

Interred 7 February 1949 **DISINTERMENT DIRECTIVE**

B 749

Alvan C Baker

- Cemetery Superintendent

SECTION A - **ALVAN C. BAKER**
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 00000

DATE

20 09 47
DAY MONTH YEAR

NAME

UNKNOWN X-000233

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

CUADALCANAL

DISPOSITION OF REMAINS

04 Jc 54
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

E160

4

SOLOMON ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-233

SERIAL NUMBER

UNK

RANK

UNK

DATE OF DEATH

UNK

DATE DISINTERRED

11 Dec 47

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

UNK

RELIGION

UNK

IDENTIFICATION VERIFIED BY

J L MURPHY, CAPT, QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Grave Marker and Mortuary tag.

MINOR DISCREPANCIES

None

NAT
FILE
RECORDS
MAY 6 1949
NAME TIMBERLY

REMAINS PREPARED AND PLACED IN CASKET

DATE 1 July 1948

BY

ROBERT W RALSTON, EMBALMER

CASKET SEALED BY

IRA J. VONK

EMBALMER (Signature)

R. W. RALSTON

Robert W Ralston

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7/1/48

BY

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.

J. L. Murphy
J. L. MURPHY, CAPT, QMC

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

LEW

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED	
FROM U S ARMY MAUS NO 1	TO RAWN DIST CENTER
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE JUL 7 1950	SIGNATURE OF RECEIVER <i>[Signature]</i> DATE JUL 9 1950
2. SHIPPED	

2. SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE	SIGNATURE OF RECEIVER DATE

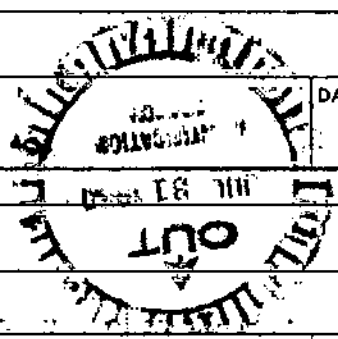
3. SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE	SIGNATURE OF RECEIVER DATE

4. SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE	SIGNATURE OF RECEIVER DATE

5. SHIPPED	
FROM	TO
KIND OF CONVEYANCE (BATTERY CLOS)	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE	SIGNATURE OF RECEIVER DATE

6. SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE	SIGNATURE OF RECEIVER DATE

7. SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> DATE	SIGNATURE OF RECEIVER DATE



QMGMT DEPT OF ARMY WASH DC CAPT SLOANE EXT 2462

UNCLASSIFIED

COMGENUSARPAC FT SHAFTER TH

PRIORITY

X

CHARLES GRAVES WW II

FROM QMGMT REURLET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWNX XRAY FOUR SIX XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN
XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR
XRAY EIGHT FIVE XRAY NINE TWO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE
ONE FOUR ABLE CMA BAKER AND CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX
XRAY ONE SEVEN EIGHT XRAY ONE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TWO SEVEN
XRAY TWO TWO EIGHT XRAY TWO THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE
XRAY TWO THREE NINE XRAY TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX
XRAY TWO FIVE SEVEN XRAY TWO EIGHT ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE
AND BAKER XRAY TWO NINE FOUR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL
PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWNX AS UNIDENTIFIABLE

UNCLASSIFIED

QMGMT 293
GFS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QMC
MEMORIAL DIVISION

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

RRREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.

1. Transmitted herewith QMC Form 1044 for thirty-seven (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 possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. QMC 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, QMC
Chief, RR Div

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC 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. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC 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. QMC 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. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC 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. QMC 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. QMC Form 1044-1044b-Bone List-X-256
31. QMC 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. QMC 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-233 (GUADALCANAL)				2. DATE OF REPORT 12 February 1948				
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal				4. PLOT E	5. ROW 160	6. GRAVE 4	7. DATE OF DISINTERMENT 11 Feb '48	REINTERMENT 12 Feb '48

PHYSICAL DESCRIPTION Age: 27 - 30

8. ESTIMATED WEIGHT 150 - 160 lbs.	9. ESTIMATED HEIGHT 5' 9$\frac{1}{4}$"	10. COLOR OF HAIR Med. brown, Med tex.	11. RACE White.
----------------------------------------------	-------------------------------------------------------------	--------------------------------------------------	---------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reads: Unknown X-233.
 One (1) embossed plate reads: Unknown X-233, Died. Plot - E, Row- 160, Gr-4.
 One (1) embossed plate reads: Unidentified.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U N I D E N T I F I E D
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None.
GIRIN C. DISNEY
 1st. Lt., FA 0-1167395 *Cyril C. Disney* 14 Dec 1948

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---------------------------------------------------------------------------------------------	-----------------

15. WAS BODY WANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Most bones shattered, greater portion missing.
----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

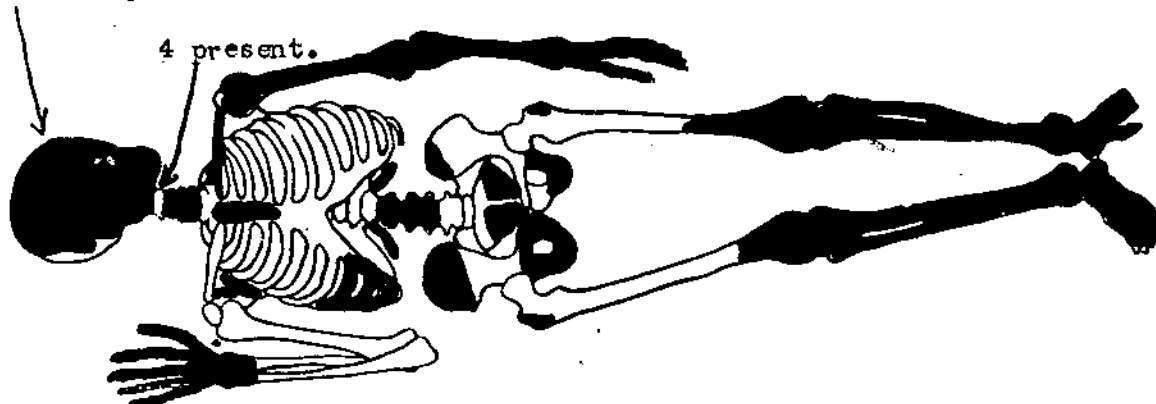
Arthritic lipping of hip and shoulder joints and vertebral column.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None.

26
 OMC FORM
 REV 15 MAR 47
1044

19. BLACK OUT PARTS OF BODY NOT RECORDED
 Left temporal (mandibular fossa) 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
NUMBER

- 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.

Charles E. Snow

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

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 O. W. GREENHOOD, CAPT. OMC CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957	SIGNATURE <i>O. W. Greenwood</i>
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**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Portion of occipital, rt. temporal present.
VERTEBRAE	CERVICAL	2		Five (5) missing.
	THORACIC	8		Four (4) missing.
	LUMBAR	1		Four (4) missing.
SACRUM		1		Only fragments present.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured, portion missing.
	LEFT	1		Fractured, portion missing.
RIBS		18		Six missing, fractured.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Ends missing.
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		Fractured.
HUMERI	RIGHT	1	32.2	
	LEFT	0		Missing.
RADII	RIGHT	1		Distal end missing.
	LEFT	0		Missing.
ULNAE	RIGHT	1		Distal end missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Distal end missing.
	LEFT	1		Distal end missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	0		Missing.
	LEFT	0		Missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		Missing.
FEET	RIGHT	0		Missing.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	5' 9 $\frac{1}{4}$ "	AGE	27 - 30 YEARS
ESTIMATED WEIGHT	150 - 160	LEG-HIP BR RATIO	

Chas. E. Snow

Charles E. Snow
ANTHROPOLOGIST

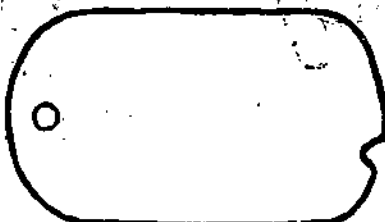
ENCLOSURE TO: Unknown X-233 (Guadalcanal)

US OMC 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)

DATE REPORT FILLED OUT

3 Oct 1945

	FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) <p style="text-align: center;">Unknown X-233</p>		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
	ORGANIZATION	BRANCH	
Unknown	Unknown		
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Unknown	

PLACE OF DEATH <p style="text-align: center;">Tulagi, B.S.I.</p>	CAUSE OF DEATH <p style="text-align: center;">Unknown</p>
---------------------------------------------------------------------	--------------------------------------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) <i>SECRET</i>
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <p style="text-align: center;">Unknown</p>	ADDRESS OF EMERGENCY ADDRESSEE <p style="text-align: center;">Unknown</p>
---------------------------------------------------------------------------	------------------------------------------------------------------------------

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 17 Sept 45 (Reburial)	HOUR 0930	PLOT NO. "E"	ROW NO. 160	GRAVE NO. 4	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery			Bualcalcanal B.S.I.		

TYPE OF RELIGIOUS CEREMONY <p style="text-align: center;">Previous Service Unknown</p>	PERSON REPORTING BURIAL <i>T-5 William H. Turvey</i>
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

BODY ON LEFT, NAME (Last, First, Middle Initial) Greeden, Harold J.	RANK MoMM 2c	SERIAL NO. 2018981	ORGANIZATION USN USS CHINCOTEAGUE
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BODY ON RIGHT, NAME (Last, First, Middle Initial) Edwards, Eugene R.	RANK F 2c	SERIAL NO. 2875387	ORGANIZATION USN USS LaVALLETTE
-------------------------------------------------------------------------	--------------	-----------------------	---------------------------------------

PERSON CONDUCTING BURIAL RITES <p style="text-align: center;">Unknown</p>	VERIFIED BY G. R. S. OFFICER <i>[Signature]</i> 1st Lt. OMC JOHN R. NOLAN 1st Lt., OMC
------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

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

OVER FOR BURIAL INSTRUCTIONS Previously buried in Plot B, Row 2, Grave 31, as Unknown X-15 in the USN & USMC Cemetery #1, Tulagi, BSI

INSTRUCTIONS FOR BURIAL






1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH ENT 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:

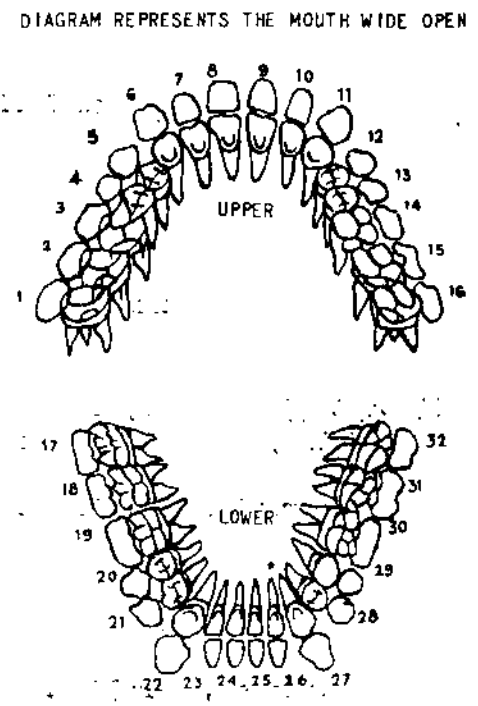
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC; ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

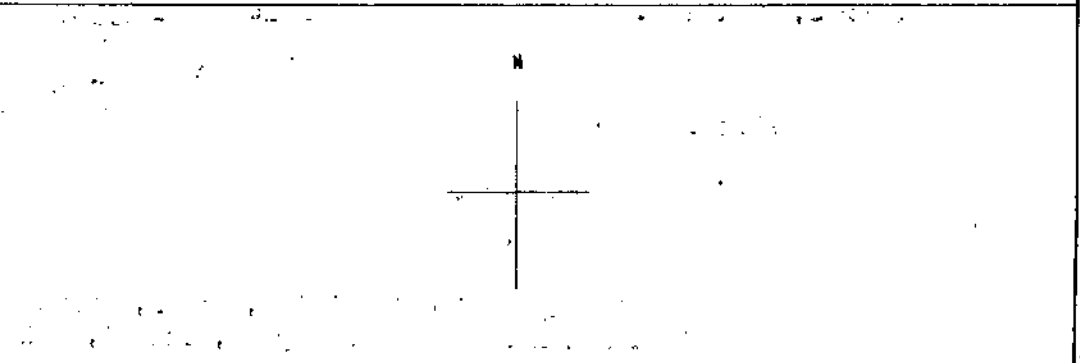
3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

LEFT THUMB	FILLINGS		SILVER FILLING GOLD FILLING
RIGHT THUMB	CAVITIES		CAVITY DECAYED
	MISSING TEETH		TOOTH MISSING
4	CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
3	BRIDGE WORK		GOLD BRIDGE



SKETCH AND MAP REFERENCE



REGISTRATION AND RECORDS BRANCH
 NOV 27 12 27 PM '46
 MEMORIAL DIVISION

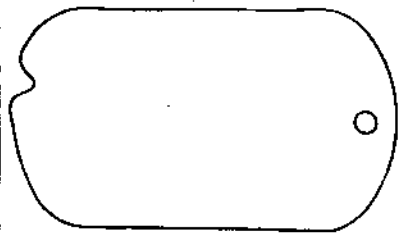
WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

QMC FORM 1042
 Rev. 1 February 1945
 (Supersedes form dated
 3 June 1945. Existing stocks
 may be used until exhausted.)

REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT
 3 Oct 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-233

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1

2

NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES

NO

COMPLETE TOOTH CHART ON REVERSE

YES

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

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL

17 Sept 45
(Reburial)

HOUR

0930

PLOT NO.

"E"

ROW NO.

160

GRAVE NO.

4

GRAVE MARKER

Wooden Cross.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

/s/ T-5 William H. Tussey

IDENTIFICATION TAGS BURIED WITH BODY

YES

NO

ATTACHED TO MARKER

YES

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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)

Creedon, Harold J.

RANK

McMM 2c

SERIAL NO.

2018981

ORGANIZATION

USS CHINCOTEAGUE USN

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Edwards, Eugene R.

RANK

F 2c

SERIAL NO.

2875387

ORGANIZATION

USS LAVALLETTE USN

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ Ellsworth Marshall

1st Lt. QMC for

/t/ JOHN R. NOLAN

1st Lt. QMC

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

Previously buried in Plot B, Row 2, Grave 31, as Unknown
 X-15 in the USN & USMC Cemetery #1, Tulagi, BSI

INSTRUCTIONS FOR BURIAL






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, 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:

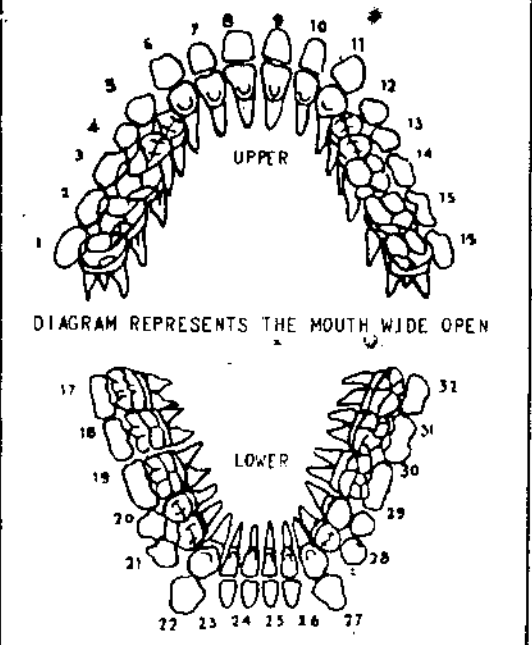
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.


The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

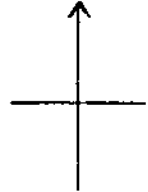


SKETCH AND MAP REFERENCE

A TRUE COPY:



E.H. Miller, Jr.
1st Lieut. QMC




Left Little Finger	When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

WD OMC Form 1082
 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)

DATE REPORT FILLED OUT

10 April 1945

FOR IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)		
		UNIDENTIFIED BODY X-15		
		RANK	SERIAL NUMBER	COUNTRY
		Unknown		Unknown
		ORGANIZATION	BRANCH	
		Unknown		Unknown
RACE		RELIGION	DATE OF DEATH	
Unknown		Unknown	Unknown	
PLACE OF DEATH		CAUSE OF DEATH		
Tulagi, B.S.I.		Unknown		
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE				
DISPOSITION OF SUBSTITUTE TAGS, IF MADE				
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE		COMPLETE TOOTH CHART ON REVERSE		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
14 Dec. 1944	1430	B	2	31	Wooden Cross
(Reburial) USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Richard J. Meyer</i>

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)	RANK	SERIAL NO.	ORGANIZATION
UNIDENTIFIED BODY X-14	Unknown	Unknown	Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
UNIDENTIFIED BODY X-16	Unknown	Unknown	UNKNOWN
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Unknown	<i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC		

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPPLICATE 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.

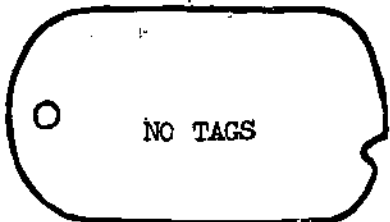
OVER FOR BURIAL INSTRUCTIONS

Incl # 15

REPORT OF INTERMENT
 (TM-10-630 and AR 30-1815)

DATE REPORT FILLED OUT

10 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-15		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown	

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH Unknown
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 14 Dec. 1944 (Reburial)	HOUR 1430	PLOT NO. B	ROW NO. 2	GRAVE NO. 31	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</i>
--------------------------------------------------------	---------------------------------------------------------

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

BODY ON LEFT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-14	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
----------------------------------------------------------------------------	-----------------	-----------------------	-------------------------

BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-16	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION UNKNOWN
-----------------------------------------------------------------------------	-----------------	-----------------------	-------------------------

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC
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INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE 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

Incl # 15

INSTRUCTIONS FOR BURIAL

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, 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:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED






2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

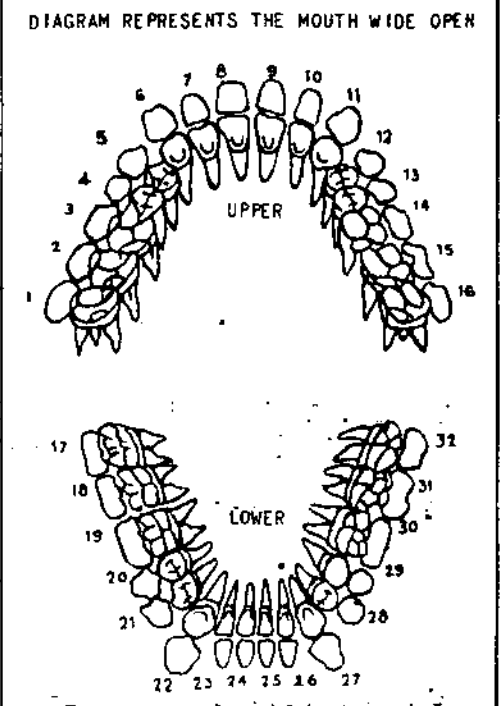
3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

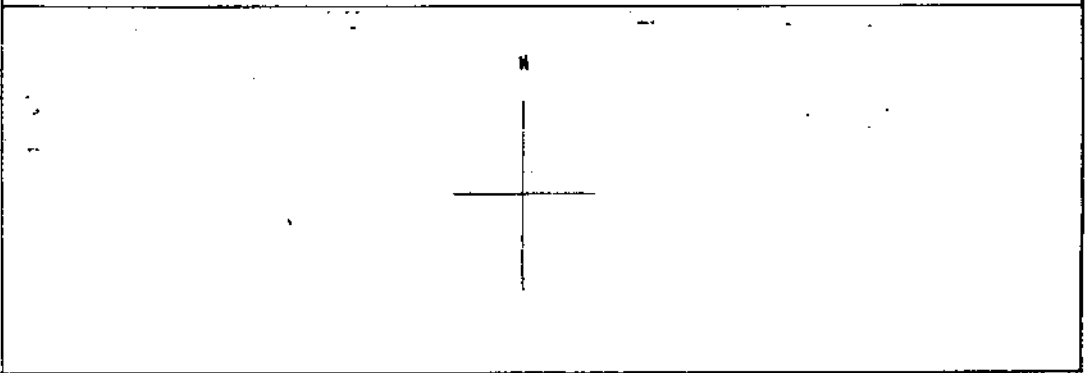
WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1
 2
 3
 4
 LEFT THUMB
 RIGHT THUMB
 4
 3
 2
 1

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE



REPORT OF INTERMENT

Restricted

784

(TM 10-630 AND AR 39-1845)

SEP 22 1944

UNKNOWN X-15

Last Name	First	Initial	Serial number	Rank	Organization
Place of death		Date of death		Cause of death	
		USN & USMC		CEMTERY # 1, TULAGI, B.S.I.	
Time and date of burial		Name of cemetery		Name or coordinates of location	
		Wooden Cross			
Grave number	Row number	Plot number	Type of marker - Regulation V-shaped or other		
78	4	B	Wooden Cross		

Disposition of indification tags: Buried with body ~~Yes~~ No Attached to marker ~~Yes~~ No
 No record of any attempt to identify body

Names of adjacent deceased are taken from adjoining grave markers

Body buried on RIGHT	Higgins, H.M.	Serial number	Rank	USN	79
	Name			Organization	Grave number
Body buried on LEFT	Pullen, S.F.	Serial number	Rank	USN	77
	Name			Organization	Grave number

Name and address of EMERGENCY ADDRESSEE Name and address of LEGAL NEXT OF KIN
 List only personal effects FOUND OF BODY and disposition of same:

No record of effects

Restricted

