

FILE IDENTIFICATION TOPPER

FILE NUMBER
293 UNK. GUADALCANAL, X-242
SUBJECT

QMC FORM 1121
1 Aug 45

51 12250

H 1

Interred 11 March 1949
M. 1388

DISINTERMENT DIRECTIVE

- Cemetery Superintendent

Alvan C. Baskin

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

DIRECTIVE NUMBER
8730 00000

DATE
26 | 09 | 47
DAY | MONTH | YEAR

NAME
UNKNOWN X-000242

SERIAL NUMBER
X-000242

RANK

ARM
8
DATE OF DEATH

CEMETERY
GUADALCANAL

DISPOSITION OF REMAINS
0492 | 64
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY
E149 8 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
UNKNOWN X-242

SERIAL NUMBER
UNK

RANK
UNK

DATE OF DEATH
UNK

DATE DISTINTERRED
22 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNK

RELIGION
UNK

IDENTIFICATION VERIFIED BY
George M. Clark,
1st Lt., INF. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Casket

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
1 Grave Marker. 1 Mortuary Tag.

FOR DISCREPANCIES /
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 July 1948
CASKET SEALED BY
G. D. Meek

BY LAWRENCE A. JONES, EMBALMER
EMBALMER (Signature)
L. A. Jones
LAWRENCE A. JONES

CASKET BOXED AND MARKED
DATE 7/6/48 BY G. D. Meek

SHIPPING ADDRESS VERIFIED BY
T. P. MADINE
FILE
17 JUL 1949

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. McNamany
WILLIAM A. McNAMANY
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

ms

293 Unk, Guadalcanal X-242

QMHO 552.5
Kansas City

11 March 1948

SUBJECT: Identification Status of Unknown Decedents

TO: Commanding Officer
Quartermaster Activities
Kansas City Records Center (AMH)
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- 676, Holland, Margraten
X- 323, 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 Unkns a/s

C. ROMAIN
Lt. Colonel, QMC
Field Service Division

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-242 Guadalcanal				2. DATE OF REPORT 26 March 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum No. 1 Formerly of Guadalcanal			4. PLOT E	5. ROW C 149	6. GRAVE 23 8	7. DATE OF DISINTERMENT REINTERMENT 25 Mar'48 26 Mar'48	

PHYSICAL DESCRIPTION Age 23 to 25 years.

8. ESTIMATED WEIGHT 135 lbs.	9. ESTIMATED HEIGHT 168.4-66.1-5'6 1/8"	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-242 64.
 One (1) embossed plate with remains reads: Unknown X-242, P-3, X-149, Gr-8.

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

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None
 1st. Lt., FA 0-1167395 *April C. Disney* 20 Jan 1949

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Healed fracture of left wrist.

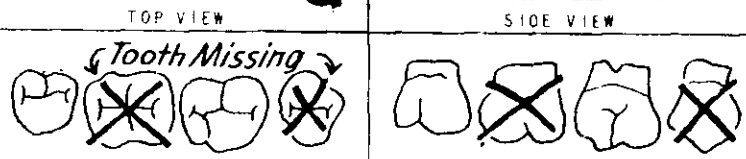
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

Incl 5'

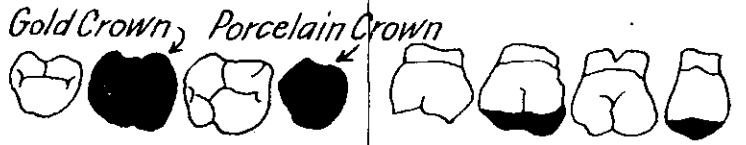
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:

Unknown X-242

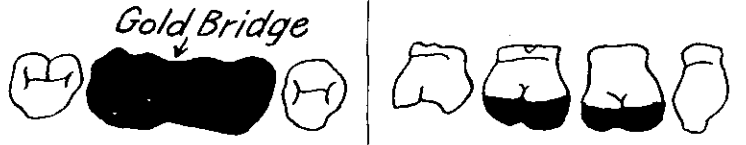


CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

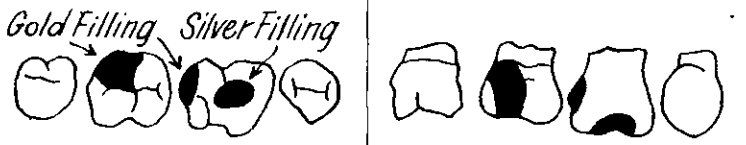
Guadalcanal



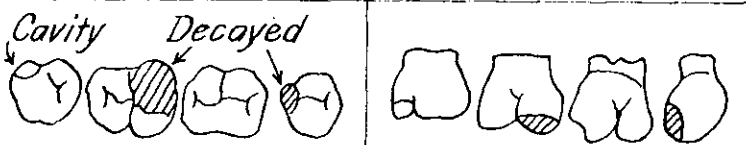
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



RIGHT								LEFT								SECTION OF MAXILLA TEETH MISSING
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7		
H O	H O	H O	H OD									H OD	H O	H O		
Side View															Side View	
Top View															TOP	
															LOWER	
Side View																
	H O	H O											H O	H O		
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16	

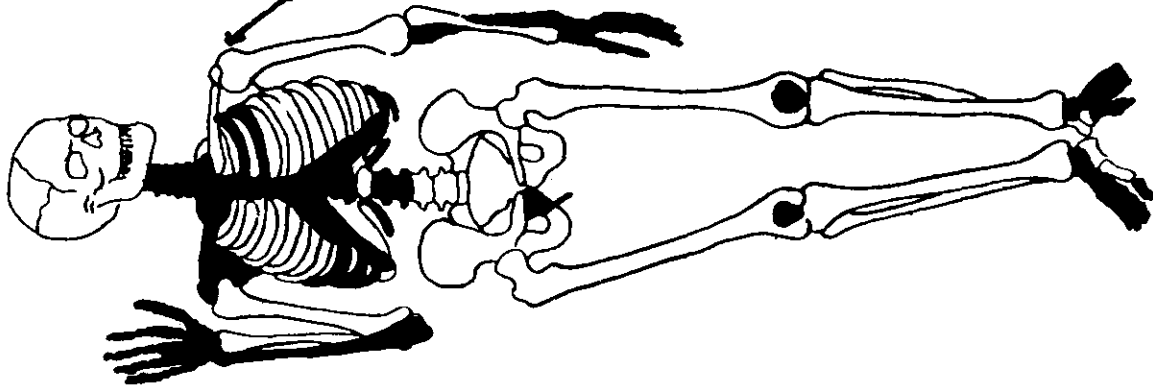
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS:

1. Crowded lower anteriors.

19. BLACK OUT PARTS OF BODY NOT RECORDED

1st, 4th, & 5th thoracic present.



20.

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

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

No extra parts.

Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER/Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a muscular young man of average body build, of approximately 23 to 25 years of age.
The skull is of a long, narrow-oval shape and is average in size.
The vault is high and the backhead is quite prominent, presenting an average occipital protuberance.
The forehead is low and recedes rapidly.
The browridges are quite prominent.
The face is narrow and medium-average in length, presenting rather prominent cheek bones.
The palate is deep and narrow.
The lower jaw is also narrow and deep, presenting a slight gonial flare.
The chin is prominent and forms a narrow bilateral eminence.

Fluoroscopic examination unnecessary. Tests 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

SIGNATURE


C. W. GREENWOOD, CAPT., JMC

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

**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	55.0	
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	4		8 missing.
	LUMBAR	3		2 missing - #1 & 2.
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 24.6	Pubis missing.
	LEFT	1		
RIBS		12		12 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	1	Approx. 15.0	
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		
HUMERI	RIGHT	1	31.5	
	LEFT	1	31.7	
RADII	RIGHT	1	24.3	
	LEFT	1		Distal end eroded.
ULNAE	RIGHT	0		Missing.
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	46.8	
	LEFT	1	46.2	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	37.3	
	LEFT	1	37.4	
FIBULAE	RIGHT	1	30.4	
	LEFT	1		Proximal end eroded.
FEET	RIGHT	1		Calcaneus & #1 metatarsal present.
	LEFT	1		Calcaneus & #1 cuneiform present.

HUMERO-CLAVICULAR RATIO 27.4		APPROXIMATE	
ESTIMATED HEIGHT 168.4-66.1-5'6"	AGE	23 to 25	YEARS
ESTIMATED WEIGHT 135 lbs.		LEG-HIP BR RATIO 52.4	


 Paul L. Cravenor
 Lab. Supervisor
 ANTHROPOLOGICAL MUSEUM

ENCLOSURE TO: X-242 Guadalcanal

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)

+ 9215
 DATE REPORT FILLED OUT
 28 Sept 1945

	FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) <p style="text-align: center;">Unknown X-242</p>		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
	ORGANIZATION	BRANCH	
Unknown	Unknown		
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Unknown	

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

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE <p style="text-align: center;">Unknown</p>	ADDRESS OF EMERGENCY ADDRESSEE <p style="text-align: center;">Unknown</p>
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 17 Sept 45 (Reburial)	HOUR 0815	PLOT NO. E	ROW NO. 149	GRAVE NO. 8	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY <p style="text-align: center;">Previous Service Unknown.</p>	PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</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) <p style="text-align: center;">Unknown X-290</p>	RANK <p style="text-align: center;">Unknown</p>	SERIAL NO. <p style="text-align: center;">Unknown</p>	ORGANIZATION <p style="text-align: center;">Unknown</p>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <p style="text-align: center;">Unknown X-289</p>	RANK <p style="text-align: center;">Unknown</p>	SERIAL NO. <p style="text-align: center;">Unknown</p>	ORGANIZATION <p style="text-align: center;">Unknown</p>
PERSON CONDUCTING BURIAL RITES <p style="text-align: center;">Unknown</p>	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 *Previously buried as X-24 Row 3, Grave 67, Plot B
 USN & USMC Cemetery Tulagi*

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52B. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

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

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






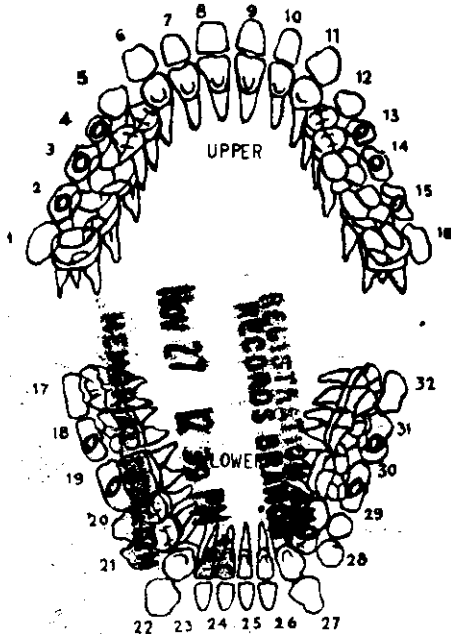
LEFT THUMB	FILLINGS Silver Fillings. #2, #3, #4, #13, #14, #15, #18, #19, #30 and #31.	 SILVER FILLING GOLD FILLING
RIGHT THUMB	None	 CAVITY DECAYED
	MISSING TEETH	 TOOTH MISSING
	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
	BRIDGE WORK	 GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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


N

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

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

DATE REPORT FILLED OUT

11 April 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-24					
	RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Unknown	
	ORGANIZATION Unknown			BRANCH 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	
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COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 18 Dec. 1944 (Reburial)	HOUR 0900	PLOT NO. B	ROW NO. 3	GRAVE NO. 67	GRAVE MARKER Wooden Cross
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USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>St. Sgt. William L. Hayes</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) SMITH, Charles S. Jr.	RANK Unknown	SERIAL NO. 287-22-81	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) ENGLISH, C.J.	RANK Unknown	SERIAL NO. 670-	ORGANIZATION USN

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC
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INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

Final # 24

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

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

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

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

LEFT THUMB

RIGHT THUMB

4

3

2

1

FILLINGS



CAVITIES



MISSING TEETH



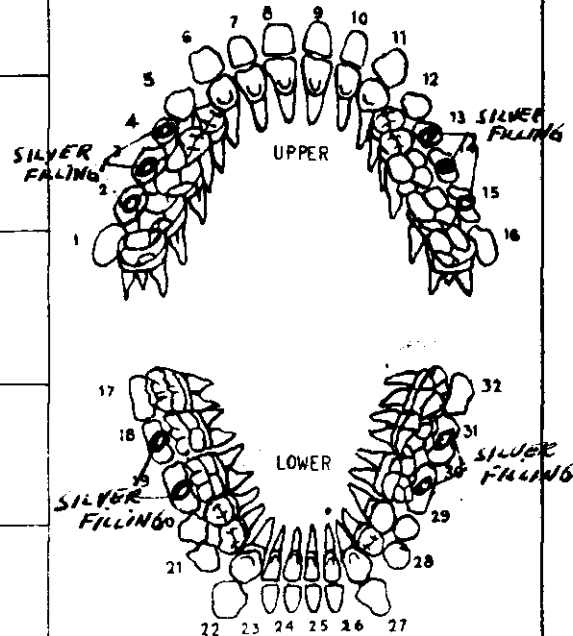
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

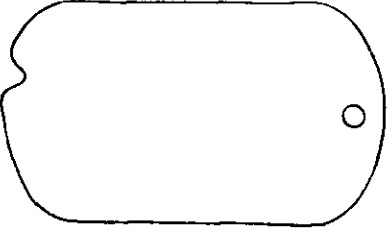
N



WD OMC 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
28 Sept 1945

	NAME (Last, First, Middle Initial) Unknown X-242				
	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 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			
NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal B.S.I.					
DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 0815	PLOT NO. "E"	ROW NO. 149	GRAVE NO. 8	GRAVE MARKER Wooden Cross
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown		PERSON REPORTING BURIAL /s/ S/Sgt. Richard J. Moyer			
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-290		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-289		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER /s/ John R. Nolan /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 X-24 Row 3, Grave 67, Plot B					

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
--------	--------	---------------	---------------	------------------------------

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
--------------------------	---------------	-----------------------

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

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

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

FILLINGS

Silver Filling
#2, #3, #4, #13,
#14, #15, #18,
#19, #30, and #31.

SILVER FILLING
GOLD FILLING



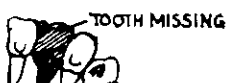
CAVITIES

None



MISSING TEETH

None



CROWNED TEETH

None



BRIDGE WORK

None

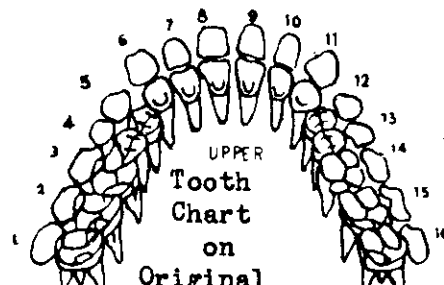
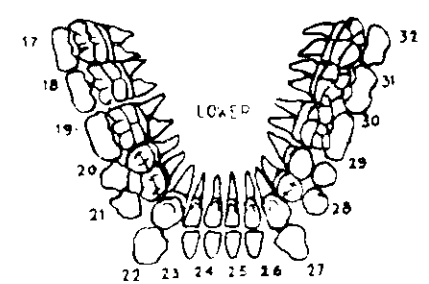


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

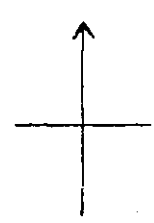


SKETCH AND MAP REFERENCE

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)

Restricted

964

SEP 22 1944

UNKNOWN X-24

Last Name	First	Initial	Serial-number	Rank	Organization
Place of death		Date of death		Cause of death	
Time and date of burial		Name of cemetery		Name or coordinates of location	
Grave number	Row number	Plot number	Type of marker - Regulation V-shaped or other		

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

Names of adjacent deceased are taken from adjoining grave markers

Body buried on RIGHT	Cree, G.	Name	Serial number	Rank	USN	97	Grave number
Body buried on LEFT	UNKNOWN X-23	Name	Serial number	Rank	Organization	95	Grave number

Name and address of EMERGENCY ADDRESSEE

Name and address of LEGAL NEXT OF KIN

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

No record of effects

restricted

RIGHT HAND

THUMB

1

2

3

4

IF DECEASED UNIDENTIFIED
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 :
3/19/31. 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 :

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

Sgt. Richard Meyer

JOHN L. STEWART LABS. INC. QMC

Verified by _____ G.S. Officer

John L. Stewart

LEFT HAND

THUMB

1

2

3

4

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

IN REPLY REFER TO QMDKG 557214

HOC/ELM/na

21 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-24

Plot Unk, Row _____, Grave _____, USMC A. Tulaci

BSI have been held at this Bureau as of 11 September 1948

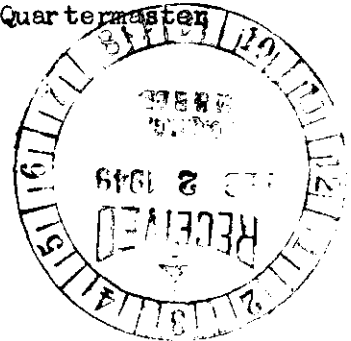
2. Bureau inspection of the effects has been made and the following description furnished for reference:

One gold colored ring, inside "B 14K"

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



2193
Unk
X 24
Disposal of Personal Effects
Interment

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

C
O
P
Y

AGPO-S 704 (22 May 45)

TJH/SFW/jfs/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	Gudalecanal	29 Jan 45
X-158	Gudalecanal	
X-163	Gudalecanal	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

~~CONFIDENTIAL~~
INVENTORY OF EFFECTS - AR 600-550

1. LAST NAME - FIRST NAME - MIDDLE INITIAL UNIDENTIFIED BODY I-24	2. ARMY SERIAL NUMBER	3. GRADE	4. DATE OF DEATH
5. ORGANIZATION OF DECEASED (<i>Assigned</i>)	6. PLACE OF DEATH Tulagi		

7. CLASS I EFFECTS - SABER, INSIGNIA, DECORATIONS, MEDALS, CAMPAIGN CITATIONS, WATCHES, 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

<p>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.</p> <p>10. EFFECTS ARE TO BE DELIVERED OR SHIPPED IN ACCORDANCE WITH A.M. 112 IF EFFECTS DELIVERED TO LEGAL REPRESENTATIVE MAKE ENTRIES HERE.</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>DATE DELIVERED _____</p>	YES	<p>11. I CERTIFY THAT THE FOREGOING INVENTORY COMPRISES ALL THE EFFECTS OF ABOVE NAMED DECEASED.</p> <p style="text-align: center;"><i>John R. Nolan</i> SIGNATURE</p> <p style="text-align: center;">JOHN R. NOLAN., 1st Lt. CMC</p> <p>ORGANIZATION 109th QM (GR) Platoon</p> <p>12. SIGNATURE OF RECIPIENT OR SUMMARY COURT OFFICER</p>
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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	TOTAL
	\$			\$	
TOTAL					

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

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

16. 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 195, 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