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*\ . F	SECTIO	N.A.	ALVAN C	. BA	KER	DIRECTIVE NUMB	IER	***	DATE		<u></u>
1-4-4-1-1 - 1			ITION OF DECEASED)	**	8730	00000		26	1	47
NAME	4				SERIAL NU	MBER	RANK	ARM	DAY DATE OF	MONTH	YEAR
: .		7	UNKNO	NWC	x-0	00239]	1	DAY	моити	YEAR
CEMETERY				1				 		ITION OF	
GUADAL	CAN	IAL					^		0.4 S		64 ST. PT.
PLOT ROW (GRAVE	COUNTR	Y							F DEATH	<u>31. FI.</u>
E 171	:	6 50	LOMON	IS	LAN	DS	/		6		
:		Augustina -	SECTION B	— CONS		NEXT OF KIN	· · · · · · · · · · · · · · · · · · ·				
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NAME UNKNOWN	X-23	 	SERIAL NUMBER	,	RANK	DATE OF DEATH	····	DAT	E DISTINTE	RRED	
A. N. M. Ceme			al UNK	#	UNK	UNK -		İ	10::De	c. '47	
IDENTIFICATION TAG	ON	ORGANIZATION	· · · · · · · · · · · · · · · · · · ·	·		RELIGION	IDENTIFICATIO				
MARKER		•	UNK			UNK	John L Capt.			ME AND TIT	· · ·
			SECTION D — PRE	PARATI					<u> </u>	NE AND III	<u> </u>
NATURE OF BURIAL		•			CONDITIO	N OF REMAINS					
Casket			÷			Skelet					
OTHER MEANS OF IDEN	MIFICAT	TON	v				na: Fi	. ,	•		*
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						<u> </u>		Cart 15	i⊸ ₩.	1941-440 T	
MINOR DISCREPANCIES	5 2		<u>-</u>				, RAID	n.	MBER	LY "	
None ,			•		eneg .	y y S	Action 1	•	REN	AR.	
REMAINS PREPARED AN	ID PLAC	ED IN CASKET	4	•••	т	; ÷	· · · · · - · · ·				
DATE 2 July	1946	}	BY	1		* ROBERT !	W RALSTON.	EM	BALMER	<u>}</u> .	
CASKET SEALED BY		1	i	1	EMBALME	(Signature)	1/0	1	16) 11	
IRA J. V	ONK				R. W.	RALSTON	Kalut		· C	alslon	v
CASKET BOXED AND M	ARKED		*	- :	SHIPPING	ADDRESS VERIFIE	ЭВҮ				
DATE 7/1/48	ву	IRA J. VON	K		A. J.	ROBERTSON	रेगा पर	· ·	14. 19. (15.74	42	6 1-
I hereby co			regoing operatio	ns wer	re conduc	ted and accor	nplished under	my	immedia	te super	vision
·		The state of	•	•	`\		16	Í	, ,	92	
					1.	on		EMI)	OMC	' i	
	Ι.		1 .				F GRS INSPECTO	R/	- WEIL		
Propare Discre	epanc)	Report QMC	Form 1194a for t	major	discrepai	ńcies.	· (/			•
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RECORD OF CUSTODIAL TRANSFER

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FROM US ARMY MAUS NO 3	4	TO HAWN DIST & CENTER	
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y b	7. SH1	PPED	- 1
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COMGENUSARPAC FT SHAFTER TH

PRIORITY

CHARGE GRAVES WW II

FROM QMCMT REURLES SLAS ROGER ROGER ROGER TWO NINE THREE RESOLUTION OF UNIDENTIFIED REMAINS MATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWNS XRAY FOUR SIZE XRAY FOUR SEVEN XRAY FOUR BIGHT XRAY FIVE SEVEN XRAY SIX TWO XRAY SIX SHEEK XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR XRAY SIGHT FIVE XRAY MENT TWO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE ONE FOUR ABLE CMA BAK ... CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX KRAY ONE SEVEN EIGHT XXAY ONE SEVEN NINE KRAY TWO TWO ONE KRAY TWO TOW SEVEN KRAY TWO TWO EIGHT KR THREE ZERO KRAY TWO TEREE KRAY TWO THREE THREE XRAY TWO THREUNINE XIA TWO FOUR ZERO XRAY TWO FOUR EIGHT KRAY TWO FIVE SIX KRAY TWO FIVE SEVEN KRAY TWO EIGHT ZERO ABLE AND BAKER KRAY TWO NINE TWO ABLE AND BAKER XRAY TWO NIME YOUR AND XRAY THREE ZERO THREE CHA ALL OF GUADALCANAL PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UN CLASS IFIED

QMGMT 293 GRS PACIFIC

J. G. HOLLOWAY, LT COL, QMC 4 JAN 49 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.

- 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 possible compare with many persons missing, thereby precluding any individual identification.
 - 4. Acknowledgment of receipt is requested.

 FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

- l. MC Form 1044-1044b
 Bone List-Chemical
 Laboratory Findings-X-46
- 2. QMC Form 1044-1044a-1044b-Bone List-Unknown X-47
- 3. QMC Form 1044-1044a-1044b-Bone List-Unknown X-48
- 4. QMC Form 1044-1044a-1044b

 Bone List-Fluoroscopical

 Findings for Identification
 Unknown X-57

EORACE MANN Captain, AMC 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. OMC Form 1044-1044b-Bone List-Major Discrepancy X-67
- 8. QMC Form 1044-1044b-Bone List-X-70
- 9. QMC Form 1044-1044b-Bone List-X-84
- 10. CMC Form 1044-1044b-Bone List-Unknown X-85
- 11. OMC Form 1044-1044a-1044b-Bone List-Unknown X-92
- 12. CMC Form 1044-1044b-Bone List-Unknown X-115
- 13. QMC Form 1044-1044b-Bone List-Marrative-Unidentified X-114
- 14. OMC Form 1044-1044b-Bone List-Narrative X-114A
- 15. CMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
- 16. QMC Form 1044-1044b-Bone List-Marrative-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-Bons List-Narrative X-227
- 23. MC Form 1044-1044b-Bone List-Narrative-X-228
- 24. MC 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. CMC Form 1044-1044b-Bone List-X-239
- 28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
- 29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
- 30. CMC Form 1044-1044b-Bono List-X-256
- Sl. QMC Form 1044-1044b-Bone List-Unknown X-257
- 32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
- 55. QMC Form 1044-1044b-Bone List-Marrative-X-280 "B"
- 34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
- 35. QMC Form 1044-1044b-Bone List-Harrative X-292 "B"
- 36. QMC Form 1044-1044b-Bons List-Unknown X-294
- 37. QMC Form 1044-1044a-1044b-Bono List-Harrative-Unknown X-303

	•• •
1// DIDENTIF	CATION DATA
1. REMAINS OF UNKNOWN	2. DATE OF REPORT
X-239 GUADALCANAL	25 March 1948
3. NAME OF CEMETERY	4. PLOT 5. ROW 6. GRAVE 7. DATE OF
U. S. Army Mausoleum #1	Box 87 DISINTERMENT REINTERMENT
Formerly of	·
Guadalcanal	E 171 6 25 Mar '48 25 Mar '48
	CAL DESCRIPTION Age: 27 to 30 years.
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT	10. COLOR OF HAIR 11. RACE
145 lbs. 67.71	UTD · Probably White.
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FO	,
One (1) embossed metal grave marker att	tached to end of box reading: Unknown X-239,
Plot-E, Row-171, Grave-6.	•
One (1) duplicate I.D. tag reading: Unk	mown X-239.
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/	OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES!
	FICIENT IDENTIFYING DATA
1st. Lt., 1A 0-1137395 Quil 6.	Disney 14 Dec 1948.
14. MAS BODY BURNED? TO WHAT EXTENT?	
•	lower extremities.
15. WAS BODY MANGLED? TO WHAT EXTENT?	TOWOL CY OLOMI OLON
	nd lower extremities.
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE M	
Six (6) segmented sacrum, 1st coccygeal	. attached.
	·
	•
,	
	NAL EFFECTS FOUND, SHOWING THE TYPE, COLDR, SIZE, MARKINGS, such notation should be made and specimen forwarded through available in the area)

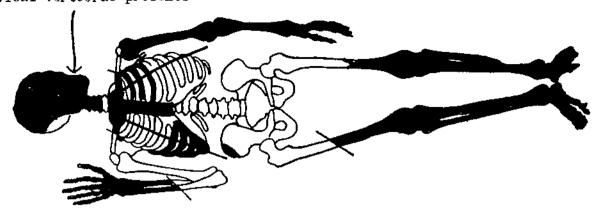
None.

Smal 27

GUADALCANAL

19. BLACK OUT PARTS OF BODY NOT REC

#3 cervical vertebrac present.



20 -

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

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE MUMBER OF THE FOLLOWING ANATOMICAL PARTS:

No extra parts.

Paul L. Gravenon. SINGSTURE OF MEDICAL OFFICER Lab Supervisor.

21. REMARKS AND ADDITIONAL INFORMATION

Picture a slender, muscular, individual of approximately 27 to 30 years of age and of average build.

The skull parts present, indicate that the head was about average in size and in all probability of an eval shape. The skull base and occipital show a prominent backhead with average occipital protuberance. The absence of facial parts precludes description.

The weight extimation given is definitely an approximation, due to the absence of necessary skeletal parts.

Fluoroscopic examination unnecessary. No teeth present.

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

SIGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPI., QMC

ENTRAL IDENTIFICATION LABORATE

Our Trumos

18 MAR 47 1044b

CENTRAL ENTIFICATION LABORATORY & CUSOLEUM BONE LIST							
NAME	\$! DE	но	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)			
SKULL		1		All missing except a portion of occipital and basilar region. Fractured.			
	CERVICAL	2		#1, 2, 4, 5 and 6 missing.			
VERTEBRAE	THORACIC	12					
	LUMB AR	5					
SACRUM		1					
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	A nontino di divina da missione due la manda			
	LEFT	1	26.0	A portion of illum is missing due to erosio			
RIBS		1.6		All fractured. 5 right and 3 left missing.			
STERNUM		0		Missing.			
CLAVICLES	RIGHT	1		Fractured midshaft 1/2 missing.			
VERTIVES	LEFT	1		Fractured midshaft 1/2 missing.			
SCAPULAE	RIGHT	1					
SCAPOLAE	LEFT	1					
HUMERI	FIGHT	1	33.5				
noneki	LEFT	0		Missing.			
RAD11				Distal half missing.			
-	LEFT	Ω	Lissing.				
ULNAE	RIGHT	1		Distal half missing.			
LEFT O				Missing.			
HANDS	RIGHT	0		Missing.			
	LEFT	0		Missing.			
FEMORA	RIGHT	1		Proximal 1/2 present, distal missing.			
	LEFT	1		Proximal 1/2 present, distal missing.			
PATELLAE	RIGHT	0		Missing.			
	LEFT	0	 	Missing.			
TIBIAE	RIGHT LEFT	0		Missing.			
 	†	0		Missing.			
FIBULAE	RIGHT LEFT	0		Missing.			
FEET	RIGHT	0		Missing.			
	LEFT	0		Missing.			
HUMERO-CLAVICULAR RATIO UTD			A PPRO)				
ESTIMATED HEIGHT 67.71			AGE 27	to 30 YEARS			
ESTIMATED WEIGHT	145]		l l	P BR RATIO UTD			
ENCLOSURE TO:	X-239 GU	JADAL		uper visor. ANTHROPOLOGIST			

<u> - ۽ - سد پ</u>

N 51 5	,•				
WD QMC FORM 1012	DEDANT AT	INTERMENT		DATE REPORT FILLED OUT	
Rev. 1 February 1945 (Supersedes form dated	REPORT OF			, · · ·	
3 van. 1945. Existing stocks may be used until exhausted.)	(TM 0-630 and	AR 30-181	(5)	12 October 1945	
For Imprint of Identification Tag	NAME (Lant, First, Mide	dle Initial)			
	Unknown X-239				
\	RANK	SERIAL NUMBE		COUNTRY	
	Unknown	Unk	nown	Unknown	
\	ORGANIZATION	t	BRANCH Unknow	m	
/	RACE	RELIGION	QIRIO.	DATE OF DEATH	
	Unknown	Unkno	wn	Unknown	
PLACE OF DEATH		CAUSE OF DEA	тн		
•					
Tulagi, BSI			Unknown	TO LOCAL TO LOCAL TO	
IDENTIFICATION TAGS FOUND ON BODY	(TXT) NONE		Fication (MGS, Ut fication Carda, L	HER MEANS USED TO IDENTIFY	
DISPOSITION OF SUBSTITUTE TAGS, IF		-			
brondstyrok dr. dospitriote rade, in	1,722				
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE			
TES TES	F NO	TES NO			
LIST ANATOMICAL CHARACTERISTICS A	ND OTHER DATA IF FINGERP	RINTS CANNOT	BE TAKEN.		
,					
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF	SAME.			
	•				
	No personal	ellects lo	und.		
·					
	•				
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF E	MERGENCY ADDRESSE	ξ	
Unknown		Un	known		
NAME, NUMBER AND LOCATION OF CEME	_				
Army, Navy, Marine Cemete	ery, Guadalcanal, .	BSI GRAVE NO.	GRAVE MAR	K F R	
Reburial HOUR P Reburial 0925	E 171	6		n Cross	
TYPE OF RELIGIOUS CEREMONY		PERSON REPOR			
Previous Service Unknown		/s/ T/	5 William H.	Tussey	
IDENTIFICATION TAGS BURIED WITH B		ATTACHED TO		TES TO NO	
IF IDENTIFICATION TAGS NOT PRESEN	T, WHAT OTHER IDENTIFICA	ATION DATA BUS	SEED WITH BODY AND) IN WHAT KIND OF CONTAINERS	
	DICC DUCKED CLTUCK CLOC	/6 B	h a sa Paragasi	· · · · · · · · · · · · · · · · · · ·	
BODY ON LEFT, NAME (Last, First,	DIES BURIED EITHER SIDE		SERIAL NO.	ORGANIZATION GRAVE NO.	
Compass, January W.	ŕ	Pvt	38655233	161st Port Co.	
BODY ON RIGHT, NAME (Last, First.	Middle Initial)	RANK	SERIAL NO.	ORGANIZATION GRAVE NO.	
Pettit, Edward G.		Arm 2/c	707 76 81	VT-305 USNR	
PERSON CONDUCTING BURIAL RITES		1	G. R. S. OFFICER		
Unknown			_	ole) 1st Lt.,QMC	
İ		/t/ FOR JOHN R. NOLAN, 1st Lt., QMC			

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 CAGUALTY 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-21 Plot B, Row 3, Grave 61, USN & USNE Cometery #1, Tulagi, BSI

_	Τ	INCTDUCTIONS FOR BUSIN	_
E _		INSTRUCTIONS FOR BURLAL	
Left ttle Finger		1: PREPARATION OF BODY, BURIAL, AND MARKINGS OF by a member of the medical detachment and attach BMT 52b. ReDress body when proctical and bury in a suitable shroud, feet; in hasty burials, to sufficient depth to prevent demidentity. Place only one body in a grave. Remove one iden grave marker. Leave other tag on body in protected positimake a notation of identifying data in duplicate on form; place on the supplication of identifying data in duplicate on form; place and the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplication of the supplica	move all personal property. Dig grave to depth of five truction of body or loss of tification tag and attach to on. If no tag is present
Left Ring Fingér	When unidenti	teen, spent shell or other available container, bury one wi (1) foot below grave marker. When marking the grave, fast porary name peg and place at head of grave, if no tag is av data on marker. When pegs are not available, use other sui identify grave as a military burial. If body is unidentif both hands or those remaining fingers. If none are available, and note:	th remains and the other one, en identification tag to tem- ailable, write identifying table means to unmistakably ied, take fingerprints of
Middle	fied.	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHM	ARKS, SCARS OR TATTOOS
Left le Finger	take thum	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE	BODY WAS BURIED
Left Index Finger	umb and fing	a 2. LOCATION OF GRAVE: Report burials in established and grave number (or show on cemetery map). For all other space provided below: and give location by means of map reference prominent permanent landmarks. Information must be specifical foot of grave facing head to determine bodies buried to	burials prepare sketch in erences, or by reference to coccurate, complete, Stand the left and right.
	erprint	3. PERSONAL EFFECTS: List only personal effects to ial Report Form. Place these with information as to ident emergency addressee in personal effects bag, or wrap in ham available material and turn over to Grave Registration Serport of Death. Government property is not to be included in	ity of owner, organization Skerchief, towel, or other vice Personnel, with Re-
Thumb	of both	to be turned into salvage collection point. The condition of each and every tooth will be inchart, in accordance with diagram. FILLINGS SILVER FILLING	
Right Thumb	hands - if thi	CAVITIES CAVITY DECAYED	UPPER UPPER "
Right Index Finger	s is not poss	MISSING TEETH TOOTH MISSING DIAGRAM REPRES	SENTS THE MOUTH WIDE OPEN
Right Middle Finger	ible fill i	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 19 BRIDGE WORK	1.0WER 30 30 29
Ring B	n tooth	GOLD BRIDGE	54111 5 0,2 0000 0
Right ng Finger	chart.	SKETCH AND MAP REFERENCE A TRUE COPY	<u> </u>
Right Little Finger		E.A. Miller Jr.	
		lst Lt.,QMC	

4	₹ 			•	, , , , , , , , , , , , , , , , , , ,	,	9215
WD QMC Form 1002 Rev. 1 November 1948 (GRS 1, dated 1 May may be used until ex	1942		RT OF INT 638 and AR		CAI	775	REPORT FILLED OUT > - October 1945
FOR IMPRINT OF IDENT	FICATION TAG	NAME (Last, I	irst, Midd	le Initial)	~	1 .	
			wn X -	- -		ey	<u> </u>
	\	RANK Unkno	wn .	SERIAL HUMBER COUNTRY UNKNOWN INK			inkn e vn
10	ζ,	ORGANIZATION	Unkn	own	BRANCH	IJr	nknówn
		RACE Unkn	own	RELIGION	nknown		OF DEATH
PLACE OF DEATH	<u> </u>	<u> </u>		CAUSE OF DEAT		<u> </u>	
Tulag	gi, B.S.I.				Unknown		
IDENTIFICATION TAGS 1 DISPOSITION OF SUBST	2	TADE NONE		IF NO IDENTIF BODY (identif	TCATION TAGS, O	THER MEANS Letters, e	USED TO IDENTIFY
COMPLETE FINGERPRINT			RSE	COMPLETE TOOT	H CHART ON REVE		
LIST ANATOMICAL CHAR	YES ACTERISTICS AND		FINGERPRI	NTS CANNOT BE			<u> </u>
LIST OF PERSONAL EFF	ECTS FOUND ON BO	DDY AND DISPO	SITION OF S	AME		_	
		No p	ersonal	effects fo	und.	-	
NAME OF EMERGENCY AD	DRESSEE		/- -	ADDRESS OF EM	ERGENCY ADDRESS	EE	
Unknov	nn .				Unknown		
	MUNID	PLOT NO.	,	GRAVE NO.	MD MAP REFERENCE GRAVE MARKER	ES ON REVE	RSE
17 Sept 45 Reburial	0925	E	ROW NO. 171 Army Na	6	Wooden Cros Cemetery Gu		al peT
TYPE OF RELIGIOUS CE	remony s Service Un	ıknown	A-my A-	PERSON REPORT		7/. Z	usaul
IDENTIFICATION TAGS IF IDENTIFICATION TA			35X NO DENTIFICATI	ATTACHED TO N		YES IN WHAT KI	ND OF CONTAINERS.
-	BODII	S BURIED EIT	HER SIDE (S	ee Paragraph 4	on Reverse)		
BODY ON LEFT, NAME (Compass, Jan	Last, First, Mic			RANK Pvt	SER IAL NO. 38655233		nization Lst Port Co.
BODY ON RIGHT, NAME Pettit, Edwar	(Last, First, Mi	iddle Initial)	RANK Arm 2/c	SERIAL NO. 707 76 8	ORGA	NIZATION -305 USNR
PERSON CONDUCTING BU				VERIFIED BY G. R. R. OFFICER			
· τ	Jnknown .		. /	JOHN R	NOLAN, lst	t Lt., (SINC .
TIONAL COPY FOR ALLI VICE. GRAVES REGIST HEADQUARTERS(TO BE TION OFFICER OF THAT	ED AND ENEMY DEA RATION SERVICE N CHECKED AGAINST HEADQUARTERS)	ND. SIGN ALL VILL FORWARD CASUALTY REP TO BASE SECT Previous	COPIES. S THE ORIGINA ORTS AND AL TON GRAVES Ly burioc	UBMIT REPORT T L AND TWO COPI LIED PAPERS AN REGISTRATION S L AS UNKNOV	O NEAREST MEMBE LES THROUGH AT L NO ALL COPIES VE SERVICE OFFICER. FD X-21 Plot	R OF GRAVE LEAST ONE H RIFLED BY B. B. ROW	S. DEAD, ONE ADDI- IS REGISTRATION SER- HIGHER ADMINISTRATIVE THE GRAVES REGISTRA-
OVER FOR BURIAL INST	KAC11083	- 白雪的 表 田野	w: Cometa	וויון בע קדידם	legil R.S.T.		

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		INSTRUCTIONS FOR BURNL	` -
.		1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY E.	
-		BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PR 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 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 ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPE	
[25 3	AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BEL	OW GRAVE MARKER.
	程 差 意	OF GRAVE. IF THO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN	PEGS ARE NOT A-
2	BRANC 2T PM	VALLABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MI BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING I	
ļ.	**************************************	ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE: HEIGHT DWEIGHT COLOR OF FYES COLOR OF HAIR BIRTHMARKS, SCARS	4
Ŀ	,-G		OR TATTOOS
}	ECON LECON	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BUT	RIED
	문문 중 또		
ω .		2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY	
•	1	VIDED BELOW: AND GIVE LOCATION BY MEANS OF MAP REFERENCES. OR BY REFERENCE	TO PROMINENT
	Aug lig	PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE.	STAND AT FOUL OF
}	,	9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY OF PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZ	
	•	ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTH ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT O	ER AVAILABLE MAT -
· A ·		MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURN	
-		COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHAR	T. INACCORDANCE
<u> </u>		5 WITH DIAGRAM.	
AE L		FILLINGS SILVER FILLING DIAGRAM REPRESENTS THE	MOUTH WIDE OPEN
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MD ONC FORM 1082 DATE REPORT FILLED OUT Rev. 1 November 1942 REPORT OF INTERMENT (GRS 1, dated .11 May 1942 may be used until exhausted} (TM | 0-639 and AR 30-1815) 11 April 1945 FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) UNIDENTIFIED HODY X-21 SERIAL NUMBER COUNTRY RANK Unknown Unknown Unknown NO TAGS 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.) XX NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE C YES CECC NO T YES Second 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 PLOT NO. GRAVE NO. ROW NO. GRAVE MARKER 18 Dec. 1944 0900 В 61 Wooden Cross USN & USNC CÉMETERY #1 TULAGI. B.S.I. (Reburial) TYPE OF RELIGIOUS CEREMONY PERSON REPORTING SURLAL Previous Service Unknown ATTACHED TO MARKER IDENTIFICATION TAGS BURIED WITH BODY THE YES TO NO] YES // (322) 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 PASTRE, Raymond H. Unknown 622-17-39 USN BODY ON RIGHT, NAME (Last, First, Middle Initial) ORGANIZATION RANK SERIAL NO. MAVIS, George G. USN Unk<u>nown</u> 382-91-77 PERSON CONDUCTING BURIAL RITES VERIFIED BY G. R. S. OFFICER OHN R. NOLAN Unknown 1st Lt., QMC INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1 GRS IN QUADRUPLICATE FOR LL S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SER-VICE. 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 REGISTRA-TION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER. OVER FOR BURIAL INSTRUCTIONS

Arch 21

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	INSTRUCTIONS FOR BOOK
	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEM 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 FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER
2	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. BOOY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NOW ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:
= = = = = = = = = = = = = = = = = = = =	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS
ω	. 2. LOCATION OF GRAVE: REPORT BURIALS IN ESPABLISHED 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.
And of any	9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL RE- PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG. OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MAY ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERN- MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDANCE
7_	WITH DIAGRAM.
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RIGHT THUMB	DECAVED UPPER 15
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	SKETCH AND MAP REFERENCE
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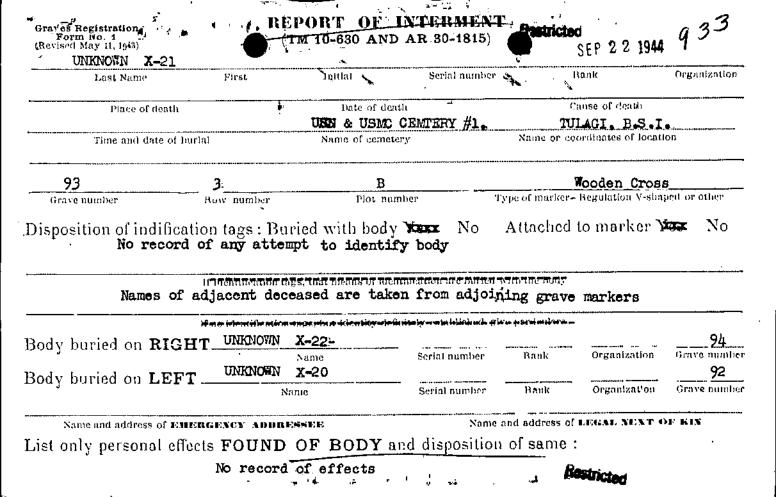
25-13449-50W

WD QMC Form 1042 Rev. 1 hovember 1942 (GRS 1, dated 11 May 1942 may be used until exhausted) REPORT OF ERMENT (TM 10-630 and AR 30-1815) FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) SERIAL NUMBER Unknown o NO TAGS ORGANIZATION RELIGION DATE OF DEATH Unknown Unknown CAUSE OF DEATH PLACE 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.) 1 2 DOT NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGER PRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE PAGE NO NO 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 IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE ROW NO. GRAVE NO. PLOT NO. 18 Dec. 1944 HOUR 0900 B 3 61 Wooden Cross
USN & USNC CEMETERY #1 TULAGI, BAS.I.
PERSON REPORTING BURIAL (Reburial) TYPE OF RELIGIOUS CEREMONY Previous Service Unknown IDENTIFICATION TAGS SURIED WITH BODY TYPES TO ATTACHED TO MARKER THE TYPES TO 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 & on Reverse) BODY ON LEFT, NAME (Last, First, Middle Initial) SERIAL NO. PASTRE, Raymond H. Unknown MAVIS. George C. SERIAL NO. 382-91-77 RANK ORGANIZATION Unknown 382-91-7 PERSON CONDUCTING BURIAL RITES Unknown 1st Lt., QMC INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OME FORM 1 GRS IN QUADRUPLICATE FOR IL 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 ADMINISTRATIVINEADQUARTERS (TO BE CHECKED AGAINST CASULATY REPORTS AND ALLIED PARTS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

And 21

OVER FOR BURIAL INSTRUCTIONS



1		IĘ DECEASED UNIDENTIFIED		
	*	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/10/43). 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.		
	s	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rife: Color of hair: Wear glasses? Race: Laundry marks: Number of rife: Wear glasses?		*#
		(if possible, have medical personnel take a tooth chara)		— <u>,</u>
H LANT	16	In space below, locate and describe any scars, birthmarks, moles, deformities, elec-	•-	2
HAND		Note below any identifying class found, such as letters, photographs, probable organization of deceased, etc.:	*, *,	
•	UNCOH!	of the location, oriented with permanent Landmarks. Signature of officer or other person reporting burbal.	* ** *	THUMB
Æ.	1 343	JOHN T.VORTERNART LESS LIFEOT QUO		,