

382

382 CAM



NATIONAL MEMORIAL CEMETERY OF THE PACIFIC
 Interred 3 February 1949
 C 1069 *Chas C B...* - Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **ALVAN C. BAKER**
 DIRECTIVE NUMBER: **8730 00000**
 DATE: **26 09 47**
DAY MONTH YEAR

NAME: **UNKNOWN X0000240** SERIAL NUMBER: **UNKNOWN X0000240** RANK: **Q** ARM: **Q** DATE OF DEATH: **DAY MONTH YEAR**

CEMETERY: **GUADALCANAL** DISPOSITION OF REMAINS: **0492 64**
CODE DIST. PT.

PLOT: **E169** ROW: **B** GRAVE: **B** 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:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-240** SERIAL NUMBER: **UNK** RANK: **UNK** DATE OF DEATH: **UNK** DATE DISINTERRED: **10 Dec. '47**

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNK** RELIGION: **UNK** IDENTIFICATION VERIFIED BY: **A. J. Robertson Emb.** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Casket** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION: **Grave marker**
FILE
18 MAY 1949
REPATRIATION

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET:

DATE **2 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: **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 QRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM **U S ARMY MAUS NO 3** TO **HAWAII DIST CENTER**

KIND OF CONVEYANCE **TRUCK** NAME OF CONVOYER

SIGNATURE OF SHIPPER *[Signature]* DATE **JAN 1948** SIGNATURE OF RECEIVER *[Signature]* DATE

JAMES B HARRIS
CAPTAIN Q M G

2. SHIPPED

FROM TO

KIND OF CONVEYANCE NAME OF CONVOYER

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

3. SHIPPED

FROM TO

KIND OF CONVEYANCE NAME OF CONVOYER

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

4. SHIPPED

FROM TO

KIND OF CONVEYANCE NAME OF CONVOYER

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

5. SHIPPED

FROM TO

KIND OF CONVEYANCE **(BY ADMINISTRATIVE ORDER)** NAME OF CONVOYER

SIGNATURE OF SHIPPER **GENERAL** DATE SIGNATURE OF RECEIVER DATE

6. SHIPPED

FROM **ETC S 200000 125 1002** TO

KIND OF CONVEYANCE NAME OF CONVOYER

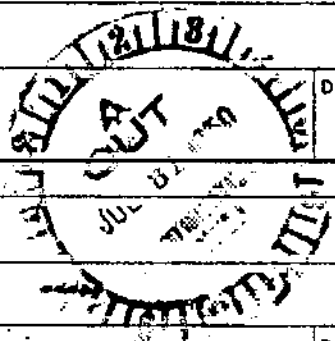
SIGNATURE OF SHIPPER *[Signature]* DATE SIGNATURE OF RECEIVER DATE

7. SHIPPED

FROM TO

KIND OF CONVEYANCE NAME OF CONVOYER

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE



293 Unk. Guadalcanal X-240p

OFFICE 882.5
Kansas City

11 March 1949

SUBJECT: Identification Status of Unknown Decedents

TO: Commanding Officer
Quartermaster Activities
Kansas City Records Center (AGO)
Kansas City 1, Missouri
ATTENTION: Effects Quartermaster

1. Reference is made to recent correspondence, your Bureau, regarding the following listed Unknowns:

- X- 22, British Solomon Islands, Tulagi, #1
- X- 24, British Solomon Islands, Tulagi, #1
- X- 275, France, St. Andre
- X- 245, Holland, Margraten
- X- 678, Holland, Margraten
- X- 825, Holland, Margraten
- X- 71, Luxembourg, Hamm
- X- 302, Luxembourg, Hamm
- X- 317, Luxembourg, Hamm
- X-5120, Tunisia, Tunis.

2. Records this office indicate the above listed decedents have not been officially identified.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:
Corres re 10 Unks a/s

G. ROMAINE
Lt. Colonel, GIC
Field Service Division

293 Unk. X-240p
Integ. 891

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 557216

HOC/ELM/nc
31 January 1949
DATE

SUBJECT: Disposal of Personal Effects

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. Personal effects found on remains interred as Unknown X-22

Plot Unk, Row _____, Grave _____, USMC 41, Tulagi,

BST have been held at this Bureau as of 10 September 1945

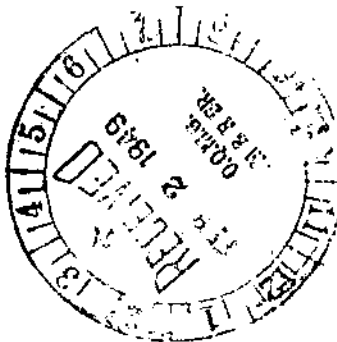
2. Bureau inspection of the effects has been made and the following description furnished for reference:

One ring with set missing, and no initials

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



46
299
Unknown X-22
(Tulagi) Mutual
Belmont

COMGENUSARPAC FT SHAFTER TH

PRIORITY

X

CHARLES GRAVES WW II

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

UNKNOWN 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 UNKNOWN AS UNIDENTIFIABLE

UNCLASSIFIED

QMGMT 293
GRS PACIFIC

4 JAN 49

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

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

HRREC 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

WAR DEPARTMENT
The Adjutant General's Office
Washington 25, D. C.

C
O
P
Y

AGPC-S 704 (22 May 45)

TJH/SFW/jfa/4602

22 May 1945

SUBJECT: Identification of Unknown Deceased.
TO: The Quartermaster General, Washington, 25, D. C.
ATTENTION: Chief, Registration and Planning Branch.
Room 1100, Temporary Building C.

1. Attached are copies of WDAGO Form No. 54 "Inventory of Effects" for the following unidentified deceased.

<u>No.</u>	<u>Place of Death</u>	<u>Date of Death</u>
X-11	Tulagi	
X-22	Tulagi	
X-24	Tulagi	
X-146	Guadalcanal	29 Jan 45
X-158	Guadalcanal	
X-163	Guadalcanal	29 Jan 45

2. In the event identification is established of these unknowns, it is requested that the name and serial number of the deceased be inserted on the forms which should then be returned to this office for file.

FOR THE ADJUTANT GENERAL:

JOHN T. BURNS
Major, AGD,
Officer in Charge,
Status Review and
Determination Section.

6 Incls 6 WDAGO Forms 54

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-240 Guadalcanal				2. DATE OF REPORT 26 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT E	5. ROW B 169	6. GRAVE 12 8	7. DATE OF DISINTERMENT 25 Mar '48	REINTERMENT 26 Mar '48

PHYSICAL DESCRIPTION Age 23 to 25 years.

8. ESTIMATED WEIGHT 165 to 170 lbs.	9. ESTIMATED HEIGHT 178-70.08-5' 10"	10. COLOR OF HAIR U. T. D.	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown X-240. Died _____ Plot-E, Row-169, Grave-8.

One (1) duplicate I. D. tag reads: Unknown X-240.

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

None

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DRINEY
1st Lt., RA O-1137395 *Cyril C. Driney* 14 Dec 1948

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Most bones fractured.
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

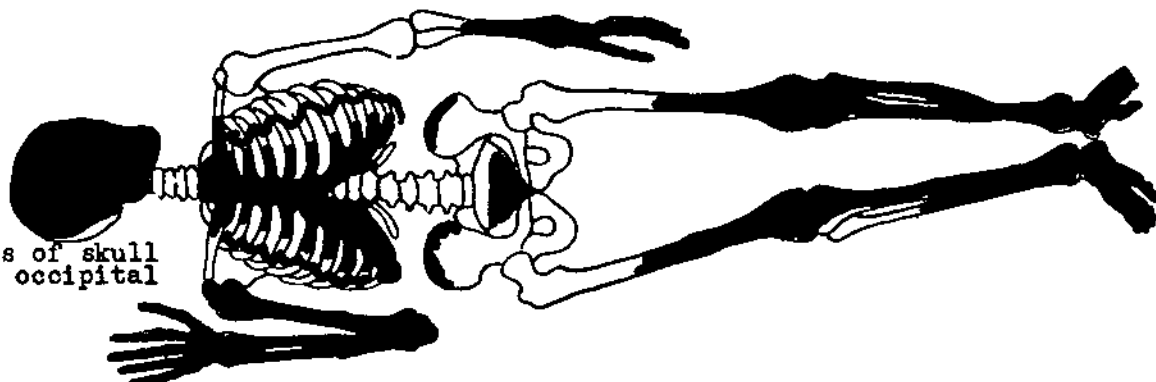
None

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. 28

19. BLACK OUT PARTS OF BODY NOT RECORDED

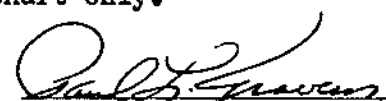


Fragments of skull base and occipital bone.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

- Two (2) left humeri, lower half missing.
- One (1) right radii, lower half missing.
- One (1) right ulnae, lower half missing.
- One (1) left fibulae, distal half of shaft only.
- One (1) right scapulae.


Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

A single long bone measurement suggests that the man was approximately 5' 10" tall and weighed between 165 to 170 lbs. Lack of skull parts and fragmentary condition of the remains prevents further description.

The extra parts listed in paragraph #20 were assigned C.I.L. X-633.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
C. W. GREENWOOD, CAPT., QMC

SIGNATURE


**CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957**



CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fractured - fragment of skull base and occipital bone.
VERTEBRAE	CERVICAL	6		One missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		Fractured-upper portion present only.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM approx 26.5	Crest of ilium missing.
	LEFT	1		" " " "
RIBS		24		Fractured.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Sternal third missing.
	LEFT	1		Sternal half missing.
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	1	34.7	
RADII	RIGHT	0		Missing.
	LEFT	1		Fractured, lower 2/3 missing.
ULNAE	RIGHT	0		Missing.
	LEFT	1		Fractured, midshaft, lower missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1		Fractured, lower half missing.
	LEFT	1		" " " "
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1		Fragment only.
	LEFT	1		" "
FIBULAE	RIGHT	1		Proximal half only present.
	LEFT	0		Missing.
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO	U. T. D.	APPROXIMATE
ESTIMATED HEIGHT	178 70.08 5' 10"	AGE 23 to 25 YEARS
ESTIMATED WEIGHT	165 to 170 lbs.	LEG-HIP BR RATIO U. T. D.


 Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-240 Guadalcanal

Central Identification Laboratory

26 March 1948

NARRATIVE

The remains known as X-240, Plot-E, Row-169, Grave-8 Guadalcanal, were completely processed and were found to contain the following extra parts:

Two (2) left humerii,
One (1) right radii,
One (1) right ulna,
One (1) left fibula,
One (1) right scapula.

A check was made on X-239, and X-241, Guadalcanal in an attempt to absorb the extra bones listed above but no association could be made and the extra parts were catalogued as C. I. L. X-633.

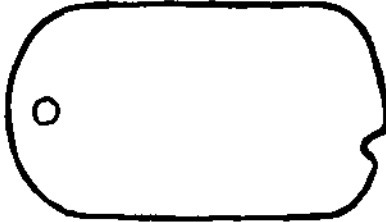
9215

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
12 October 1945

FOR IMPRINTS OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown - 240

RANK	SERIAL NUMBER	COUNTRY
Unknown	Unknown	Unknown
ORGANIZATION	BRANCH	DATE OF DEATH
Unknown	Unknown	Unknown
RACE	RELIGION	
Unknown	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

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

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
(Reburial) 17 Sept 45	0920	Army Navy Marine E	169	8	Cemetery Guadalcanal B.S.I. Wooden Cross

TYPE OF RELIGIOUS CEREMONY
Previous Service Unknown

PERSON REPORTING BURIAL
T-5 William A. Tracy

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 8 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
UnknownX - 266	Unknown	Unknown	U.S.S. LaVallette
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Unknowny - 265	Unknown	Unknown	U.S.S. LaVallette

PERSON CONDUCTING BURIAL RITES
Unknown

VERIFIED BY G. R. S. OFFICER
[Signature]
1st Lt OMC
FOR 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 as Unknown X-22, Plot B, Row 3, Grave 63
USN & USMC Cemetery #1, Tulagi B.S.I.

INSTRUCTIONS FOR BURIAL


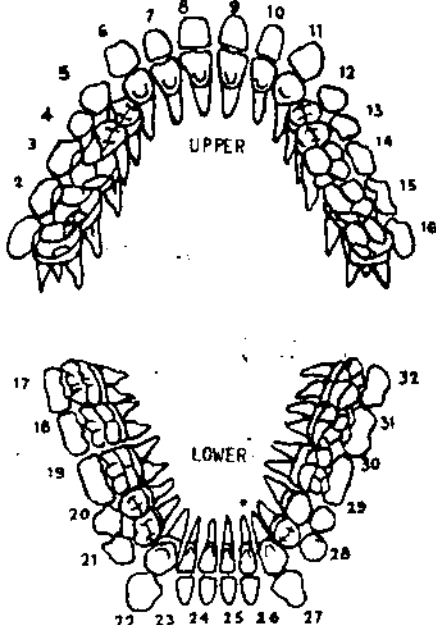




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 520. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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

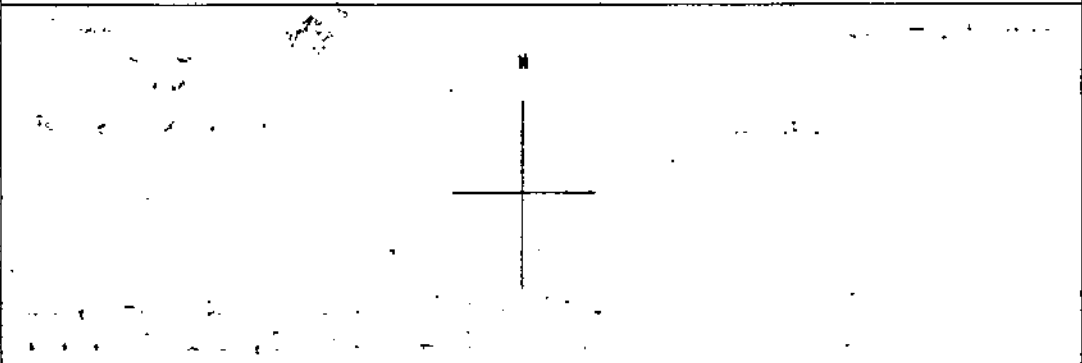
2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, 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.

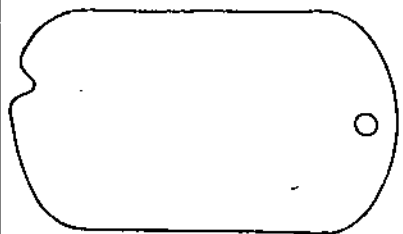
LEFT THUMB FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
RIGHT THUMB CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

SKETCH AND MAP REFERENCE



RECORDS SECTION AND
 RECORDS BRANCH
 NOV 27 12 26 PM '46
 MEMORIAL DIVISION

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

For Imprint of Identification Tag 	NAME (Last, First, Middle Initial) Unknown X-240		
	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 <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
--	---

NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL (Reburial) 17 Sept 45	HOUR 0920	PLOT NO. E	ROW NO. 169	GRAVE NO. 8	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 <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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Unknown X-266	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION U.S.S. LaVallette	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-265	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION U.S.S. LaVallette	GRAVE NO.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall 1st Lt. OMC for /t/ JOHN R. NOLAN, 1st Lt., OMC
---	--

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

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE 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-22, Plot B, Row 3, Grave 63
 USN & USMC Cemetery #1, Tulagi B.S.I.

INSTRUCTIONS FOR BURIAL


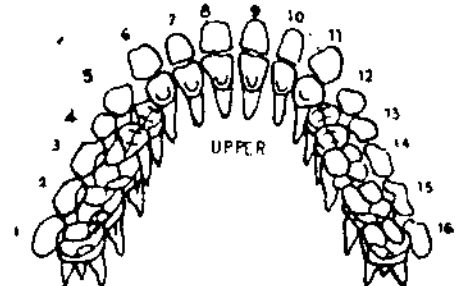
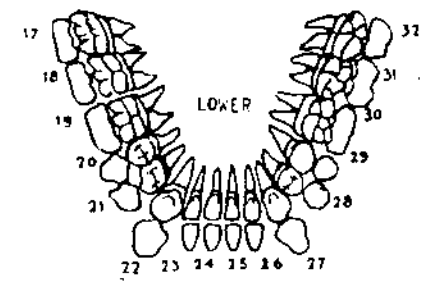




1. **PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent 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 address 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.

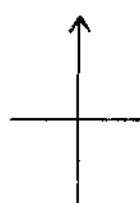
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

SKETCH AND MAP REFERENCE

A TRUE COPY:

[Signature]

E.A. Miller, Sr.,
1st Lieut. QMC



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				

DD FORM 1302
Rev. 1 November 1942
(GRS 1, dated 11 May 1942
may be used until exhausted)

REPORT OF INTERMENT
(TM 10-639 and AR 30-1815)

DATE REPORT FILLED OUT

11 April 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)



UNIDENTIFIED BODY X-22

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

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

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
18 Dec. 1944 (Reburial)	0900	B	3	63	Wooden Cross

USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

Sgt. Richard J. Meyer

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 4 on Reverse)

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

MAVIS, George C.

RANK

Unknown

SERIAL NO.

382-91-77

ORGANIZATION

USN

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

COBB, James M.

RANK

Unknown

SERIAL NO.

648-21-02

ORGANIZATION

USN

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John R. Nolan
JOHN R. NOLAN
1st Lt., QMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC 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

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 520. 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 ID ENTIFYING 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

LEFT THUMB

RIGHT THUMB

FILLINGS



SILVER FILLING
GOLD FILLING

CAVITIES



CAVITY
DECAYED

MISSING TEETH



TOOTH MISSING

CROWNED TEETH



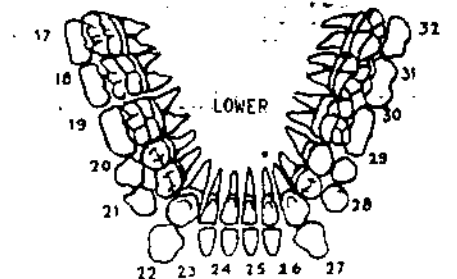
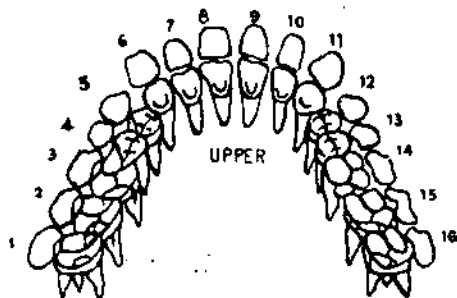
PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK



GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N



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

REPORT OF INTERMENT

FM 10-630 AND AR 39-1815

Restricted

944

SEP 22 1944

UNKNOWN	X-22					
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	

94	4	B	Wooden Cross
Grave number	Row number	Plot number	Type of marker - Regulation V-shaped or other

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

Identification tags and means of identification associated with the body

Names of adjacent deceased are taken from adjoining grave markers

If no identification tags and identity definitely established, give particulars

Body buried on RIGHT	UNKNOWN	X-23				95
	Name	Serial number	Rank	Organization	Grave number	

Body buried on LEFT	UNKNOWN	X-21				93
	Name	Serial number	Rank	Organization	Grave number	

Name and address of EMERGENCY ADDRESSEE

Name and address of LEGAL NEXT OF KIN

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

No record of effects

Restricted

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 THOSE YOU CAN**, and fill in as many of the following as you are able.

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

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

JOHN L. STEWART 1st Lt., QMC

INDEX LEFT HAND

THUMB

4

3

2

1

4

3

2

1

THUMB

INDEX RIGHT HAND

CONFIDENTIAL

INVENTORY OF EFFECTS - AR 600-550

1. LAST NAME - FIRST NAME - MIDDLE INITIAL UNIDENTIFIED BODY X-22		2. ARMY SERIAL NUMBER	3. GRADE	4. DATE OF DEATH
---	--	-----------------------	----------	------------------

5. ORGANIZATION OF DECEASED (Assigned)	6. PLACE OF DEATH Tulagi
--	------------------------------------

7. CLASS I EFFECTS - SABER, INSIGNIA, DECORATIONS, MEDALS, CAMPAIGN CITATIONS, MATCHES, MANUSCRIPTS AND OTHER ARTICLES VALUABLE CHIEFLY AS KEEPSAKES. (If necessary Class I Effects may be included and listed under 8.)

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
1	One Ring //////////////////////////////////Last Item//////////////////////////////////		

8. CLASS II EFFECTS - MONEY, BANK DRAFTS, CHECKS, MONEY ORDERS, PERSONAL EFFECTS, BILLFOLD ETC.

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
	//////////////////////////////////Nothing//////////////////////////////////		

ENTER TOTAL AMOUNT OF CASH OR EQUIVALENT HERE

FOR USE OF IMMEDIATE COMMANDING OFFICER OF ORGANIZATION SECURING EFFECTS

9. CHECK HERE IF EFFECTS SENT TO THE EFFECTS QUARTERMASTER, ARMY EFFECTS BUREAU, KANSAS CITY QUARTERMASTER DEPOT, KANSAS CITY, MO.
NOTE: DO NOT SEND PERSONAL EFFECTS OF PERSONNEL DECEASED WITHIN THE UNITED STATES TO THE EFFECTS QUARTERMASTER.

YES

11. I CERTIFY THAT THE FOREGOING INVENTORY COMPRISES ALL THE EFFECTS OF ABOVE NAMED DECEASED.

John R. Nolan
SIGNATURE

10. EFFECTS ARE TO BE DELIVERED OR SHIPPED IN ACCORDANCE WITH A.M. 112
IF EFFECTS DELIVERED TO LEGAL REPRESENTATIVE MAKE ENTRIES HERE.

NAME

ADDRESS

CITY AND STATE

DATE DELIVERED

NAME AND GRADE
JOHN R. NOLAN, 1st Lt. QMC

ORGANIZATION
109th QM (GR) Platoon

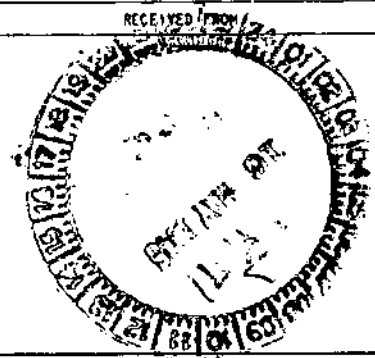
12. SIGNATURE OF RECIPIENT OR SUMMARY COURT OFFICER

CONFIDENTIAL

REPORT OF SUMMARY COURT - AR 600-550

13. THE FOLLOWING AMOUNTS DUE THE ESTATE OF THE DECEASED WERE COLLECTED

DATE	AMOUNT	RECEIVED FROM	DATE	AMOUNT	RECEIVED FROM
	\$			\$	
TOTAL					



14. THE FOLLOWING CLAIMS AGAINST THE ESTATE OF THE DECEASED WERE PAID

DATE	AMOUNT	PAID TO	DATE	AMOUNT	PAID TO
	\$			\$	
TOTAL					

15. OTHER TRANSACTIONS, INCLUDING SALE OF EFFECTS. REPORT EACH TRANSACTION IN DETAIL (See AR 600-550). NOTE: STOCKS, BONDS AND OTHER COMMERCIAL PAPER WILL NOT BE CONVERTED INTO CASH, BUT SENT TO THE ADJUTANT GENERAL WITH THIS REPORT IN CASE OF DOMESTIC DECEASE. FOR OVERSEAS CASUALTIES THESE EFFECTS WILL BE SENT TO THE EFFECTS QUARTERMASTER.

ENTER AMOUNT OF MONEY REALIZED FROM SALE OF EFFECTS HERE IN WORDS AND FIGURES.

16. RECEIPT FOR FUNDS
 PROCEEDS OF SALE OF PROPERTY OF DECEASED MILITARY PERSONNEL (AR 600-550)
(Normally not to be used for overseas casualties under Par. 16, W.D. Circular 193, 1943. Send Check to Effects Quartermaster.)

APPROPRIATION TO BE CREDITED BY DISBURSING OFFICER	AMOUNT (In words and figures) DEPOSITED WITH DISBURSING OFFICER
DATE, ORGANIZATION AND LOCATION OF DISBURSING OFFICER	SIGNATURE AND TYPED NAME AND GRADE OF DISBURSING OFFICER
17. DATE APPROVED BY COMMANDING OFFICER	18. DATE AND LOCATION
SIGNATURE OF COMMANDING OFFICER	SIGNATURE OF SUMMARY COURT OFFICER
TYPED NAME AND GRADE	TYPED NAME, GRADE AND ORGANIZATION