MATIONAL MEMORIAL CEMETERY 2	16	7.	<u> </u>	SIG		
AND THE FACE				X		
Interred 7 February 1949 DIS	INTERM	ENT DIRECT	IVE			
B 749 Man C	Sales			y Superintendent		
SECTION A - ALVAN C. B	V.E.D	DIRECTIVE NUMBI	ER	DATE		
SECTION A — ALLVAIN C. B. NAME AND BURÍAL LOCATION OF DECEASED	www.	8730	00000	20 09 47		
NAME	SERIAL NU	MBER	RANK	ARM DATE OF DEATH		
UNKNOWN	X-0	00233		8		
CEMETERY	,			DAY MONTH YEAR DISPOSITION OF REMAINS		
GUADALCANAL .				0426, 54		
PLOT ROW GRAVE COUNTRY	• :			CODE DIST. PT. CAUSE OF DEATH		
E160 4 SOLOMON IS	LAN.	DS		6		
SECTION 8 — CON	ISIGNEE AN	D NEXT OF KIN	·			
NAME AND ADDRESS OF CONSIGNEE		AND ADDRESS OF	NEXT OF KIN	· · · · · · · · · · · · · · · · · · ·		
HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII	į					
	- [•				
BY ADMINISTRATIVE ORDER) SECTION C DISINTE	RMENT AN	D IDENTIFICATION	 _			
NAME SERIAL NUMBER	RANK	DATE OF DEATH		DATE DISTINTERRED		
UNKNOWN X-233 - UNK	UNK 5	UNK	•	117-Dec 47		
IDENTIFICATION TAG ON ORGANIZATION	<u></u>	RELIGION	IDENTIFICATION	VERIFIED BY		
C REMAINS UNK		UN ™	J L WUR	PHY, CAPT, QMC		
SECTION D — PREPARAT			NT	NAME AND TITLE		
NATURE OF BURIAL	CONDITIC	N OF REMAINS				
Casket		Skeleta	1	* 4		
OTHER MEANS OF IDENTIFICATION -			XAZ	•		
Grave Marker and Mortuary tag.			FILE	429		
MINOR DISCREPANCIES 1	·-···		RECOR	AV WILLAM		
MINOR DISCREPANCIES I			PANE N	M 6 19499		
None		-		THE STATE OF THE S		
REMAINS PREPARED AND PLACED IN CASKET		· · · · · · · · · · · · · · · · · · ·		20g		
DATE 1 July 1948 BY		क्ष ःकव्यव्यव्य	RALSTON, I	ENIOAT 1/ED		
CASKET SEALED BY	EMBALME	R (Signature)	IGHTAD TONS			
IRA J. VONK	1	R. W. R	ALSTON	eles ON Kalston		
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY						
7/1/48 IRA J. VONK A. J. ROBERTSON						
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision						
and that the report above is correct.						
1. Murkly						
<u> </u>	/ J/ L	. MURPHY, C	APT,/QMC	<i>\$1</i>		
1 Prepare Discrepancy Report QMC Form 1194a for major	discrepa	1: 1	- AND IMPORTATION	·		
18W						
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QMC FORM REV 15 MAR 46 1194		• .				

RECORE	OF CUST	ODIAL TRANSFER	
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SIGNATURE OF SHIPPER OF MATTER CENSILERY	DATE	SIGNATURE OF RECEIVER	DATÉ
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FROM	7. SHI	PPED	
I NOM			
KIND OF CONVEYANCE		NAME OF CONVOYER	,
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QMGMT DEPT OF ARMY WASH DO CAPT SLOANE EXT 2462 UNCLASSIFIED

COMGENUSARPAG FT SHAFTER TH

PRIORITY

X

CHARGE GRAVES WW II

FROM QUICHT REURLAS FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION OF UNIDENTIFIED REMAINS NATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWNS XRAY FOUR SIX XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN XRAY SIX TWO XRAY SIX THREE ARAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR XRAY EIGHT FIVE XRAY AND XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE ONE FOUR ABLE CMA BAK TO CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX XRAY ONE SEVEN EIGHT ANAY DEE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TOW SEVEN KRAY TWO TWO EIGHT KR THREE ZERO KRAY TWO THREE KRAY TWO THREE THREE XRAY TWO THREFNINE XIS A TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX XRAY TWO FIVE SEVEN X MAY TWO EXCET ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE AND BAKER XRAY TWO NIES OUR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL PD THIS OFFICE CONCURSING THE CLASSIFICATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UN CLASS IFIED

QMGMT 293 GRS 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. 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-Fluorescopical
Findings for Identification
Unknown X-57

HORACE MANN Captain, OMC 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. 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. QMC 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. OSC Form 1044-1044b-Bone List-Marrativo X-114A
- 15. OMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
- 16. QMC Form 1044-1044b-Bone List-Nerrative-Unidentified X-114C
- 17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
- 18. QMC Form 1044-1044b-Bone List-Unknown X-176
- 19. QMC Form 1044-1044b-Bone List- Unknown X-178
- 20. QMC Form 1044-1044b-Rone List-Unknown X-179
- 21. QMC Form 1044-1044b-Bone List-Marrative-Unknown X-221
- 22. QMC Form 1044-1044b-Bone List-Narrative X-227
- 23. OMC Form 1044-1044b-Bone List-Narrative-X-228
- 24. MC Form 1044-1044b-Bono List-X-230
- 25. QMC Form 1044-1044b-Bone List-Narrative-X-232
- 26. QMC Form 1044-1044b-Bone List-X-233
- 27. QMC Form 1044-1044b-Bone List-X-259
- 28. OMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
- 29. QMC Form 1044-1044a-1044b-Bone List-Warrative-Unknown X-248
- 30. CMC Form 1044-1044b-Bone List-X-256
- 31. QMC Form 1044-1044b-Rone 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"
- 54. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
- 35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
- 36. OMC Form 1044-1044b-Bone List-Unknown X-294
- 37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303

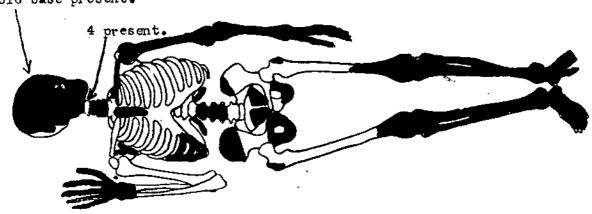
T 47 P IDENTIF	FICATION DATA
1. REMAINS OF UNKNOWN	2. DATE OF REPORT
X-7233 (GUADALCANAL)	· 12 February 1948
3. NAME OF CEMETERY	4. PLOT 5. ROW 6. GRAVE 7. DATE OF
U. S. Army Mausoleum # 1	A 3 DISINTERMENT REINTERMENT
Formerly of	
Guadalcanal	E 160 4 11 Feb '48 12 Feb '48
PHYS	SICAL DESCRIPTION Age: 27 = 30
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT	10. COLOR OF HAIR 11. RACE
150 - 160 lbs. 5' 9\frac{1}{4}"	Med. brown, Med tex. White.
One (1) duplicate I.D. tag reads: Unk	
One (1) emborsed plate reads: Unknown	X-233, Died. Plot - E, Row- 160, Gr-4.
One (1) embossed plate reads: Unidenti	fried.
one (1) embosed pract forces onruches	
13.GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND	FOR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
BY REASON OF LACK OF SE	UFFICIENT IDENTIFYING DATA
None Unit U. DISLET	
1st. Lt., FA 0-1167395 Qualle	Driney 14 Dec 1948
150. 10., 14 0-110/05p (24) (O.	. Duney 14 Nee 174
14. WAS BODY BURNED? TO WHAT EXTENT?	
YES X: NO 15. WAS BODY, MANGLED? TO WHAT EXTENT?	
,	
NO Most bones shatter 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE	red, greater portion missing.
Arthritic lipping of hip and shoulder	
in militio lipping of hit was oncorrect	Jornan war set constr cormins
	•
	·
,	
	ONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, such notation should be made and specimen forwarded through
channels for examination when facilities are no	
 .	* 1
None.	
	•
	•
	•
·	•

26 REV 10 MA) 47 1044

OH4 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

UNRHOWN X-233 (GUADALCANAL)

Left temporal (mandibular bssa) and sphenoid base present.



20 -

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

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

OF THE FOLLOWING ANATOMICAL PARTS:

One (1) left clavicle.

One (1) left ulna.
One (1) left radius.

One (1) head of left humerus.

One (1) atlas.

One (1) left 3rd metacarpal.

has. E. show

Charles E. Snow,

SIGNATURE OF MEDICAL OFFICERAnthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a brown haired man of average height with heavy musculature.

The backhead had average projection and the external occipital protuberance was probably palpable.

Extra parts listed under Item # 20 have been catalogued CIL # 569

X-Ray negative. No teeth.

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

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY

OND MAUSCLEUM, APO 957.

Oweremood

CENTRAL ONTIFICATION LABORATORY & SOLEUM BONE LIST						
			BONE LENGTHS	REMARKS		
NAME	\$1 DE	NO	IN CM	(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)		
SKULL		1		Portion of occipital, rt. temporal present.		
	CERVICAL	2	, ,	Five (5) missing.		
VERTEBRAE	THORACIC	8		Four (4) missing.		
	LUMBAR	1		Four (4) missing.		
SACRUM		1		Only fragments present.		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured, portion missing.		
THROMINATES	LEFT	1		Fractured, portion missing.		
RIBS		18		Six missing, fractured.		
STERNUM		0		Missing.		
	RIGHT	1		Ends missing.		
CLAVICLES	LEFT	0		Missing.		
	RIGHT	1		Fractured.		
SCAPULAE	LEFT	1		Fractured.		
	PIGHT	1	32.2			
HUMERI	LEFT	0		Missing.		
	RIGHT	1		Distal end missing.		
RADII	LEFT	0		Missing		
	RIGHT	ı		Distal end missing.		
ULNAE	LEFT	0		Missing.		
HANDS	RIGHT	0		Missing.		
CURAN	LEFT	0_	•	Missing		
FEMORA	RIGHT	1	-	Distal end missing.		
	LEFT	1		Distal end missing.		
PATELLAE	RIGHT	0		Missing.		
	LEFT	0		Missing.		
TIBIAE	R IGHT	0	 	Hissing.		
· · · · · · · · · · · · · · · · · · ·	LEFT	0		Missing		
FIBULAE	RIGHT	0_		Missing.		
	LEFT	0	<u> </u>	Missing.		
FEET	RIGHT	0		Missing.		
HUMERO-CLAVICULAR	LEFT RATIO		A PPROX	Missing.		
ESTIMATED HEIGHT				7 - 30 YEARS		
			 			
ENCLOSURE TO: Unknown X-233 (Guadalcanal) LEG-HIP BR RATIO Charles E Snow ANTHROPOLOGIST						

GP - AGRS 2 |

-look (i.e. liste			9215	,	
Rev. 1 Hovember 1942 (GRS 1. dated in May 1942 may be used until exhausted)	REPORT OF INT			DATE REPORT FILLED OUT - 3. Oct 1945	
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Midd	le Initial)	``		
		233		Laanmenu	
	RANK Unknown	SERIAL NUMBER Unknown		COUNTRY Unknown	
ال ک	ORGANIZATION Unknown		BRANCH Unknown	<u> </u>	
	RACE Unknown	RELIGION Unknown	Onkiio wii	DATE OF DEATH Unknown	
PLACE OF DEATH		CAUSE OF DEATH			
Tulagi, B.	S.I.		Unknown		
IDENTIFICATION TAGS FOUND ON BODY			ATION TAGS, OTHER ation Cards, Lette	MEANS USED TO IDENTIFY	
DISPOSITION OF SUBSTITUTE TAGS, IF	MADE NONE				
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVERSE	- 	
LIST ANATOMICAL CHARACTERISTICS AND	OTHER DATA IS SINCEPPOL	MTS CANNOT BE TA	TES YES	2273 H 0	
, ,	TO THE DATA IT TINGENTAL	NIS CARROL DE LA	ntn .	16 A.	
LIST OF PERSONAL EFFECTS FOUND ON E	ODY AND DISPOSITION OF S	AME	·, i. ·		
	·	•			
No persona	al effects: found.				
		. (
		1			
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EMER	GENCY ADDRESSEE		
Unknown			Unknown	·	
	ESTABLISHED CEMETERY FU			REYERSE	
DATE	PLOT NO. ROW NO. 160	GRAVE NO. GR	ave marker Woodien C	ross.	
(Reburiel) TYPE OF RELIGIOUS CEREMONY	Army Navy Marine	Come tery 31	adelcanal B.S	.I.	
Previous Service	unknown .	T-3 1	Man 7	lussy	
IDENTIFICATION TAGS BURIED WITH BOD		ATTACHED TO MAR		ES 1550 10	
IF IDENTIFICATION TAGS NOT PRESENT,	, WHAT OTHER IDENTIFICATI	ON DATA BURIED W	HW HI DNA YDOB HTI	AT KIND OF CONTAINERS.	
	ES BURIED EITHER SIDE (S	•• Paragraph 4 o			
BODY ON LEFT, NAME (Last, First, Mi Greeden, Harold	T ₄ .	RANK MoMM 2c	SERIAL NO. 2018981	ORGÁNIZATION USN USS CHINCOTEAGUE	
BODY OH RIGHT, NAME (Last, First, M Edwards: Bugene I	fiddle (nitial) R _e .	RANK F 2c	SERIAL NO. 2875387	ORGANIZATION USN USS LEVALLETTE	
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.	R. S. OFFICER	Por	
Unknown / T T O M C JOHN R. NOLAN 1st. Lt., QMC					
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OME FORM 11 GRS IN QUADRUPLICATE FOR U. S. DEAD. ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO HEAREST 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. Previously buried in Plot B, Pow 2, Grave 31, as Unknown X-15					
OVER FOR BURIAL INSTRUCTIONS in the USN & USNC Cemetery #1, Tulegi, BSI					

1		INCTOLLATIONS CON TRACTOR
		INSTRUCTIONS FOR TRIAL
-	ů.	BER 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 FEETS (NASTY 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 MARKE LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF ENTIFYING DATA IN DIRECTOR OF THE PROPERTY O
		ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTH AVAILABLE CONTAINER; BURY OME WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER
2		WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEA 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. BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NO ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:
		E TOTAL OF THE STATE OF THE STA
		WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
ဖ	SPANCH SPANCH 27 PM "46	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 PRIVIDED 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.
	S BRI	3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL RE-
4	CORD CORD 27	ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MAE ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVER! MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.
	RE RE	_ THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDANCE 5.WITH DIAGRAM.
THUM		FILLINGS SILVER FILLING DIAGRAM REPRESENTS THE MOUTH WIDE OPE
MA T		
		S CAVITIES 12
		CT CAVITY A CAPITO TO THE P. 13
RIGHT	·	UPPER UPPER 15
몵		MISSING TEETH
		TOOTH MISSING
4		CROWNED TEETH 72 32
	.	GOLD CROWN 18 LOWER TO A STATE OF THE PROPERTY OF THE PROPER
	<u>,,,,, ;√.,</u>	7000 7
ω		GOLD BRIDGE 21 28
ĺ,		
ļ		SKETCH AND MAP REFERENCE
,	Control Specification (Control Specification Control	# # # # # # # # # # # # # # # # # # #
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REPORT OF INTERMENT TURDSTREAMS FOR STATES (TH 10-630 and AR 30-1815) 3 Oct 1945 TO LOGAL STATES FOR STATES TO LOGAL STATES FOR STATES RAME (Last, First, Widdle Initial) Unknown RELIGION Unknown RELIGION Unknown RELIGION Unknown RELIGION Unknown IF NO IDENTIFICATION TASS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Latters, etc.) USPOSITION OF SUBSTITUTE TAGS, IF HADE COMPLETE FINGERPRINT 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 LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. No personal effects found NAME OF EMERGENCY ADDRESSEE LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NO PERSON UNDERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NO PERSON UNDERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NO PERSON UNDERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NO PERSON UNDERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NO PERSON UNDERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NO PERSON UNDERSONAL EFFECTS FOUND ON BODY ON BETTER SOUND ON BODY ON LEFT, NAME (Last, First, Widdle Initial) RAME (Last, First, Widdle Initial) ROME ON RIGHT, NAME (Last, First, Widdle Initial) ROME ON RIGHT, WAS COM	₩ QHC FORM .1042				DATE R	REPORT FILLED OUT
The 10-530 and AR 30-1815) For Imprint of Identification Tal NAME (Last, First, Middle Initial) Unknown Unknown Unknown Unknown PLACE DEATH Tulagi, B.S.I. IDENTIFICATION TAGS FOUND ON BODY 1 2 2 55 NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE 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 EMERGERRY ADDRESSEE UNKNOWN NAME OF EMERGERRY ADDRESSEE UNKNO	Rev. 1 February 1945	REPORT	OF INTERMENT	-	3.00	et 1945
TO INDITION IN THE PROPERTY CARRY OF BOTH HANDS ON REVERSE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE LIST AMATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAMES. No personal effects found NAME OF EMERGERY, ADDRESSE NAME OF EMERGERY, ADDRESSE NAME OF EMERGERY, ADDRESSE NAME OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. No personal effects found NAME OF EMERGERY, ADDRESSE NAME OF EMERGERY ADDRESSE NAME	3 James 1945. Existing stocks	(TM 10-630	and AR 30-18	15)	3 000 2,45	
Unknown X-233 HAMK Unknown Un	· · · · · · · · · · · · · · · · · · ·	NAME / tare # # # # #	Middle Intel-15			
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE	IF BURIAL OTHER THAN I	N ESTABLISHED CENET			CES ON R	EVERSE
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY	INSTRUCTIONS FOR FILLING OU	T BURIAL REPORT: P	REPARE IN OUADRUP	LICATE FOR U. S. D	EAD. ON	E 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	GRAVES REGISTRATION SERVICE WILL I	FORWARD THE ORIGINA	AL AND TWO COPIES	THROUGH AT LEAST O	INE HIGH	ER 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 Burgat Instructions Previously buried in Plot B, Row 2, Grave 31, as Unknown		s Previously	buried in Pla	it B, Row 2, G	rave 3	31, as Unknown
X-15 in the USN & USMC Cometery #1, Tulagi, BSI	7121 171 201112 11011001100					

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Ë	INSTRUCTIONS FOR 11	•
Left ttle Fin	1: PREPARATION OF BODY, BURIAL, AND MARKING by a member of the medical detachment and attach EMT 52 Dress body when practical and bury in a suitable shro	b. Remove all personal property. ud. Dia grave to depth of five
Finger	feet; in hasty burials, to sufficient depth to preven identity. Place only one body in a grave. Remove one grave marker. Leave other tag on body in protected p make a notation of identifying dutain duplicate on fo	identification tag and attach to osition. If no tag is present re: place in burial bottle. can-
Left Ring Fi	teen, spent shell or other available container, bury of (1) foot below grave marker. When marking the grave, porary name peg and place at head of grave, if no tag data on marker. When pegs are not available, use other	one with remains and the other one, fasten identification tag to ten- in available, write identifying
nger	identify grave as a military burial. If body is unid- both hands or those remaining fingers. If none are a if possible, and note:	entified, take fingerprints of
Lo Middle	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR B	IRTHMARIS, SCARS OR TATTOOS
ft Finger	WEAPON AND SERIAL NUMBER LAUNDRY MARKS W	HBRE BODY WAS BURIED
).	α 2. LOCATION OF GRAVE: Report burials in establ	lished cemeteries by plot - row
Left Index Finger	and grave number (or show on cemetery map). For all a space provided below; and give location by means of ma prominent permanent landmarks. Information must be spe at foot of grave facing head to determine bodies burie	other burials prepare sketch in preferences, or by reference to scific accurate complete Stand
n er	3. PERSONAL EFFECTS: List only personal effectial Report Form. Place these with information as to remember addressee in personal effects bag, or wrap in	identity of owner, organization n handkerchief, towel, or other
Left Thumb	available material and turn over to Grave Registration port of Death. Government property is not to be included by turned into salvage collection point. The condition of each and every tooth will be	ded in personal effects but is
	chart, in accordance with diagram.	
to date to from a	SILVER FILLING GOLD FILLING	10880°
Right Thumb	CAVITIES CAVITY	BLANDS"
Right Index Finger	MISSING TEETH TOOTH MISSING DIAGRAM R	REPRESENTS THE MOUTH WIDE OPEN
uger .	TO THE STATE OF TH	~
ا مُونَا ا	CROWNED TEETH 17 PORCELAIN CROWN 18 GOLD CROWN	LOWER JOY 30
Right He Finger	BRIDGE WORK 20	STATE OF THE PARTY
Ring	SKETCH AND MAP REFERENCE	27 25 24 25 26 27
Right ng Finger	A TRUE COPY:	<u> </u>
Ri,	Ist Lieut.QMC	
Right le Finger	·	

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WU OMC FORM 1042	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Own			DATE REPORT FILLED OUT
Wu QMC Form 1002 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)	REPORT OF IN			
	(TM ·10-639 and A			10 April 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Mid	dle Initial)		
	UNTERNALETE	D BODY	X_15	
/	RANK	SERIAL NUMBER		COUNTRY
0	Unknown	Unkno	wn	Unknown
NC TAGS	ORGANIZATION		BRANCH	Unknown
	Unknown RACE	RELIGION		DATE OF DEATH
	Unknown		Unknown	Unknown
PLACE OF DEATH		CAUSE OF DEATH		
Tulegi, B.S	.I.		Unknown	
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFIC	ATION TAGS, OTHER	MEANS USED TO IDENTIFY
- 1 - 2		BODY (Identific	ation Cards, Lett	ers, etc.
DISPOSITION OF SUBSTITUTE TAGS, IF F	ADE			
COMPLETE FINGER PRINT CHART OF BOTH H	ANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVERSE	
T YES	D33 NO	C	T YES	330 NO
LIST ANATOMICAL CHARACTERISTICS AND	OTHER DATA IF FINGERPE	RINTS CANNOT BE TA	KEN	
LIST OF PERSONAL EFFECTS FOUND ON BO	DY AND DISPOSITION OF	SAME		
	No personal	effects fou	nd.	
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EMER	RGENCY ADDRESSEE	
Unknown			Unknown	
IF BURIAL OTHER THAN IN	COTABLICHED COVETERY	CHEMICAL SYSTEM AND		ON PEVERAL
DATE HOUR	PLOT NO. ROW NO.	GRAVE NO. GI	RAVE MARKER	VA RETERUE
14 Dec. 1944 1430	B 2	31	Wooden Cross	
(Reburiel() TYPE OF RELIGIOUS CEREMONY	USN & USING CEM	PERSON REPORT I		
		2101		
Previous Service Unknot IDENTIFICATION TAGS BURIED WITH BOD	ALL ALS LALL NO	ATTACHED TO MA	BKE B	YES THE NO
IF IDENTIFICATION TAGS NOT PRESENT.	WHAT OTHER IDENTIFICA	TION DATA BURIED	WITH BODY AND IN	WHAT KIND OF CONTAINERS.
	ES BURIED EITHER SIDE	(See Paragraph & RANK	SERIAL NO.	ORGANIZATION
BODY ON LEFT, NAME (Last, First, Mic UNIDENTIFIED BODY X		Unknown	Unknown	Unknown
BODY ON RIGHT, NAME (Last, First, M	iddle Initial)	RANK	SERIAL NO.	ORGANIZATION
UNIDENTIFIED BODY	X_16		Unknown	UNKNOWN
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.		M. K. Rolan
			/30	HN R. NOLAN
Unknown			// 10	+ T+. QMC
INSTRUCTIONS FOR FILLING OUT B TIONAL COPY FOR ALLIED AND ENEMY DE VICE. GRAVES REGISTRATION SERVICE HEADQUARTERS (TO BE CHECKED AGAINST	URIAL REPORT: MAKE OU	T QMC FORM 1 GRS	IN QUADRUPLICATE	FOR U. S. DEAD, ONE ADDI-
VICE. GRAVES REGISTRATION SERVICE	AD. SIGN ALL COPIES. WILL FORWARD THE ORIGI	NAL AND TWO COPIE	S THROUGH AT LEAS	T ONE HIGHER ADMINISTRATIVE
HEADQUARTERS (TO BE CHECKED AGAINST	CASUALTY REPORTS AND	ALLIED PAPERS AND	ALL COPIES VERIF	TED BY THE GRAVES REGISTRA-

Incl# 15

OVER FOR BURIAL INSTRUCTIONS

		,		•	· ·
••	Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)	REPORT OF IN		•	DATE REPORT FILLED OUT 10 April 1945
	FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Midd	le Initial)		10 40111 1745
			·	•	
		UNIDENTIFIED		X-1 5	-
	\	RANK	SERTAL NUMBER		COUNTRY
	O NO TAGS	Unknown Organization	Unkno	BRANCH	Unknown
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Unknown		ן י	hknown
		RACE	RELIGION		DATE OF DEATH
	PLACE OF DEATH	Unknown	CAUSE OF DEATH	Unknown	Unknown
	PLACE OF DEATH	•	CAUSE OF DEATH		
	Tulagi, B.S	5.I.		Unknown	
	IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFIC	ATION TAGS, OTHER ation Cards, Lette	MEANS USED TO IDENTIFY
	DISPOSITION OF SUBSTITUTE TAGS, IF	NONE	-	action cards, decre	15, 6101
	DISPOSITION OF SUBSTITUTE TAGS, IF	MADE			
	COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVERSE	
	YES	C3528 NO		⊒ YES	(<u>3</u> ±30 NO
	LIST ANATOMICAL CHARACTERISTICS AND	OTHER DATA IF FINGERPRI	NTS CANNOT BE TA	KEN	
	<u>.</u> .				
	LIST OF PERSONAL EFFECTS FOUND ON BE	ODY AND DISPOSITION OF S	AME		·
				•	
	·	NY	- 00 1 0	3	
		No personal	eriects: rou	no.	
			•	•	
	NAME OF EMERGENCY ADDRESSEE		ANDDESS OF EMED	RGE HCY ADDRESSEE	_ _
	· · · · · · · · · · · · · · · · · · ·		ADDITESS OF CHEN		
	Un known			Unknown	
		ESTABLISHED CEMETERY FU			REVERSE
	DATE HOUR 1430	PLOT NO. PROW NO. B 2	GRAVE NO. GR	rave marker Wooden Cross	
	(Reburial(USN & USMC CEMET	ERY #1 TULA	GI, B.S.I.	A. 84-
	TYPE OF RELIGIOUS CEREMONY		PERSON REPORTIN		0 4 54
	Previous Service Unknow		Alfax.	Kicha	
	IDENTIFICATION TAGS BURIED WITH BOD		ATTACHED TO MAR		ES JOSE NO (
	IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.				
	BODII	ES BURIED EITHER SIDE (S	ee Paragraph 4 o	n Reverse)	
	BODY ON LEFT, NAME (Last, First, Mic	ddle Initial)	RANK	SERIAL NO.	ORGANIZAT FON
	UNIDENTIFIED BODY X BODY ON RIGHT, NAME (Last, First, M	idd You to it in 1	Unknown	Unknown SERIAL NO.	Unknown Organization
		X-16	Unknown	Unknown	UNKNOWN
	PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.		1/1/1/1
	·			901	M. C. Holan
	Unknown				R. NOLÁN Lt., QMC
	INSTRUCTIONS FOR FILLING OUT BE	URIAL REPORT: MAKE OUT	OMC FORM 1 + GRS	IN QUADRUPLICATE F	OR UL S. DEAD, ONE ADDI-
	ITIONAL COPY FOR ALLIED AND ENEMY DEA	AD. SIGN ALL COPIES. S	UBMIT REPORT TO	NEAREST MEMBER OF	GRAVES REGISTRATION SER -
	VICE. GRAVES REGISTRATION SERVICE I HEADQUARTERS (TO BE CHECKED AGAINST	CASILALTY REPORTS AND AL	LIED PAPERS AND	ALL COPIES VERIFIE	D BY THE GRAVES REGISTRA
	TION OFFICER OF THAT HEADQUARTERS)	TO BASE SECTION GRAVES	REGISTRATION SER	RVICE OFFICER.	
	OVER FOR BURIAL INSTRUCTIONS				
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<u>,</u>		
	INSTRUCTIONS FOR INSTAL **	-
	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINE BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF ID PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GREAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NO ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHE AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAWHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE.	FEET: IN SENTITY. SAVE MARKER. STATION OF ID SLL OR OTHER SVE MARKER. CF AT HEAD
N	OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BODY IS UNIDENTIFIED. TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGER ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:	BURIAL. IF
ſ	# HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TA	TT00S
-	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	,
	2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH II VIDED BELOW: AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.	N SPACE PRO- PROMINENT AT FOOT OF
<u></u>	9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVA ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEAT MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INT COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INA	EMERGENCY ILABLE MAY - H. GOVERN- O SALVAGE
	중 WITH DIAGRAM.	
[로드	SILVER FILLING DIAGRAM REPRESENTS THE MOUT	H WIDE OPEN
)	CAVITY CAVITY); ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
GHT	DECAYED UPPER WISSING TEETH TOOTH MISSING	
۵	CROWNED TEETH OPENCELAIN CROWN	
	E RELICE WORK	
<u>ω</u>	GOLD BRIDGE 21 0000 22 23 24 25 16 2) 28
[4 at 1 A4	SKETCH AND MAP REFERENCE	· • •
	# A A B	
1 1 1	[I] N	
N		
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	<u> </u>	
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(Revised May 11, 1943) UNKNOVN X-15	· •	(TM 10-830 AN	D AR 39-1815):	•	SEP	2 2 194
Last Name	First	Initial	Serial number	*	Ranic	(
Placé of death		Date of de	ath		Cause of de	a s å i
•		usn ' &	USMC CEMTERY	# 1,	TULAG	I, B.S.
Time and dute of hur	.iol	Name of come	terv	Name of	coordinates o	f location

Time and date of burial Name of cemetery

Row number

Grave number

Body buried on **LEFT**

BAS.T.

78 Wooden Cross

Plot: number

Disposition of indification tags: Buried with body was No record of any attempt to identify body Type of marker- Regulation V-shaped or other Attached to marker You No.

TEMBRICATION ಸದ್ವತ್ವ ಸುಮಾರ್ಗಾರ್ಡರಿಗೆ ಹೆಚ್ಚಾಗಿ ಸರ್ವಹ ಕಿಂಗಳ

Names of adjacent deceased are taken from adjoining grave markers

والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراع Higgins, H.M. Body buried on RIGHT.

Name

Serial number

Serial number

USN Organization

Organization Rank Grave number

USN

Name and address of LEGAL NEXT OF KIN

Name and address of EMERGENCY - ADDRESSEE

Pullen, S.F.

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

No record of effects

	1	IF DECEASED UNIDENTIFIED			
LEFT I	*	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			
	₩	you are able. Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race::::: (If possible, have medical personnel take a tooth chart)			
	*	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.	•	લ	HT HAND
HAND		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		.—	RIG
		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.	- 3		
•	THEME	Signature of officer or other person reporting primi		THUMB	