

136

BHR

NATIONAL MEMORIAL CEMETERY

OF THE PACIFIC

Interred 7 February 1949  
B 1042

### DISINTERMENT DIRECTIVE

- Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

ALVAN C. BAKER

DIRECTIVE NUMBER  
8730 00000

DATE  
26 09 47  
DAY MONTH YEAR

NAME  
UNKNOWN X-000241

SERIAL NUMBER  
X-000241

RANK

ARM  
8  
DATE OF DEATH

CEMETERY  
GUADALCANAL

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
E 154 6 SOLOMON ISLANDS

CAUSE OF DEATH  
6

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-241	UNK	UNK	UNK	22 Nov. '47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNK	RELIGION UNK	IDENTIFICATION VERIFIED BY Lt. Clark NAME AND TITLE	

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION  
One(1) Sub ID tag: One (1) Mortuary tag.

**FILE**  
16 MAY 1949

MINOR DISCREPANCIES /  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 6 July 1948 BY L. A. JONES, EMBALMER

CASKET SEALED BY  
G. D. MEEK

EMBALMER (Signature)  
L. A. JONES

CASKET BOXED AND MARKED  
DATE 7/1/48 BY G. D. MEEK

SHIPPING ADDRESS VERIFIED BY  
T. P. MADINE

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. McManary*  
WILLIAM A. MCMANARY

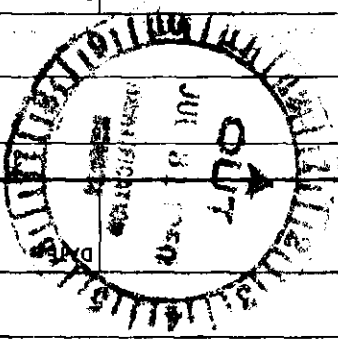
SIGNATURE OF GRS INSPECTOR

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

*Wm*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	U S ARMY MAUS NO 3
TO		TO	AVEN DIST CENTER
NAME OF CONVOYER		TRUCK	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER JOHN L MORPHY	
DATE	DATE	DATE	
2. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	
3. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	
4. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	
5. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	
6. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	
7. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	
8. SHIPPED		FROM	TO
NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF SHIPPER	
DATE	DATE	DATE	



DATE 10 19 50

*John L. Morphy*  
 CAPTAIN & M.C.  
 3 YEARS

*John L. Morphy*  
 CAPTAIN & M.C.  
 3 YEARS

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>Unknown X-241      Guadalcanal</b>				2. DATE OF REPORT <b>25 March 1948</b>	
3. NAME OF CEMETERY <b>Guadalcanal U. S. Army Mausoleum #1</b>		4. PLOT <b>Box</b>	5. ROW <b>.</b>	6. GRAVE <b>99</b>	7. DATE OF DISINTERMENT <b>25 Mar '48</b>
				REINTERMENT <b>26 Mar '48</b>	

PHYSICAL DESCRIPTION **Age 19 to 20 years.**

8. ESTIMATED WEIGHT <b>175 to 185 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 11 5/8"</b>	10. COLOR OF HAIR <b>U.TD.</b>	11. RACE <b>Probably White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) duplicate I. D. tag reads: X-241**

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

**None**

**BY REASON OF LACK OF IDENTIFYING DATA**

**CAMERON P. ...**

**1st. Lt., DA 041167395**

**April E. Diney 30 Dec 1948**

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

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 24**

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

Unknown X-241

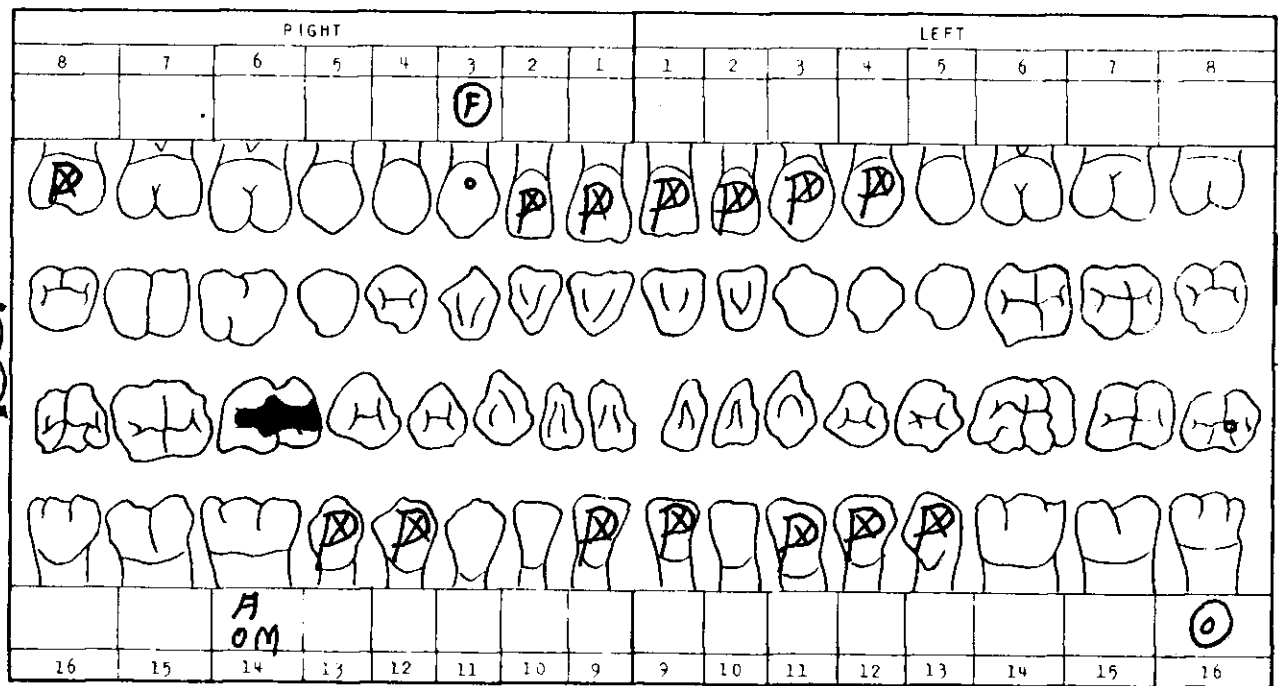
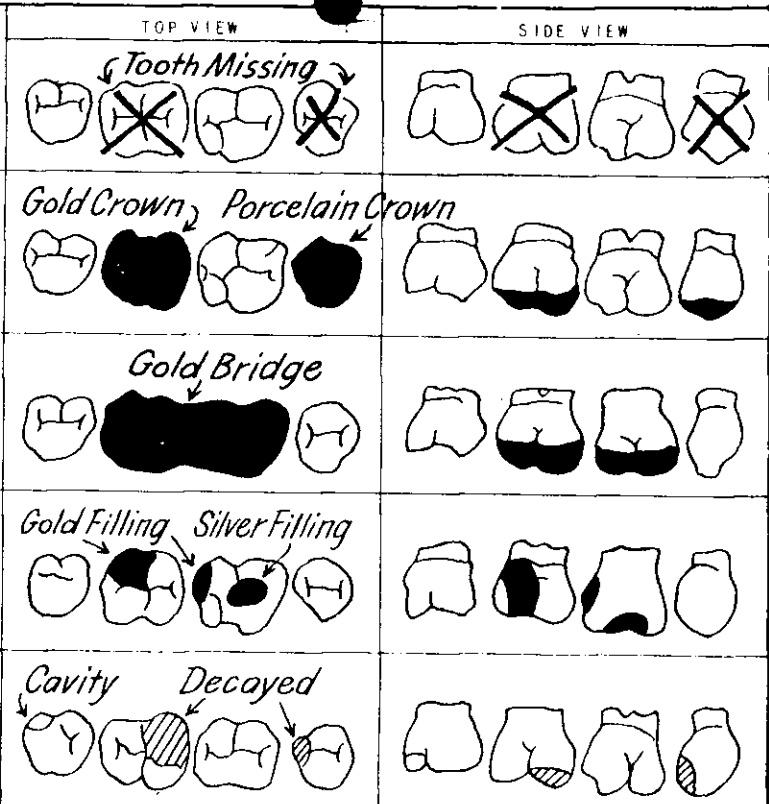
Guadalcanal

**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

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

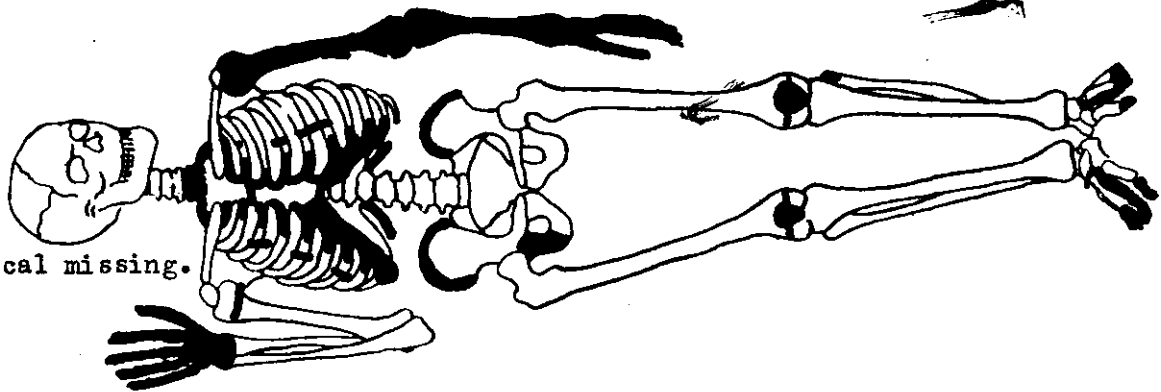
**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

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



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

19. BLACK OUT PARTS OF BODY NOT RECORDED



#1 cervical missing.

20.

## MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 2 DECEASEDS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

Fragment of left humerus.

Paul L. Gravenor

SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall very muscular young man in his early twenties with narrow shoulders and broad hips.

The skull is a small average in size and oval in shape. The vault is average in height. The backhead is average but has a large palpable external occipital protuberance. The face is long and narrow and the malar bones are rather flat at the sides. The lower jaw is average in proportion and forms a narrow bilateral chin eminence. The extra part mentioned above was catalogued and filed as C.I.L. Unknown X-632.

Fluoroscopic examination unnecessary.

Teeth charted.

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., OMC

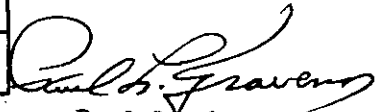
SIGNATURE

CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.5	
VERTEBRAE	CERVICAL	4		#1, 6, and 7 missing.
	THORACIC	10		2 Missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 28.0	Pubis missing - eroded.
	LEFT	1		
RIBS		20		Fractured - eroded.
STERNUM		1		
CLAVICLES	RIGHT	1	14.5	
	LEFT	1	14.5	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	35.0	Open epiphysis - proximal end.
	LEFT	0		Missing.
RADII	RIGHT	1		Distal head missing.
	LEFT	0		Missing.
ULNAE	RIGHT	1		Distal head missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	(51.0)	Open epiphysis, distal end.
	LEFT	1	(51.0)	" " " "
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	40.0	
	LEFT	1	40.0	
FIBULAE	RIGHT	1	39.6	
	LEFT	1	39.6	Proximal head eroded.
FEET	RIGHT	1		All present except 1, 2, 3 cuneiforms, phalanges, 2nd metatarsals.
	LEFT	1		All present except 2nd and 3rd cuneiform, 2nd metatarsal and phalanges.

HUMERO-CLAVICULAR RATIO	41.5		APPROXIMATE
ESTIMATED HEIGHT	182 - 71.65 5' 11 5/8"	AGE	19 to 20 YEARS
ESTIMATED WEIGHT	175 to 185 lbs.	LEG-HIP BR RATIO	55.0

  
 Paul L. Gravenor  
 Lab Supervisor  
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-241 Guadalcanal

Central Identification Laboratory

26 March 1948

NARRATIVE

In order to absorb the C.I.L. Unknown X-632 from Unknown X-241, Guadalcanal, the remains of Unknown X-240; X-242, Guadalcanal, were checked for missing parts.

It was found that C.I.L. Unknown X-632 could not be absorbed and therefore it was returned to the C.I.L. file.

WD OMC Form 1082  
 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)

*Dick*

DATE REPORT FILLED OUT

2 Oct 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

Unknown X-241

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 17 Sept 45 (Reburial)	HOUR 0820	PLOT NO. "E"	ROW NO. 154	GRAVE NO. 6	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown.

PERSON REPORTING BURIAL

*Sgt. Richard J. Moyal*

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) Crump, Baxter G.	RANK Pvt.	SERIAL NO. 34252464	ORGANIZATION Hosp Det of Pat. 25 Evac
BODY ON RIGHT, NAME (Last, First, Middle Initial) Johnson, Howard B.	RANK Lt(jg)	SERIAL NO. 263590	ORGANIZATION USNR VP-44

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

*John R. Nolan*  
 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.

Previously buried in Plot "B" Row 3, Grave 65, as Unknown X-23

OVER FOR BURIAL INSTRUCTIONS in the 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 ENT 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 IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

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

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

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

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

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

LEFT THUMB

RIGHT THUMB






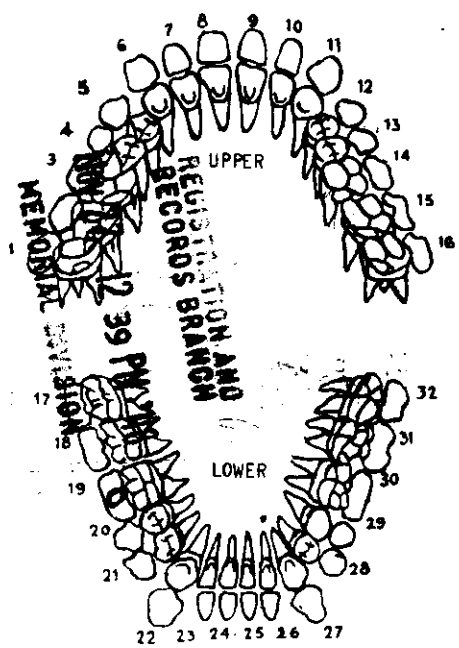
FILLINGS	Silver filling. #19	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	None	 <p>CAVITY DECAYED</p>
MISSING TEETH	None	 <p>TOOTH MISSING</p>
CROWNED TEETH	None	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	None	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN




SKETCH AND MAP REFERENCE

N

**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-23		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown	

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

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. 65	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>John R. Nolan</i>
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) COBB, James M.	RANK Unknown	SERIAL NO. 648-21-02	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) SMITH, Charles S. Jr.	RANK Unknown	SERIAL NO. 287-22-84	ORGANIZATION USN
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 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

*J. C. #23*

# 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
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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



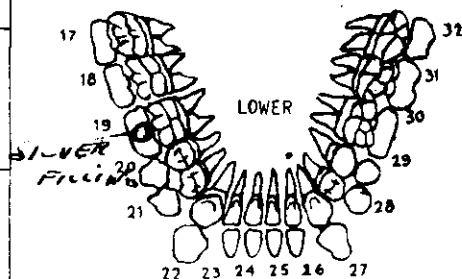
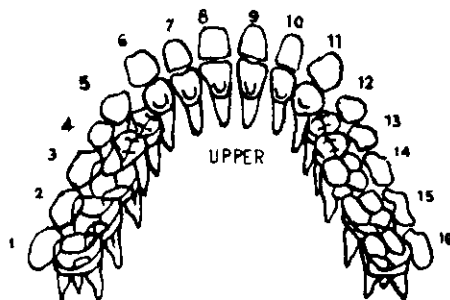
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



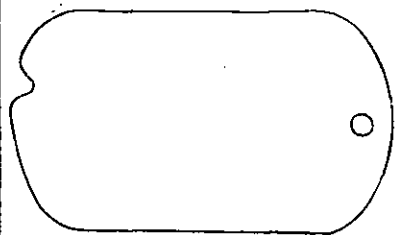
SKETCH AND MAP REFERENCE

WD 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  
 2 Oct 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-241

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

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1  2  NONE

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES  NO

COMPLETE TOOTH CHART ON REVERSE

YES  NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 0820	PLOT NO. "E"	ROW NO. 154	GRAVE NO. 6	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

/s/ S/Sgt. Richard J. Moyer

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) Crump, Baxter C.	RANK Pvt.	SERIAL NO. 34252464	ORGANIZATION Det of Pat	GRAVE NO. 25 Hosp Evac
BODY ON RIGHT, NAME (Last, First, Middle Initial) Johnson, Howard B.	RANK Lt(jg)	SERIAL NO. 263590	ORGANIZATION USNR VP-44	GRAVE NO.
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ John R. Nolan /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

## 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:

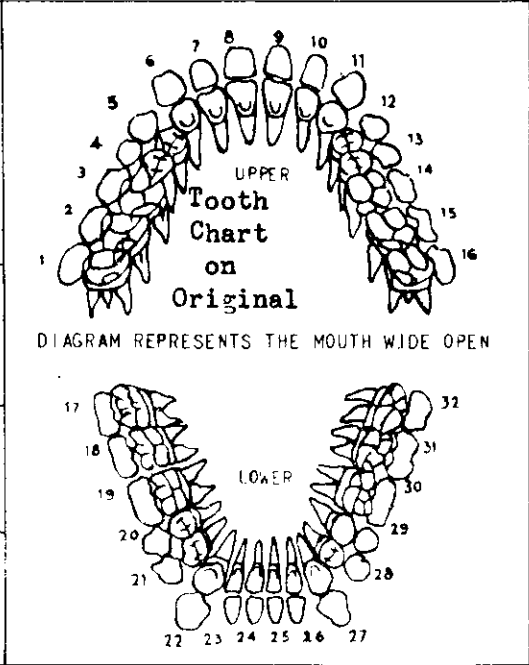
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**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 <b>Silver Fillings</b> #19	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES <b>None</b>	 <p>CAVITY DECAYED</p>
MISSING TEETH <b>None</b>	 <p>TOOTH MISSING</p>
CROWNED TEETH <b>None</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK <b>None</b>	 <p>GOLD BRIDGE</p>

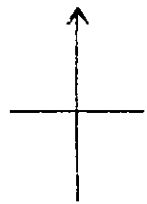


SKETCH AND MAP REFERENCE

A TRUE COPY

*E. A. Miller, Jr.*

E. A. Miller, Jr.  
1st Lt., 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	

**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

Graves Registration Form No. 1  
Issued May 11, 1943

SEP 22 1944 955

Unknown X-23

Restricted

Last Name First Initial Serial number Rank Organization

Place of death Date of death Cause of death

USM & USMC CEMETERY #1.

TULAGI, B.S.I.

Time and date of burial Name of cemetery Name or coordinates of location

95

5

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

If identification tags, that means or identification are buried with the body  
Names of adjacent deceased are taken from adjoining grave markers

If no identification tags, has identity definitely established, give serial number

Body buried on RIGHT Unknown X-24  
Name Serial number Rank Organization Grave number 96

Body buried on LEFT Unknown X-22  
Name Serial number Rank Organization Grave number 94

Name and address of EMERGENCY ADDRESSEE

Name and address of LEGAL NEXT OF KIN

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

No record of effects

Restricted

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 : 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 :

Weight :

Color of eyes :

Color of hair :

Race :

Apparent nationality :

Laundry marks :

Number of ribs :

Wear glasses ?

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

*Det. Richard Meyer*

DEPT. OF JUSTICE, WASHINGTON, D. C.

**RIGHT HAND**

4

3

2

1

THUMB

4

3

2

1

THUMB

**LEFT HAND**