

A I R M A I L

QMGM 293
GRS Pacific 1st Ind.
SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-196, X-217, X-219, X-220, X-225, X-226, X-235, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-282, X-285, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-869, X-872, X-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emynlabegan; X-30, formerly Kurning; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-233, X-238, formerly Barrackpore.

3. Further reference is made to inclosures 82 and 83, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/a

T. H. METZ
Lt. Colonel, QMC
Memorial Division

S. Morgan
Salser
JW
cc--Administrative Section

A I R M A I L

1949: Mark Salser (Administrative) X-233

REB
NJS

C O P Y

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
AFO 953

REFNO 253

JAN 24 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Enclosed herewith eighty-three (83) QMG Forms 104a for Kiating, Shanghai, Remains Depot, Guadalcanal, Farrakpore, Shanghai and Emgilibegan Cemeteries, stamped and signed in accordance with letter, HQ QMG, QSMU 203 QRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Mann
s/ HORACE MANN
Captain, QMG
Chief, RR Div

83 Incls

1. QMG Form 104a-1041a-1041b- Bone List X-8-Guadalcanal
2. QMG Form 104a-1041a-1041b- Bone List X-12-Guadalcanal
3. QMG Form 104a-1041a-1041b- Bone List- Fluoroscopic Findings X-14- Guadalcanal
4. QMG Form 104a-1041a-1041b- Bone List- X-16-Guadalcanal
5. QMG Forms 104a-1041a-1041b- Bone List- X-19 Guadalcanal
6. QMG Form 104a-1041a-1041b- Bone List- X-25 Guadalcanal
7. QMG Form 104a-1041a-1041b- Bone List- X-27 Guadalcanal
8. QMG Form 104a-1041a-1041b- Bone List- X-32 Guadalcanal

A I R M A I L

SUBJECT: Resolutions of Unidentified Remains

83 Incls

9. QMC Form 1044-1044a-1044b-Bone List
X-33 Guadalcanal
10. QMC Form 1044-1044a-1044b- Bone List
X-35 Guadalcanal
11. QMC Form 1044-1044a-1044b- Bone List
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b- Bone List-Fluoroscopic Findings
X-41 Guadalcanal
13. QMC Form 1044b-1044a-1044b- Bone List
X-52- Guadalcanal
14. QMC Form 1044-1044a-1044b- Bone List
X-53- Guadalcanal
15. QMC Form 1044-1044a-1044b- Bone List
X-54 Guadalcanal
16. QMC Form 1044-1044a-1044b- Bone List
X-61 Guadalcanal
17. QMC Form 1044-1044a-1044b- Bone List
X-90 Guadalcanal
18. QMC Form 1044-1044a-1044b- Bone List
X-91 "A" Guadalcanal
19. QMC Form 1044-1044a-1044b- Bone List
X-91 "B" Guadalcanal
20. QMC Form 1044-1044a-1044b- Bone List
X-104 Guadalcanal
21. QMC Form 1044-1044a-1044b- Bone List
X-117- Guadalcanal
22. QMC Form 1044-1044a-1044b- Bone List
X-177 Guadalcanal
23. QMC Form 1044-1044a-1044b- Bone List
X-182- Guadalcanal
24. QMC Form 1044-1044a-1044b- Bone List
X-183 Guadalcanal
25. QMC Form 1044-1044a-1044b- Bone List
X-190 Guadalcanal
26. QMC Form 1044-1044a-1044b- Bone List
X-195 Guadalcanal
27. QMC Form 1044-1044a-1044b- Bone List
X-94 Guadalcanal
28. QMC Form 1044-1044a-1044b- Bone List
X-217 Guadalcanal
29. QMC Form 1044-1044a-1044b- Bone List
X-219- Guadalcanal
30. QMC Form 1044-1044a-1044b- Bone List
X-220 Guadalcanal
31. QMC Form 1044-1044a-1044b- Bone List
X-225 Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadalupe
33. QMC Form 1044-1044a-1044b-Bone List-
X-235-Guadalupe
34. QMC Form 1044-1044a-1044b-Bone List-
X-237-Guadalupe
35. QMC Form 1044-1044a-1044b-Bone List-
X-242-Guadalupe
36. QMC Form 1044-1044a-1044b-Bone List-
X-243-Guadalupe
37. QMC Form 1044-1044a-1044b-Bone List-
X-244-Guadalupe
38. QMC Form 1044-1044a-1044b-Bone List-
X-245-Guadalupe
39. QMC Form 1044-1044a-1044b-Bone List-
X-247-Guadalupe
40. QMC Form 1044-1044a-1044b-Bone List-
X-248-Guadalupe
41. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadalupe
42. QMC Form 1044-1044a-1044b-Bone List-
X-255-Guadalupe
43. QMC Form 1044-1044a-1044b-Bone List-
X-277-Guadalupe
44. QMC Form 1044-1044a-1044b-Bone List-
X-281-Guadalupe
45. QMC Form 1044-1044a-1044b-Bone List-
X-282-Guadalupe
46. QMC Form 1044-1044a-1044b-Bone List-
X-285-Guadalupe
47. QMC Form 1044-1044a-1044b-Bone List-
X-287-Guadalupe
48. QMC Form 1044-1044a-1044b-Bone List-
X-288-Guadalupe
49. QMC Form 1044-1044a-1044b-Bone List-
X-290-Guadalupe
50. QMC Form 1044-1044a-1044b-Bone List-
X-291-Guadalupe
51. QMC Form 1044-1044a-1044b-Bone List-
X-293-Guadalupe
52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadalupe
53. QMC Forms 1044-1044a-1044b-Bone List-
X-298-Guadalupe

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

- 54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
- 55. QMC Form 1044-1044a-1044b- Bone List-
X-298 Guadaluacanal
- 56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
- 57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
- 58. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
- 59. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadaluacanal
- 60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadaluacanal
- 61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadaluacanal
- 62. QMC Form 1044-1044a-1044c-Bone List-
X-743 Remains Depot
- 63. QMC Form 1044-1044a-1044b-Bone List-
X-744-Remains Depot
- 64. QMC Form 1044-1044a-1044b-Bone List-
X-868-Remains Depot
- 65. QMC Form 1044-1044a-1044b-Bone List-
X-872-Remains Depot
- 66. QMC Form 1044-1044a-1044b-Bone List-
X-873-Remains Depot
- 67. QMC Form 1044-1044a-1044b-Bone List-
X-874-Remains Depot
- 68. QMC Form 1044-1044a-1044b-Bone List-
X-875-Remains Depot
- 69. QMC Form 1044-1044b-Bone List X-902-
Remains Depot.
- 70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Amnlabegan
- 71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kunming
- 72. QMC Form 1044-1044a-1044b-Bone List-
X-893 Shanghai
- 73. QMC Form 1044-1044a-1044b-Bone List-
X-125-Barrackpore
- 74. QMC Form 1044-1044a-1044b-Bone List-
X-148-Barrackpore
- 75. QMC Form 1044-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

RRREG 293

SUBJECT: Resolution of Unidentified Remains

85 Incls

76. QMC Forms 1044-1044b-Bone List X-149 "B".
Barrackpore
77. QMC Form 1044-1044b-Bone List X-149 "C".
Barrackpore
78. QMC Form 1044-1044b-Bone List X-150
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Bone List-
X-150 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Bone List-
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Bone List-
X-233-Barrackpore
82. QMC Form 1044-1044b-Bone List X-315 "A"
Barrackpore
83. QMC Form 1044-1044b-Bone List X-315 "B"
Barrackpore

AIR MAIL

- 5 -

IFW 412 Best Cam

H 1	Interred 11 March 1949 F 480	DISINTERMENT DIRECTIVE	- Cemetery Superintendent
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SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 8730 00000	DATE 26 09 47 DAY MONTH YEAR
NAME UNKNOWNX-000237	SERIAL NUMBER	RANK	ARM Q
CEMETERY CUADALCANAL			DATE OF DEATH DAY MONTH YEAR
PLOT E170			DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.
ROW	GRAVE	COUNTRY SOLOMON ISLANDS	CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-237	SERIAL NUMBER UNK	RANK UNK	DATE OF DEATH UNK	DATE DISTINTERRED 18 November 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNK	RELIGION UNK	IDENTIFICATION VERIFIED BY George M. Clark, 1st Lt., INF NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket	CONDITION OF REMAINS Skeleton
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OTHER MEANS OF IDENTIFICATION
1 Sub. ID Tag, 1 Grave Marker; 1 Mortuary Tag.

MINOR DISCREPANCIES /
None

REMAINS PREPARED AND PLACED IN CASKET
12 JUL 1949

DATE 1 July 1948	BY LAWRENCE A JONES, EMBALMER
CASKET SEALED BY G. D. Meek	EMBALMER (Signature) LAWRENCE A JONES. <i>Lawrence A. Jones</i>

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY T. P. MADINE
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

William A. McNamary
WILLIAM A. MCNAMARY
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
"Inspected for identification only per paragraph 2, 1st Ind. COMG, file QMGMO 293 (Pacific), dated 5 May 1948."

QMC FORM REV 16 MAR 46 **1194**
Inc 37
NLN *Inc 248*

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 1		TO		HAWN, DIST CENTER	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		JAMES HARRIS	
SIGNATURE OF SHIPPER		<i>John J. Murphy</i>		SIGNATURE OF RECEIVER		<i>James Harris</i>	
DATE		23 FEB 1949		DATE		23 FEB 1949	
FROM		CAPT. G.M.C. 01585944		TO		CAPTAIN G.M.C.	
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
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KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

REPATRIATION
RECORDS BRANCH
JUN 15 8 42 AM '49
GENERAL DIVISION

23 FEB 1949
JUL 1949

TRUCK
CAPT. G.M.C. 01585944
JAMES HARRIS
JOHN J. MURPHY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-237 Guadalcanal				2. DATE OF REPORT 13 February 1948		
3. NAME OF CEMETERY U.S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT E	5. ROW 170	6. GRAVE 4	7. DATE OF DISINTERMENT 13 Feb '48	REINTERMENT 13 Feb '48

PHYSICAL DESCRIPTION **Age 25 to 27.**

8. ESTIMATED WEIGHT 175 lbs	9. ESTIMATED HEIGHT 73"	10. COLOR OF HAIR U. T. D.	11. RACE Possibly White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) embossed plate on box: Unknown X-237., Died., P-E, R-170, G-4.
One (1) duplicate I.D. tag with remains: Unknown X-237.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
None

UNIDENTIFIABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DESNEY
1st. Lt. RA O-1167395 *Cyril C. Desney* **20 Jan 1949**

14. WAS BODY BURNED? TO WHAT EXTENT?
 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
5th lumbar vertebra attached to sacrum by both wings.
The ankle joints show considerable arthritis.
The tuberosity of the left radius has a peculiar dimple in it.

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

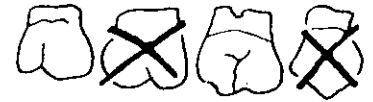
Incl 34

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:
UNKNOWN X-237

TOP VIEW

SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:
Quadalcanal

Gold Crown, Porcelain Crown



BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



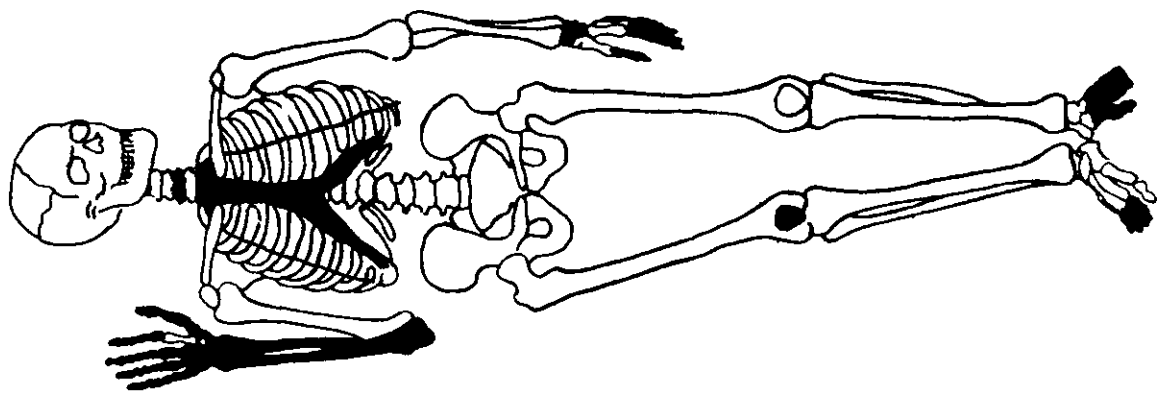
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		A 00,0				⊙							A FOD			
Side Views																Side Views
Top Views																Top Views
Side Views																Side Views
	A O												A Dof	A O	PART IMP.	
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16	

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Remarks:

- 1. L-13 is in lingual version.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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) extra right foot: less the navicular 2nd and 3rd cuneiform, #3 metatarsal and the phalanges.

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very tall, large jointed muscular man in his middle to late twenties of average body build. The skull is a small average in size and oval in outline. The backhead is rather flat and the external occipital protuberance may have been palpable. The forehead is receding and the browridge glabella region is large. The face is short and broad and forms a square. The lower face is not as full as the upper. In profile the nasal bridge is straight and skewed to the left. The mouth parts project slightly and there is an overbite. The chin is of average projection and forms a narrow bilateral eminence.

The extra bones listed in item 20 of this report, have been removed and classified as C. I. L. Unknown X-578.

Fluoroscopic examination negative. Tooth chart. taken.

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. GREENWOOD, CAPT., QMC
**CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957**

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.2	
VERTEBRAE	CERVICAL	6		6th missing.
	THORACIC	11		7th missing.
	LUMBAR	5		
SACRUM		1		5th lumbar vertebrae attached.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 28.9	Pubis missing.
	LEFT	1		
RIBS		21		
STERNUM		0		
CLAVICLES	RIGHT	1	16.3	
	LEFT	1	17.1	
SCAPULAE	RIGHT	1		Fractured
	LEFT	1		"
HUMERI	RIGHT	1	36.1	
	LEFT	1	36.0	
RADII	RIGHT	0		Missing
	LEFT	1	26.1	
ULNAE	RIGHT	0		Missing
	LEFT	1	28.3	
HANDS	RIGHT	1		Capitate and 3rd metacarpal present.
	LEFT	1		1, 2, 3, & 4 metacarpals present.
FEMORA	RIGHT	1	48.8	
	LEFT	1	49.0	
PATELLAE	RIGHT	0		Missing
	LEFT	1		
TIBIAE	RIGHT	1	41.3	
	LEFT	1	41.2	
FIBULAE	RIGHT	1	41.7	
	LEFT	1	41.9	
FEET	RIGHT	1		Talus, 2nd cuneiforms and phalanges missing.
	LEFT	1		All missing except talus, calcaneus, cuboid and 2nd cuneiform.

HUMERO-CLAVICULAR RATIO 46.3		APPROXIMATE	
ESTIMATED HEIGHT 184 $\frac{1}{2}$ 73.0"	AGE	25 to 27	YEARS
ESTIMATED WEIGHT 175 lbs		LEG-HIP BR RATIO 59.1	

Chas. E. Snow

ENCLOSURE TO: Unknown X-237 Guadalcanal

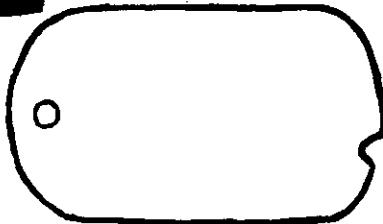
Charles E. Snow
ANTHROPOLOGIST

9215

Form 1042
1 November 1942
dated 11 May 1942
used until exhausted

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

DATE REPORT FILLED OUT
12 October 1945



IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)	
		X - 237 Unknown	
RANK	SERIAL NUMBER	COUNTRY	
Unknown	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 <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 checked="" type="checkbox"/> YES <input 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
17 Sept 45	0920	E	170	4	Wooden Cross

TYPE OF BURIAL	RELIGIOUS CEREMONY	PREVIOUS SERVICE
Army Navy Marine Cemetery (unidentified)	Unknown	Unknown

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)	RANK	SERIAL NO.	ORGANIZATION
Bush, Harold Elwood, Jr.	Som2c	224 296	Rec Sta Navy 140
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
X - 275 Unknown	Unknown	Unknown	31st Bomb Sq.

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. P. S. OFFICER
Unknown	<i>[Signature]</i> 1st Lt. JMC FOR JOHN R. NOLAN, 1st Lt., JMC.

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 as Unknown X-19 Plot B, Row 3, Grave 57
USN & USMC Cemetery #1, Tulagi, BSI

INSTRUCTIONS FOR BURIAL


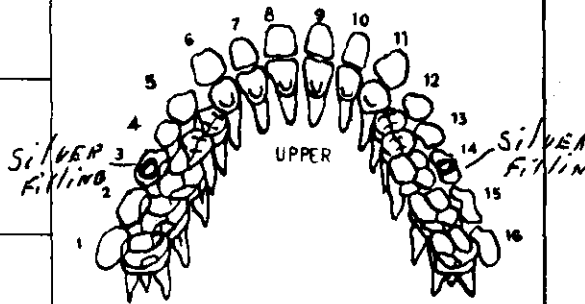




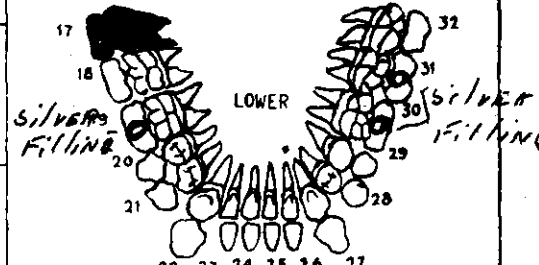
1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARK. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARK. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT FOOT 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 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.

4. 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	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  UPPER SILVER FILLING SILVER FILLING
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
	MISSING TEETH  TOOTH MISSING	
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
	BRIDGE WORK  GOLD BRIDGE	LOWER  SILVER FILLING SILVER FILLING SILVER FILLING SILVER FILLING

SKETCH AND MAP REFERENCE



RECORDS BRANCH

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

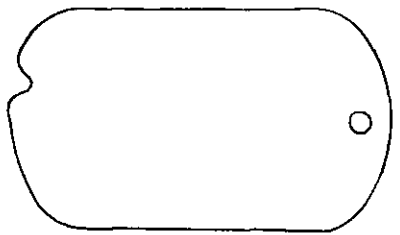
FOR MAY 1950

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

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

DATE REPORT FILLED OUT
12 October 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

X - 237 Unknown

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 BSI

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
17 Sept 45 Reburial	0920	E	170	4	Wooden Cross

TYPE OF RELIGIOUS CEREMONY
Previous Service Unknown

PERSON REPORTING BURIAL
/s/ 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)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Bush, Harold Elwood, Jr.	ScM2c	224 296	Rec Sta Navy	140

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
X-275 Unknown	Unknown	Unknown	31st Bomb Sq.	

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 as Unknown X-19 Plot B, Row 3, Grave 57
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 SILVER FILLING	CAVITIES CAVITY	MISSING TEETH TOOTH MISSING	CROWNED TEETH PORCELAIN CROWN GOLD CROWN	BRIDGE WORK GOLD BRIDGE
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TOOTH CHART ON ORIGINAL SKETCH AND MAP REFERENCE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Left Little Finger	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
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A TRUE COPY
B.A. MILLER, JR.
1st Lieut. MC

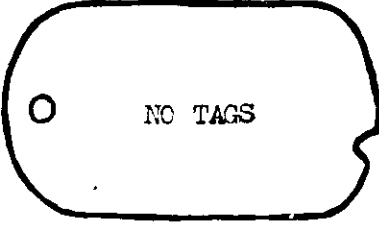


WD OMC Form 1042
Rev. 1 November 1942
(GRS 1, dated 11 May 1942
may be used until exhausted)

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

DATE REPORT FILLED OUT

11 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-19		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown	BRANCH Unknown	

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH Unknown
----------------------------------	---------------------------

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 checked="" type="checkbox"/> YES <input 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 18 Dec. 1944 (Reburial)	HOUR 0900	PLOT NO. B	ROW NO. 3	GRAVE NO. 57	GRAVE MARKER Wooden Cross
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USN & USMC CEMETERY #1 TULAGI, B.S.I.

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

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) DACKO, Henry	RANK Unknown	SERIAL NO. 311-46-10	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) GISON, Norberto E.	RANK Unknown	SERIAL NO. 420-50-39	ORGANIZATION USN

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

A-19

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
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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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

LEFT THUMB

RIGHT THUMB

FILLINGS



CAVITIES



MISSING TEETH



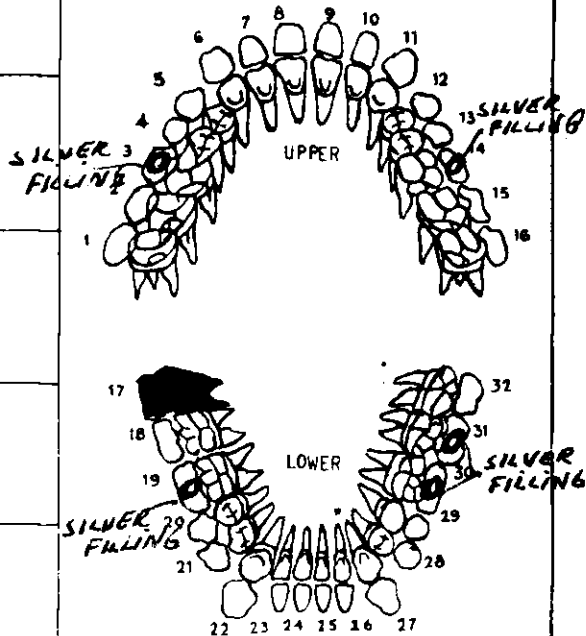
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N

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

Restricted

913

Graves Registration
Form No. 1
(Revised May 11, 1943)

SEP 22 1944

UNKNOWN X-19

Last Name	First	Initial	Serial number	Rank	Organization
Place of death		Date of death		Cause of death	
		USN & USMC CEMETERY #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		
91	3	B			

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

If identification tags that name of identification are included with the body
 Names of adjacent deceased are taken from adjoining grave markers

If no identification tags for identity definitely established, give particulars					
Body buried on	Name	Serial number	Rank	Organization	Grave number
RIGHT	Unknown	X-20			92
LEFT	Unknown	X-18			90

Name and address of **EMERGENCY SURVIVOR** Name and address of **LEGAL NEXT OF KIN**
 List only personal effects **FOUND OF BODY** and disposition of same: No records of effects

RESTRICTED

RIGHT HAND

THUMB

1

2

3

4

IF DECEASED UNIDENTIFIED
 TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 :
 3:19 43). If unable to obtain a complete set of fingerprints **TAKE**
 YOU are able

Height:

Weight:

Color of eyes:

Color of hair:

Race:

If possible, have medical personnel take a tooth chart

Is tooth chart attached?

Wear glasses?

Number of ribs:

Laundry marks:

Apparent nationality:

In space below, locate and describe any scars, birthmarks, moles,
 deformities, etc.:

Note below any identifying clues found, such as letters, photographs,
 probable organization of deceased, etc.:

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH
 OF THE LOCATION, ORIENTED WITH PERMANENT
 LANDMARKS.**

Signature of officer or other person reporting burial

W. J. Richard Meyer

W. J. Richard Meyer

DO NOT WRITE IN THESE SPACES

4

3

2

1

THUMB

LEFT HAND