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## CHARGE GRAVES WW II

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

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QMGMT 293 GPS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QMC 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.

- l. 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 Guadalcanal)

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

2. OMC 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

EORACE MANN Captain, OMC Chief, RR Div

AIR MAIL

#### RRREC 293

Subject: Resolution of Unidentified Remains

## 37 Inols: (All Guadalcanal)

- 5. CMC Form 1044-1044b-Bone List-Unknown X-62
- 6. MC 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. CMC Form 1044-1044b-Bone List-Unknown X-85
- 11. OMC Form 1044-1044a-1044b-Bone List-Unknown X-92
- 12. CMC Form 1044-1044b-Bone List-Unknown X-113
- 13. QMC Form 1044-1044b-Bone List-Marrative-Unidentified X-114
- 14. MC 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
- 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. 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. 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-X-233
- 27. OMC Form 1044-1044b-Bone List-X-239
- 28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
- 29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
- 30. CMC Form 1044-1044b-Bone List-X-256
- 31. QMC Form 1044-1044b-Bone List-Unknown X-257
- 32. QMC Form 1044-1044b-Bone List-Marrative X-280 "A"
- SS. QMC Form 1044-1044b-Bone List-Marrative-X-280 "B"
- 34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
- 35. QMC Form 1044-1044b-Bone List-Marrative X-292 "B"
- 36. QMC Form 1044-1044b-Bone List-Unknown X-294
- 37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-305

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	U. S. Army Mausole	um No. 1			A	47	DISINTERMENT	REINTERMENT	
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Incl. 25

19. ALACK OUT PARTS OF HODY GOT REC Front surface of condyles Left temporal present missing Distal extremity of

20 -

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

2 I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

Nos. 6, 8, 9, 10, & 11 thoracics.

Nos. 1 & 2 right ribs.

l pair of clavicles.

l right ulna.

Charles E. Snow

OF MEDICAL OFFICER Anthropologist

both fibulae missing

21- REMARKS AND ADDITIONAL INFORMATION

Picture a medium-sized, robust man in his late twenties with a large head. Although the skull is fragmentary, the indicated size is very large. It appears to have an oval shape. The forehead, which is large, is quite receding and there are browridges. The prominent cheek bones indicate that upper face was full. The tissue of the vault is remarkably thick and dense. Although there is no reason to doubt the association of the skull with the rest of the remains, it cannot be demonstrated. The extra bones mentioned in Item #20 have been classified as CIL Unknown X-580 and are believed to belong to one individual.

Fluoroscopic examination negative. No teeth present.

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

O. WAM GREENWOOD, CAPT. COME ORGANIZATION

SIGNATURE

ENTRAL IDENTIFICATION LABORATORY ND MAUSCLEUM, APO 957

Our rumon

	<del></del>	T- 7	BONE	T
NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	-	Fractured. All present except nasal, left malar, occipital, maxilla, mandible & porti of left parietal bones.
	CERVICAL	2		Nos. 2, 3, 4, 5 & 6 missing.
VERTEBRAE	THORACIC	11		No. 2 missing.
*EN *E # ,	LUMBAR	4		No.:3 missing.
SACRUM		1		Fragmentary.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured, portion of pubis missing.
IRROTTER	LEFT	1		Fractured, portion of pubis and ilium missi
RIBS		22		2 missing.
STERNUM		1		Fractured, all missing except manubrium and portion of body.
CLAV ICLES	RIGHT	1 1	16.3	<u> </u>
	LEFT	1	16.0	
SCAPULAE	RIGHT		_	Fractured, portion of inferior angle missin
JAN 0 201	LEFT	/	· · · · · · · · · · · · · · · · · · ·	<del></del>
HINED!	PIGHT	1	33.7	Should the
HUMER!				Head missing.
RADII	RIGHT		approx. 25.4	Distal extremity missing.
RADI	LEFT	1	" 25.4	Head missing.
ULNAE	RIGHT	1	27.6	
	LEFT	1 1	27.6	Styloid process missing.
HANDS	RIGHT	1 1	<b> </b>	All missing except metacarpals #2-3-4-5.
	LEFT	0		
FEHORA .	RIGHT	لبًا	47.2	Fragments of both condyles missing.
	LEFT	1	46.8	Front of condyles missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	ـــــــــــــــــــــــــــــــــــــ	<u> </u>	
TIBIAE	RIGHT	+	30.1	Distal extremity missing
<del></del>	LEFT	<del></del>	approx. 39.1	Front of head and medial malleolus missing.
FIBULAE	RIGHT	1	<del>                                     </del>	Both extremities missing.
	LEFT	<del>  }  </del>	<del> </del> -	n u n
FEET	RIGHT	0		Missing.
	LEFT	0	<del> </del> '	l u
HUMERO-CLAY ICULAR	AR RATIO 48.	.0	A PPROX	(IMATE
ESTIMATED HEIGHT	176.5 69.	.3	AGE 27-	P BR RATIO - Chas. E. Show
ESTIMATED WEIGHT	160 lbs.			P BR RATIO

ENCLOSURE TO:

X-232 (Guadalcanal)

Charles E. Snow

### NARRATIVE

#### GUADALCANAL CEMETERY

Unknown X-232

The above case was processed and found to contain extra articulating skeletal parts of more than one individual.

It was known that Dismukes, Alvin M., Pl/Sgt., 197372, USMC (Final Type) was buried in the adjoining grave. Therefore, these remains were removed from a final type casket and were carefully examined in an effort to associate these extra parts.

Unable to associate the same, they have been listed and classified as CIL Unknown X-580.

One extra right ulna.
One extra pair of clavicles.
Two extra right ribs #1 and #2.
Five extra thoracic vertebrae Nos. 6-8-9-10-11.

All of the above believed to belong to one individual.

		$\vee$		<b>-</b>	<u></u>	19_
WD QAC PORM 1042 Rev. 1 February 1945	REPORT OF	INTERMENT	¥		DATE REPOR	T FILLED OUT
(Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.)	(TM 10-630 and	AR 30-181	MEMORI	26	19 Oct	1945
For Imprint of Identification Tag	NAME (Last, First, Mid	dle Initial)	-	75	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
	Unknown X-232		\$1N:3	<u>~p</u>	BRAN RAN	
(o latin	RANK Unknown	SERIAL NUMBE	~	nower		nknown
1/1/20	ORGANIZATION Unknown		BRAN		nknown	
	RACE Unknown	RELIGION U	nknown	ı.		e of death Unknown
PLACE OF DEATH		CAUSE OF DEAT	ТН			-
Tulagi, BSI		Unknown				
IDENTIFICATION TAGS FOUND ON BODY	Composition to the second				THER MEANS US Lettera, etc.,	ED TO IDENTIFY )
DISPOSITION OF SUBSTITUTE TAGS, I						
COMPLETE FINGERPRINT CHART OF BOT		COMPLETE TOOT	TH CHART			·
LIST ANATOMICAL CHARACTERISTICS A	MD OTHER DATA IS SINCERE	DINTS CANNOT (	DE TAKEN	YE	S END	
EIST REMITERE CHREACIERISTICS R	NO DIALE DALE IL FINGLE	KINTS CHANGE	DE TARLE	•		i
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF	SAME.		_		
·						
No 2	Carta Caund					
No personal eff	lects lound.	<del></del>	<del></del>	·	<del></del>	د ند چېچو <del>الل</del> ېيو، د
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF E	MERGENCY	ADDRESS	EE	
Unknown NAME, NUMBER AND LOCATION OF CEME	725V	Un	known			
Army Navy Marine Come		BSI				
DATE OF HURIAL HOUR P Reburial 0920	LOT NO. ROW NO.  F 215	GRAVE NO.		GRAVE MA	RKER oden Cross	
TYPE OF RELIGIOUS CEREMONY	I	PERSON REPOR			1/ %	
Previous Service Unkt	·	T-5-10		am 1	y. /w	**************************************
IDENTIFICATION TAGS SURIED WITH B		ATTACHED TO I		BODY AN		YES V DECEMO D OF CONTAINERS.
Previously buried in Plo Cometery #1, Tulegi. BS	ot B, Row 2, Grave					
BO	DIES BURIED EITHER SIDE	(See Paragrap)	h 2 on I	Reverse)		
BOOY ON LEFT, NAME (Last, Pirat, a Beginning of Pows	Widdle Initial)	RANK	SERIAL I	10.	ORGAN LZAT FON	GRAVE NO.
BODY ON RIGHT, NAME (Last. First.	Middle Initial)	1	SERIAL N		ORGANIZATION	
Dismukes, Alvin M. PERSON CONDUCTING BURIAL RITES		Pl Sgt	1973		1 Mar Rdr	Ba 2
PERSON COMPOCITING BONTAL RITES	· —	Elm	The last	while		
Unknown		1 at ft	9m	In	JOHN R.	
IF BURSAL OTHER THAN	IN ESTABLISHED CEMETERY	<u> </u> FURBLISH SKETCO	H AND MA	P REFERE	lst Lt.	
INSTRUCTIONS FOR FILLING OU	T BURIAL REPORT: PREPAR	E IN QUADRUPL	I CATE FO	OR U. S.	DEAD, ONE ADD	ITIONAL COPY
FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL HEADQUARTERS (TO BE CHECKED AGAIN REGISTRATION OFFICER OF THAT HEAD	ALL COPIES. SUBMIT REPO FORWARD THE ORIGINAL AND IST CASUALTY REPORTS AND	ORT TO NEAREST TWO COPIES T ALLIED PAPERS	MEMBER HROUGH AND ALI	OF GRAVE AT LEAST L COPIES	S REGISTRATIO ONE HIGHER AD VERIFIED BY T	N SERVICE. MINISTRATIVE
OVER FOR BURIAL INSTRUCTION						

Dreeps6

257	j.	
and law.	E -	INSTRUCTIONS FOR SALIAL
·	Left * # # # ttle Finger	1: PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examine 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 be teen, spent shell or other available container, bury one with remains and the other one
8 SEP 184	eft Finger	porary 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 dle Fing	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS  WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
-	Left Index Fin	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.
	Left Thumb	and Report Form. Place these with information as to identity of owner, organization are respectly 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.
	Right Thumb	CAVITIES  SILVER FILLING GOLD FILLING  CAVITY DECAYED  UPPER  14
	Right, Index Fir	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN TOOTH MISSING TOOTH MISSING
	Right Kiddle Finge	BRIDGE WORK
	- ze 1	SKETCH AND MAP REFERENCE
**	Right Little Finger	

WD QMC BORN 1042	DEDART OF	LUTEOMENT		DATE REPO			
Rev. 1 February 1945 (Supersedes form dated	REPORT OF	INTERMENT		19 00	t 19/	45	
3 Jan. 1945. Existing stocks may be used until exhausted.)	(TM 10-630 and	AR 30-1815	5)				
For Imprint of Identification Tag	HAME (Last, First, Mid-		6	1			
	Unknown X-232	2	de	W			
(	RANK						
/	Unknown	SERIAL NUMBER J		COUNTRY Unknown			
1 01	ORGANIZAT ION			·			
\	Unknown		8RANCH Unknow	m			
	RACE	RELIGION	<u> </u>	D.A	TE OF	DEATH	
	Unknown	Unknow	n	1	Unkno	OWN	
PLACE OF DEATH		CAUSE OF DEATH	I				
Tulagi, BSI		Unknown					
IDENTIFICATION TAGS FOUND ON BODY	· · · · · · · · · · · · · · · · · · ·		CATION TAGS, OT			IDENTIFY	
<u> </u>	XXX HONE	BODY (Identifi	cation Cards, L	ettera, etc	.)		
DISPOSITION OF SUBSTITUTE TAGS. IF	F MADE						
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOT	CHART ON REVER		_		
TES YES	XXX NO		L YES	TX N	0 .		
LIST ANATOMICAL CHARACTERISTICS AN	ND OTHER DATA IF FINGERP	RINTS CANNOT BE	TAKEN.			,	
			· · · · · · · · · · · · · · · · · · ·				
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF	SAME.				•	
No personal effe	cts found.						
NAME OF EMERGENCY ADDRESSEE	<u> </u>	ADDRESS OF EMI	ERGENCY ADDRESSE	E			
Unknown	<u></u>	Unknown					
NAME, NUMBER AND LOCATION OF CEME Army Navy Marine Cemeter:		-					
L	LOT NO.   ROW NO.	GRAVE NO.	GRAVE MAR	PK FR			
Reburial 0920	F 215	1	1	n Cross			
TYPE OF RELIGIOUS CENEMONY		PERSON REPORT	ING BURIAL		· <del>-</del>		
Previous Service Unk	nown	/s/ T-5	William H.	Tussey			
IDENTIFICATION TAGS BURIED WITH BE		ATTACHED TO MARKER YES XXX NO					
IF IDENTIFICATION TAGS NOT PRESENT	T, WHAT OTHER IDENTIFICA	ITION DATA BURI	ED WITH BODY AND	D IN WHAT K	IND OF	CONTAINERS	
Previously buried in Cemetery #1, Tulagi, B	Plot B, Row 2, Gr	ave 30, as	Unknown X-1	4 in the	USN	& USHC	
	DIES BURIED EITHER SIDE	(See Paradrash	2 on Baracae)	<del></del>			
BODY ON LEFT, NAME (Last, First, 4			ERIAL NO.	ORG AN LZAT I	ON C	GRAVE NO.	
Beginning of Row	•		•				
BODY ON RIGHT, NAME (Last, First,	Middle Initial)	RANK S	ER LAL NO.	ORGANIZAT I	DH (	GRAVE NO.	
Dismukes, Alvin M.		Pl Sgt.	197372	1 Wr I	Rdr B	n 2	
PERSON CONDUCTING BURLAL RITES		YER/FED18Y	rth Marshal	MY.	.0.		
Unkn <b>o</b> wn			., QMC fo	*/~ *6	<b>3</b> 22	•	
OURTIONII	•		R. NOLAN. I	t. Ltc	OMC.		

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

• E		INSTRUCTIONS FOR STAL
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	When unidenti	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	fied, tak	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS  WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURERD
inger	e thu	WHERE BODY WAS BURIED
Left Index Finger	1	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 bo	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 available 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 chart, in accordance with diagram.
Right Thumb	th hands - if thi	CAVITIES  SILVER FILLING  GOLD FILLING  10  12  12  UPFER  13
. Fig. 7	s is not poss	MISSING TEETH  TOOTH MISSING  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
Right Middle Finger	ible fill in to	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN  BRIDGE WORK  GOLD BRIDGE  17  LOWER  19  LOWER  29
Right Bing Finger	ooth charts	SKETCH AND MAP REFERENCE  -A TRUE COPY:
+ Right Little Finger		C. M. ISELEY, Lt. Col., G.S.C.

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WD QMC Form 1042 *  Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)	REPORT OF INT		•	DATE REPORT FILLED OUT		
	·			10 April 1945		
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Midd	ie initial)				
	UNIDENTIFIED	BODY	X-14			
<b>/</b>	RANK	SERIAL NUMBER		COUNTRY		
O NO TAGS	Unknown	Uni	known	Unknown		
140 146.5	ORGANIZATION Unknown		BRANCH	Unknown		
<b>  \</b>	RACE	RELIGION	<u>.l</u> .	DATE OF DEATH		
	Unknown		· Unknown	Unknown		
PLACE OF DEATH	<u> </u>	CAUSE OF DEATH				
	n					
Tulagi.	B.S.I.	IC NO IDENTIFIC	Unknows	MEANS USED TO IDENTIFY		
	NONE	BOOY (Identific	cation Cards, Lette	rs, etc.		
DISPOSITION OF SUBSTITUTE TAGS. IF		i				
COMPLETE FINGER PRINT CHART OF BOTH		COMPLETE TOOTH	CHART ON REVERSE	,		
LIST ANATOMICAL CHARACTERISTICS AND	OTHER DATA IS SINCERPRI	NTS CANNOT BE TA	YES YES	NO		
CIGT ANATOMICAE CHARACTERISTICS AND	OTHER DATA IF FINGERFAL	MIS CARROT DE 19	nne n			
LIST OF PERSONAL EFFECTS FOUND ON B	ODY AND DISPOSITION OF S	AME				
		•				
	No personal	effects for	und.			
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EMERGENCY ADDRESSEE				
Unknown		Unknown				
IF BURIAL OTHER THAN IN	ESTABLISHED CEMETERY FU	FURNISH SKETCH AND HAP REFERENCES ON REVERSE				
DATE HOUR	PLOT NO. ROW NO.	GRAVE NO. GRAVE MARKER				
14 Dec. 1944 1430	B 2	30	Wooden Cross			
(Reburial) TYPE OF RELIGIOUS CEREMONY	USN & USMC CEMET					
Previous Service Unknow	_	PERSON REPORTING BURIAL Sichael J. Marcel				
IDENTIFICATION TAGS BURIED WITH BOD		ATTACHED TO MAI		ES / DOD NO /		
IF IDENTIFICATION TAGS NOT PRESENT,						
	ES BURIED EITHER SIDE (S	ee Paragraph A	on Reverse)			
BODY ON LEFT, NAME (Last, First, Mi	ddle Initial)	RANK	SERIAL NO.	ORGANIZATION		
PYE. William	1227 - 1 14 1	Unknown	311-91-28	USN		
BODY ON RIGHT, NAME (Last, First, M UNIDENTIFIED BODY	X_15	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown		
PERSON CONDUCTING BURIAL RITES	/	VERIFIED BY G.		1/11/11		
			So	mr. Kolan		
· Unknown			/Joi	in R. Nolan		
I I I I I I I I I I I I I I I I I I I			lat			
INSTRUCTIONS FOR FILLING OUT B	AD. SIGN ALL COPIES. S	UBMIT REPORT TO	NEAREST MEMBER OF	GRAVES REGISTRATION SER -		
VICE. GRAVES REGISTRATION SERVICE.	WILL FORWARD THE ARICINA	L AND TWO COPIES	S THROUGH AT LEAST	ONE HIGHER ADMINISTRATIVE		
IMEAUQUARTERS (TO BE CHECKED AGAINST	WILL PURWARD THE ORIGINA	1 4EB DI 6- 50 500	ALL ANDLES VEDICIE	TO BY THE COAVES DECASTOR		
TION OFFICER OF THAT HEADOHADTEDS 1	CASUALTY REPORTS AND AL	LIED PAPERS AND	ALL COPIES VERIFIE	D BY THE GRAVES REGISTRA		
TION OFFICER OF THAT HEADQUARTERS )	CASUALTY REPORTS AND AL	LIED PAPERS AND	ALL COPIES VERIFIE	D BY THE GRAVES REGISTRA		

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1868

		INSTRUCTIONS FOR INSTRUCTIONS
<u>-</u> ,:: 7		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 ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER
N	MHEN	
;	- ⊊ - ⊊	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS
	I TH 30	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
ω	IF IED. TAKE	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.
<b>A</b> CLAL	THUMB AND FI	9. 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
	댦	WITH DIAGRAM.
THUMB THUMB	ERPRINTS OF	SILVER FILLING GOLD FILLING  TO THE MOUTH WIDE OPEN
R I GHT THUMB	F BOTH HANDS -	CAVITIES 13 13 UPPER UPPER 15 15
₩.	IF THIS IS N	MISSING TEETH TOOTH MISSING
<b>A</b>	OT POSS 18 LE F	CROWNED TEETH  PORCELAIN CROWN  GOLD CROWN  18  LOWER  30
ω -	TLL IN TOOTH	GOLD BRIDGE 21 0000 26 0000 27 23 24 25 16 27
3.7.7	H CHAR	SKETCH AND MAP REFERENCE
N	<b>2</b> 7	•
	1	
•	Ì	-I

Grav <u>a</u> s Registration				T	EP 2 2 1944	153	
(By III May II, 1945) UNKNOWN X-14	TT)	A 102630 A	AND AR	30-1815)	Stricted	ft 8 2 1344	
Last Name	First	Nnitial	s	erial number	R	ank	Organizátlon
Place of death	US)		of death CEMETERY	# 1.	TULAGI,	use of cleads , B.S.J.	•
Time and date of bu	riai	Name of (	emetery		Name or coo	rdinates of locat	ion
75	-3		В		Wooden Cross		
Grave number	Row number	Ple	t number		Type of marker- I	Regulation V-sha	ped or other
Disposition of indificat No record	ion tags : Buri of any attemp		-		Attached t	o marker 🕽	žos No
Names of a	iritentification 1200 adjacent decea	-		•	•	markers	
<u>, ,</u>	+f-ng-identitional ser-in	نائمولينا بسطاءهم	اب طماعتندان د	ب تعدلونلاندنه	ក្សាការាធាតិការ្យាធន		_
Body buried on <b>RIGH</b>	T Hutchings.	N.W.			#### ##### ###########################	USN	76
Body buried on LEFT		Name		al number	Rank	Organization	Grave number
Bod   Barrod on EDI I	Nam	e	Ser	ial number	Rank	Organization	Grave number
Name and address of EM	RGENCY ADDRES	NI TO BO	<u></u>	Name	and address of	EGAL NEXT	DE BAN
List only personal effe	cts FOIIND+6	iF ROD	Y find di	รัสดร์ให้ช	ាំ of same :		
and only porcondi one	( )	77 E N		11			
	wo_record	L of effe	cts the	23 W	flestricte:	1	

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1		IF DECEASED UNIDENTIFIED		€.	
	4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 34943). If unable to obtain a complete set of fingerprints TAKE THOSE YOU CAN, and fill in as many of the following as	•	₹.	
- 1		von are able.			
	₩	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses?	1 [	. <b>.</b>	
		Race: Is tooth chart attached?			
	*	(if possible, have medical personnel take a tooth chart)			2
LEFT	સ્	In space below; locate and describe any scars, birthmarks, moles; deformities; etc.		e)	T HAND
				+	
HAND	\	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :			RIGI
	, <u> </u>	3	. , ,	_	
		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT, LANDMARKS.			
	213	Signature of officer or other person reporting burhil		ICME	
	1	John & Sweet		Ħ.	Í.
		JOHN IL NOSTRWART POLICY OMC	1.		1.

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