEANS OF IDENTIFICATION -		Min He Frie.			
One Cherre Mankey					
One Grave Marker. MINOR DISCREPANCIES 1					*
MINOR DISCREPANCIES 1					
None		7			·
REMAINS PREPARED AND PLACED IN CASKET					<u> </u>
NEW YORK AND AND ADDED IN CASKET					
DATE 2 July 1948	ВУ			ES, EMBALM	IER
CASKET SEALED BY	. '	EWRYTWE	R (Signature)	منيد	1 Jane
G. D. MEEK			L. A. JO	NES (T)	14. 12.
CASKET BOXED AND MARKED		SHIPPING	ADDRESS VERIFIED	BY	
DATE 7/2/48 BY G. D. NEEK	 F:	→	T. P. 1	ADINE .	* N
I hereby certify that all the for and that the report above is correct.		ns were conduc	ted and accom	plished under	my immediate supervision
14 3 A 185 4	•	21.	m	1	
	i	WIL	LIAM A. MEN	ANATIY	
		<u> </u>	SIGNATURE O	GRS INSPECTOR	
1 Prepare Discrepancy Report QMC	Form 1194a for r	naj <mark>or dis</mark> crepai	ncies.		
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GMC FORM REV 15 MAR 46 1194	7		ć	200	202

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COMGENUSARPAC FT BHAFTER TH

PRIORITY

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CHARGE GRAVES WW II

FROM QUICHT REURLAR STATE ROGER ROGER TWO NINE THREE RESOLUTION OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

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AND BAKER XRAY TWO NIDES OF AND XRAY THREE ZERO THREE CMA ALL OF GUADALGANAL

PD THIS OFFICE CONCURS AND THE CLASSIFICATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UN CLASS IF IED

QMGMT 293 GRS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QHC 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

Department of the Army Washington 25, D. C.

- l. Transmitted herewith QHC 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 Guadalcanal)

l. MC 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, MC Chief, RR Div

AIR MAIL

RRREC 293

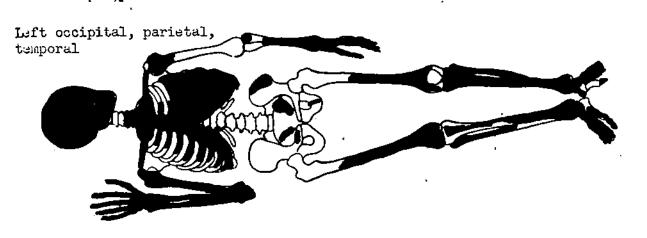
Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

- CMC Form 1044-1044b-Bone List-Unknown X-62
- 6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
- 7. MC 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. CMC Form 1044-1044b-Bone List-Unknown X-85
- 11. OMC Form 1044-1044a-1044b-Bone List-Unknown X-92
- 12. OMC Form 1044-1044b-Bone List-Unknown X-113
- 13. QMC Form 1044-1044b-Bone List-Marrative-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-Bone List-Narrative-Unidentified X-114C
- OMC Form 1044-1044a-1044b-Bone List-Unidentified X-115 17.
- 18. OMC Form 1044-1044b-Bone List-Unknown X-176
- 19. QMC Form 1044-1044b-Bone 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. OMC Form 1044-1044b-Bone List-Narrative-X-228
- 24. AMC Form 1044-1044b-Bone List-X-230
- 25. QMC Form 1044-1044b-Bone List-Narrative-X-232
- QMC Form 1044-1044b-Bone List-X-233
- 27. QMC Form 1044-1044b-Bone List-X-239
- 28. OMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
- 29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
- CMC Form 1044-1044b-Bone List-X-256
- OMC 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. OMC 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-Warrative-Unknown X-303

1 DENTIFICAT	TION D	ATA				
1. REMAINS OF LUNKNOWN		- 		2. DATE OF REI	PORT	
X-230 Guadalcanal				24 March		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DAT	TE OF	
U. S. Army Mausoleum No. 1		В	108	DISINTERMENT	REINTERMEN	IT
Formerly of Guadalcanal	F	212	1	24 Har 48	24 Mar	148
PHYSICAL D		Age 2	22 to 21	years.	<u> </u>	
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT	110 00108	OF HAIR		11 BACE		
U.T.D. U.T.D.	fine to	lden bro ex, litt	le wave	dy) Proba	ably Whit	te
12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND Y	WITH REMAI	NS.				
One (1) embossed plate reading: Unknown			 			•
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUI		AT I DN OBTA	NED FROM	OTHER SOURCES	Ī	
	1	•		l. in		
BY REASON OF LACK OF SUFF	ICIENT	T IDEN	TIFYL	NG DATA	1	
Noney HIL C. DISLEY						
lst. Lt., FA 0-1167395	19-1	_	1 , , , ,	De 1948	,	
1.10.	Ven	rey_	1/4 N	ue 1441		
14. WAS BODY BURNEO? TO WHAT EXTENT?						
X YES NO Most bones charred	:d.		<u> </u>			
15. WAS BODY MANGLED? TO WHAT EXTENT?	_					
X YES Most bones fractu						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE HALFORI	MATIONS					
		·				
None						ļ
		•				
		•				
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL E SERVICE, ETC. (If laundry marks are indistinct such n channels for examination when facilities are not avail	notation al	hould be m	NG THE TY	PE, COLOR, SIZE pecimen forward	;, MARKINGS ded through	,
•						
•						-
None						

Incl. 24



20•	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, STANATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a sandy haired young man in his early twenties, who is of large body build and large bone joints.

Due to the very fragmentary condition of these remains, no further data is available. The vault is high and the left mastoid process is very pointed and points to the rear of the skull rather than to the front.

Fluoroscopic examination unnecessary. No teeth present.

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

SISNATURE

O. W. GREENWOOD, CAPT., QMC

central identification laboratory NO MALERINE MADE OF A

•	CENTRAL	C		ON LABORATORY & OSOLEUM NE LIST		
NAME	SIDE	NO	BONE LENGTH	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)		
SKULL		1		Portion of left occipital, temporal, and parietal present.		
	CERVICAL	14		3 missing.		
VERTEBRAE	THORACIC	11	<u> </u>	l missing.		
	LUMBAR	5				
SACRUM		ı		Fractured.		
IMPANIAL TER	RIGHT	1	BI-ILIAC DIA	Eroded.		
INNOMINATES	LEFT	1.		Fractured.		
RIBS		9		Fractured - 15 missing.		
STERNUM		0		Missing.		
CLAY ICLES	RIGHT	0		II .		
	LEFT	0		π π		
SCAPULAE	RIGHT	1		Fractured.		
SCAPULAE	LEFT	1	ໝ	tt		
WILES.	PIGHT	1	紐	Fragments of proximal head present.		
HUNERI	LEFT	1	Ž.	Proximal head missing.		
DADA I	RIGHT	0	m	Missing.		
RADII	LEFT	1	6-7	Fragment of shaft present.		
ULNAE	RIGHT	0	ы	Missing.		
ULIAE	LEFT	1	m	Proximal 1/3 present.		
HANDS	RIGHT	0	4	Missing.		
	LEFT	0	<u>ب</u>	tt		
FEHORA	RIGHT	1	Þ	Proximal 2 present.		
	LEFT	1	α α	Proximal ½ present & fragment distal head.		
PATELLAE	RIGHT	0		Missing.		
	LEFT	1	<u> </u>			
TIBIAE	RIGHT	1		Fragment of proximal 1/3 present.		
-	LEFT	0	z	Missing.		
FIBULAE	RIGHT	1		Fragment of shaft present.		
	LEFT	0		Missing.		
FEET	RIGHT	1		Calcaneus present.		
	LEFT	1		lst cuneiform & 1 metatarsal present.		
HUMERO-CLAVICULAR	RATIO U.T.	D	A	PPROX I MA TE		
ESTIMATED HEIGHT	U.T.D.		AGE	22 to 24 YEARS		
ESTIMATED WEIGHT	U.T.D.		LEG	S-HIP BR RATIO U.T.D. Jan S. January		
ENCLOSURE TO:	Unkn	own	X-230 Guad	Paul L. Gravenor dalcanal Lab. Supervisor		

GP - AGRS 2 1

ND OMC FORM 1042 Rev. 1 February 1945 (Supersedes form dated) 3 Jan. 1945. Existing stocks may be used until exhausted.)	, .		INTERMENT 81-08 RA I			P	tober	شعر 1945 1945
For Imprint of Identification Tag			die Initial)		· -			
(W)	nown X-2	SERIAL NUMBE	- 0			COUNTRY		
	RANK Unk i	TOME		nown		. [Unkno	WTD.
\	ORGANIZATION Unk	nown		BRA!	Ungano ng	} æ		
	RACE Unknown	n	RELIGION (Jnkn o w	, 25 E	6 8	Vate of the Unkn	EATH OWN
PLACE OF DEATH Tulagi, B.S.I		:	-	AIG.	758 70nkm	A CONTRACTOR		
IDENTIFICATION TAGS FOUND ON BODY	XXX NONE	- · · · · · · · · · · · · · · · · · · ·	IF NO IDENT	IFICATON	TANES, OF	MER MEANS	USED TO	IDENTIFY
DISPOSITION OF SUBSTITUTE TAGS, II			·	ž	ੜ	E (C)	-	
COMPLETE FINGERPRINT CHART OF BOT	HANDS ON REV	ERSE	COMPLETE TO	OŤH CHART	ON REVER		tno.	
LIST ANATOMICAL CHARACTERISTICS A		IF FINGERP	RINTS CANNOT	BE TAKE!				<u> </u>
LIST OF PERSONAL EFFECTS FOUND ON	PODY AND DIS	DOCUTION OF	CAME					
No personal e			LADDOGGO	THE DOE NO.	40000000			
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF E	30 WIX	AUUKESSE	.L		
NAME, NUMBER AND LOCATION OF CEME			· · · · · · · · · · · · · · · · · · ·					· · · · "
Army Navy Marine Cemeter	ry, Guada	lcanal,	B.S.I	- ,	85 we 445	wes	<u>-</u>	
Repursas		ROW NO.	GRAVE NO.	:	GRAVE MAR			
17 Sept 45 0925	ř	211	PERSON REPOR	RTJ NG BUR	Wooden	cross		
Previous service unknown			T-5 91	ill	ion 7	3/. Lu	em	
IDENTIFICATION TAGS BURIED WITH B		DEE NO	ATTACHED TO				T Y€S]	DECK NO
IF IDENTIFICATION TAGS NOT PRESEN Previously buried in Plbb Cemetery #1, Tulagi, B.S.	B Row 2 Ca							ONTAINERS.
	DIES BURIED EI				· · · · · ·	ADC AND TATE	ion Ice	1 AVE NO
BODY ON LEFT, NAME (Last, First,) Beginning of row			RANK	SERIAL 1	10.	ORG AN I ZAT I		RAVE NO.
BODY ON RIGHT, NAME (Last, First, Strandvold, William D	P vt	35179	95	ÖRGANIZATI USMC	ION GF	2 NO.		
PERSON CONDUCTING BURI'AL RITES	•		VERILLED BY	G. R. S	OFFICER	•		
Unk	cnown	Lo	JOHN R.					
IF BURIAL OTHER THAN I	N ESTABLISHED	CEMETERY 1		<u> </u>	P REFEREN	CES ON REV	ERSE	
INSTRUCTIONS FOR FILLING OU FOR ALLIED AND ENEMY DEAD, SIGN GRAVES REGISTRATION SERVICE WILL HEADQUARTERS (TO BE CHECKED AGAIN REGISTRATION OFFICER OF THAT HEAD	T BURIAL REPO ALL COPIES. FORWARD THE O ST CASUALTY R	RT: PREPAR SUBMIT REPO RIGINAL AND EPORTS AND	PE IN QUADRUP ORT TO NEARES O TWO COPIES ALLIED PAPER	LICATE FOR THROUGH S AND AL	OR U. S. E OF GRAVES AT LEAST O L COPIES V	DEAD, ONE A S REGISTRAT ONE HIGHER VERIFIED BY	ADDITIONA TION SERV ADMINIST	/ICE. [RATIVE

OVER FOR BURIAL INSTRUCTIONS

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12		1		-
		·	INSTRUCTIONS FOR BUILDING "	ŧ
	Lef ttle		1: PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Hove body	examined
1	Left tle F		by a member of the medical detachment and attach EMT 52b. Remove all personal Dress body when practical and bury in a suitable shroud. Dig grave to depth	property.
}	Finger	1	4 reet; in Agsty burigls, to sufficient depth to prevent destruction of body or	loss of
ł	jer	l	identity. Place only one body in a grave. Remove one identification togand	attach to
ļ 		1_	grave marker. Leave other tag on body in protected position. If no tag is make a notation of identifying data in duplicate on form; place in burial bott	present
1	골	₩ _D e	teen, spent shell or other available container, bury one with remains and the o	ther one.
į.	L. Ring	Ē	(1) foot below grave marker. When marking the grave, fasten identification to	ara to tem-
9	Left g Fir	E	porary name peg and place at head of grave, if no tag is available, write ide data on marker. When pegs are not available, use other suitable means to unmi	stakable :
1 %	eft Finger	12-1	Aldentity grave as a military burial. If body is unidentified, take fingeror	ints of
٠ (۵)	.	enti	both hands or those remaining fingers. If none are available, fill out tooth if possible, and note:	h Chart
S. S		2	notation to service the service of t	
9	Left vi Middle Finger	8.	, and the second	1008
	<u> </u>			
	Left e Fi	take	MOADAN IND CHOTAL MANAGED	
ļ	į, "	9	WBAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	
1	ger <u>√</u>			
	<u></u>	thumb		
	Į		a - 2. LOCATION OF GRAVE: Report burials in established cemeteries by pla	t, row,
	Le	المةا	and grave number (or show on cemetery map). For all other burials prepare sk space provided below: and give location by means of map references, or by refer	ence to
	eft Fi	I I	prominent personent landagres. Information aust be specific, account to	a Stemd I
——————————————————————————————————————	- 3	E I	put took of grave facing head to determine bodies buried to the left and right	
	nger	erpr	3. PERSONAL EFFECTS: List only personal effects taken from body on	the Bur-
		[E]	ial Report Form. Place these with information as to identity of owner, organism repency addressee in personal effects bag, or wrap in handkerchief, towel.	se athar i
		i.	layallable material and turn over to Grave Registration Service Personnel, wit	th Re-
	# -	la l	port of Death. Government property is not to be included in personal effects to be turned into salvage collection point.	but is
}	Left Thumb	읔	The condition of each and every tooth will be indicated on the to	otb
i	σ	Ş.	chart, in accordance with diagram.	VIII
		[≛	FILLINGS SILVER FILLING	
		5	GOLO PILLING	'
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	끍잗	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Right Thumb		CAVITIES CAVITY A CAVITY	ا ا
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		E.		<u>.</u>
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	**	ossib	- Com	、 <u>,</u>
	3	탈	CROWNED TEETH "	<i>}"</i>
	φ. 1	•	- COMPORCELAIN CROWN 16 COMPONENT 16 COMPONE	31
		: ::	COLD CROWN LOWER CANAL LOWER	,
	Right Middle Finger	=	L ANN CHAIL	
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	Right Little Finger			
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NO ONC FORM 10\$2	REPORT OF	INTERMENT		DATE REPORT F	1
Rev. 1 February 1945 (Supersedes form dated				19 Octobe	r 1945 .
3 Jan. 1945. Existing stocks may be used until exhausted.)	(TM 10-630 and)	<u> </u>	
For Imprint of Identification Tag	NAME (Last, First, Widd	le Initial)			•
	Unknown :	X-230	de	y	
\	RANK	SERIAL NUMBER		COUNTR	
	Unknown	Unknown		Uni	known
\)	ORGANIZATION Unknown		BRANCH Unknow	n	
	RACE Unknown	RELIGION Unknow	'n	DATE O Unkne	F DEATH OWN
PLACE OF DEATH	<u></u>	CAUSE OF DEATH			
Tulagi, B.S.I.	·	Unknown			
IDENTIFICATION TAGS FOUND ON BODY	·	IF NO IDENTIFE	CATION TAGS, OT	HER MEANS USED	TO IDENTIFY
1 2	ZKNONE	800Y (Identifi	cation Carda. L	eftere, etc.)	•
DISPOSITION OF SUBSTITUTE TAGS.	F MADE		•		
COMPLETE FINGERPRINT CHART OF BOT	H HANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVER		
TES YES	(XXX) NO		YES		
LIST ANATOMICAL CHARACTERISTICS A	ND OTHER DATA IF FINGERP	RINTS CANNOT BE	TAKEN.		
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF	SAME.			
V	٠				•
No personal effects f	ound				
•					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EME	ERGENCY ADDRESSE	E	
NAME NUMBER AND LOCATION OF CIME	TERY.		<u>-</u>		
Army Navy Marine Cemete	ry, Guadalcanal, E	3.S.I.			
	LOT NO. ROW NO.	GRAVE NO.	GRAVE MAI		
Reburial 0925	F 211	1		n cross	
TYPE OF RELIGIOUS CEREMONY Previous service unknown	own	PERSON REPORT	ing Burial Lliam H. Tus	sey	
IDENTIFICATION TAGS BURIED WITH B	IODY TES- TES NO	ATTACHED TO MA	ARKER		ON SOR
IF IDENTIFICATION TAGS NOT PRESEN	IT. WHAT OTHER IDENTIFICA	TION DATA BURIL	ED WITH BODY AN	D IN WHAT KIND	OF CONTAINERS
Previously buried in Plo Cemetery #1, Tulagi, B.	ot B Row 2 Grave 26	ó, as Unkno	wn X-12 in t	he USN & US	MC
	DIES BURIED EITHER SIDE	(See Paragraph	2 on Reverse)		
BODY ON LEFT, NAME (Last, First,			ERIAL NO.	ORGANIZATION	GRAVE NO.
Beginning of row					
BODY ON RIGHT, NAME (Last, First,	Middle Initial)	RANK S	ERIAL NO.	ORGANIZATION	GRAVE NO.
Strandvold, William D.			351795	USMC	2
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G	. R. S. OFFICER worth Marsh	I.E.	
Unknown			Lt., QAiC 🍊	W W	

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 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

OVER FOR BURIAL INSTRUCTIONS

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E		INSTRUCTIONS FOR BORLAL
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 make a notation of identifying data in duplicate on form; place in burial bottle, can-
Left Ring Finger	denti	teen, 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	fied, tak	HBIGHT WBIGHT COLOR OF BYBS COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS
t Finger	ke thumb	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
Left Index Finger	mb and fingerpr	a 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete, Stand at foot of grave facing head to determine bodies buried to the left and right. 3. PERSONAL EFFECTS: List only personal effects taken from body on the Bur-
Left Thumb	ints of	and 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 awailable material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not tobe 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
	both he	Chart, in accordance with diagram. FILLINGS SILVER FILLING GOLD FILLING 7 6 10 10
Right Thumb	hands - if this	CAVITIES CAVITY DECAYED 3 UPPER 15
Right Index Finger	s is not poss	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
Right Middle Finger	ible fill in	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 19 LOWER 20 AMA AMA
R.	tooth c	GOLD BRIDGE 21 00000 20 00000 22 23 24 25 16 27
Right Pinger)	hart.	SKETCH AND MAP REFERENCE A TRUE COPY:
Right Little Finger	*	C. M. ISELEY, Lt. Col., G.S.C.

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					DATE REPORT FILLES	TUD		
WD CMC Form 1042 : Rev. 1 November 1942 : 4 (GRS 1, dated 11 May 1942		T OF INT			DAIC REPUBLIFICAL	. vui		
may be used until exhausted)								
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, F	irat, Middl	le Initial)		10 April 19			
	ת דומוז	NTIFIED	BODY	X-12				
/	RANK		SERIAL NUMBER		COUNTRY	_		
1.	Unkne	own.	Unknov	wn.	Unknown			
O NO TAGS	ORGANIZATION			BRANCH				
Υ		Unknown		Unk	nown			
	RACE		RELIGION		DATE OF DEATH			
	Unkn	OMU	Unkr	nown	Unknown			
PLACE OF DEATH			CAUSE OF DEATH					
Tulagi, B.S.	ı.			Unknown				
IDENTIFICATION TAGS FOUND ON BODY			IF NO IDENTIFIC	ATION TAGS, OTHER	MEANS USED TO IDEN	TIFY		
□ 1 □ 2	ZZZ NONE	•	BODY (Identific	ation Cards, Lette	rs, etc.			
DISPOSITION OF SUBSTITUTE TAGS, IF			1	t				
				1, 11				
COMPLETE FINGER PRINT CHART OF BOTH	HANDS ON REVER	RSE	COMPLETE TOOTH	CHART ON REVERSE YES	12753 HO			
LIST ANATOMICAL CHARACTERISTICS AN	D OTHER DATA IF	FINGERPRI	NTS CANNOT BE TA	KÈN		•		
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOS	SITION OF S	AME					
The second control of the second of the seco		 .	_					
			•					
	No	personal	effects: for	und.				
,		-	_					
NAME OF EMERGENCY ADDRESSEE	· · · · · · · · · · · · · · · · · · ·		ADDRESS OF EMED	RGENCY ADDRESSEE	<u> </u>			
DAME OF EMERGENCY ADDRESSEE			ADDRESS OF EMERGENCY ADDRESSEE					
. Unknown			Unknown					
	N ESTABLISHED	CEMETERY FU	FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
	PLOT NO.	ROW NO.	GRAVE, NO. GE	RAVE MARKER				
14 Dec. 1944 HOUR 1430 (Reburial)	USN & US	MC CEMET	26 ERY #1 TOLA	Wooden Cross				
TYPE OF RELIGIOUS CEREMONY	W W	- Januari	PERSON REPORTIN					
			2104	Tichais	2 J. Way	es!		
Previous Service Unknown		POPEN HA	ATTACHES TO MAI	7700	1E8 1500 NO.			
IDENTIFICATION TAGS BURIED WITH BO IF IDENTIFICATION TAGS NOT PRESENT	UT L	DENTIFICATI	TATTACHMU TO MAN	MITH BODY AND IN WI		NE RS.		
THE TOURTH TOUR TAGS NOT PRESENT	, HOME UTHER I	DENTIT ICALI	UNIN DURIED 1	vevi nuv (n mi				
BOD	IES BURIED EIT	HER SIDE (S	ee Paragraph & c	on Reverse)				
BODY ON LEFT, NAME (Last, First, M			RANK	SERIAL NO.	ORGANIZATION			
KOSTRUBA, M.G.			Unknown	Unknown		USN		
BODY ON RIGHT, NAME (Last, First, KNICELEY, Herbert K.	Middle Initial)	RANK Unknown	SERIAL NO. 258-11-71	ORGANIZATION			
PERSON CONDUCTING BURIAL RITES			VERIFIED BY G.		1 /1/2	USN		
a cheer expenses mention billies					~~~	USN		
					muc. 14	lan		
Unknown				John		Man		
Unknown				U _{lst}	Lt., QMC	dan		
	DEAD. SIGN ALL E WILL FORWARD BT CASUBLTY REP	. COPIES. S The Origina Ports and Ai	OMC FORM 1 GRS SUBMIT REPORT TO LL AND TWO COPIES LLIED PAPERS AND	1st IN QUADRUPLICATE I NEAREST MEMBER OF S THROUGH AT LEAST ALL COPIES VERIFI	Lt., QMC FOR UL S DEAD, ONE GRAVES REGISTRATIO ONE HIGHER ADMINIT	E ADDI- ON SER- STRATIVE		

Incl# 12

OVER FOR BURIAL INSTRUCTIONS

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	INSTRUCTIONS FOR ALL	t
	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. 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 MARE LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A MOTATION ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OF	SS IN RKER. OF ID
N	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 POF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT VAILABLE, 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 ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:	KER. HEAD TA-
ı	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS	
	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	
ω	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-
w	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 HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVA COLLECTING POINT.	ICY MAT - IERN- IGE
	FILLENCS	
EFT .	SILVER FILLING GOLD FILLING CAVITYES CAVITY DIAGRAM REPRESENTS THE MOUTH WIDE OF	OPEN
TR-GH-GH-GH-GH-GH-GH-GH-GH-GH-GH-GH-GH-GH-	CAVITY DECAVED JUPPER JUPPER MISSING TEETH	15 16
	TOOTH MISSING	:
	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 19 LOWER 19	31
ω	BRIDGE WORK GOLD BRIDGE 21 0000 22 23 24 25 26 27	
} 	SKETCH AND MAP REFERENCE	
N		į
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Restricted

(Revised May II, 1949)		TM 10-630 ANI) <u>A RABU-1815)</u>		stricted P. 2 2 1	1944
Last Name	First	Initial .	Serial numbe	p I	Rank	Organization
Place of dea	th	Date of dea	ath -		ause of death	
		usn & usmc	CEMETERY #1.	h	TULAGI, B.S.	I.
Time and date	of burial	Name of comet		Name or co	ordinates of location	n
<u> </u>	2	'	*	woode	n Cross	
Grave number	Row number	Plot nu	mber	Type of marker-	Regulation V-shap	ed or other
<u>\$1,</u>	ord of any atte	or densation res	ការបានសារាស្រាក សារាស	arcornensoy ining grave	merkers	<u>41, 14, 14, 144, 144, 144, 144, 144, 14</u>
· · · · · · · · · · · · · · · · · · ·		ا مان کارنی سازم که شاه کارنی میاه ا				
Body buried on RI	CHT Stadfeld	, S.		Lt.	USI	N5
isody buried on 161	OIII	Name	Serial number	Rank	Organization	Grave numbe
Body buried on LE	FT Unknown	X-11			<u> </u>	N 3
sody suctou on wa	2	Name	Serial number	Rank	Organization	Grave numbe
Name and address of	EMERGENCY ADDR		Nam	e and address of	LEGAL XEXT O	F KIX

No record of effects

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

REPORT OF INTERI

Graves Registration .

1	1	IF DECEASED UNIDENTIFIED		1	S.
UNVE LAST	4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 349 43). If unable to obtain a complete set of fingerprints TAKE THOSE YOU CAN, and fill in as many of the following as		₹	
		you are able.			
		Height: Apparent nationality: Weight: - Laundry marks:	,		
	ါယ i	Color of eyes: Color of hair: * .* Wear glasses? *		n	
		Race :			
	22	In space below, locate and describe any scars, birthmarks, moles, deformities, 615.	. · ·	ا دم	HAND
				• •	in the second
		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :		-	1
	<u> </u>			_ !	_
	[IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERWANENT	<u> </u>		
		LANDMARKS. Significant of officer of other person reporting buriet		CMB	
•	Eurona de la companya	Significance of other person reporting butter			
	i	THE LANGUAGE AND WIRECOME] .	,	ř