

384

X H X

JS

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

H 1

Interred 11 March 1949  
N 422

*Alvan C. Baker* - 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

SERIAL NUMBER: X-000243

RANK: [Blank]

ARM: 8

DATE OF DEATH: [Blank]

CEMETERY: GUADALCANAL

DISPOSITION OF REMAINS: 0492 64 (CODE DIST. PT.)

CAUSE OF DEATH: 6

PLOT: E 151

ROW: 1

GRAVE: [Blank]

COUNTRY: SOLOMON ISLANDS

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: [Blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-243

SERIAL NUMBER: UNK

RANK: UNK

DATE OF DEATH: UNK

DATE DISTINTERRED: 22 Nov 47

IDENTIFICATION TAG ON:  REMAINS,  MARKER

ORGANIZATION: UNK

RELIGION: UNK

IDENTIFICATION VERIFIED BY: *L. K. Smith* (NAME AND TITLE)

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Casket

CONDITION OF REMAINS: Skeleton

OTHER MEANS OF IDENTIFICATION: Embossed tag reads: "UNKNOWN X-243-GUAD."

MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 2 July 1948

BY: E. E. BRAYBOY

N R JOYNES, EMBALMER

CASKET SEALED BY: E. E. BRAYBOY

EMBALMER (Signature): *N. R. Joynes*

N. R. JOYNES

FILE

12 JUL 1949

CASKET BOXED AND MARKED

DATE: 7/2/48

BY: E. E. BRAYBOY

SHIPPING ADDRESS VERIFIED BY: A. D. MACFIE

BRANCH: [Blank]

MEMO. DIV.:

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

LLOYD G. ORMES

*Lloyd G. Ormes*

SIGNATURE OF GCS INSPECTOR

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

"Inspected for identification only per paragraph 2, 1st para, OQMG, file QMGMO 293 (Pacific), dated 5 May 1948."

QMC FORM 1194 REV 15 MAR 46

24

*NLN June 105*

RECORD OF CUSTODIAL TRANSFER

REPAIRS  
RECORDS BRANCH  
FEB 9 1949  
MEMORIAL HOSPITAL

CAPTAIN J. M. JAMES B. HARRIS

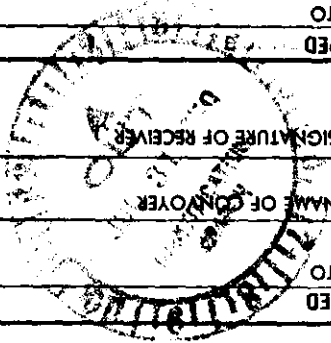
7. SHIPPED

DATE FEB 19 1949

WILSON, CAPT GMC  
0857, OMC 01585942

FROM	
KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	JOHN T. MURPHY
DATE	FEB 19 1949
SIGNATURE OF RECEIVER	<i>[Signature]</i>
NAME OF CONVOYER	JAMES B. HARRIS
TO	

3. SHIPPED



FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
SIGNATURE OF RECEIVER	
NAME OF CONVOYER	
TO	

4. SHIPPED

FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
SIGNATURE OF RECEIVER	
NAME OF CONVOYER	
TO	

5. SHIPPED

FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
SIGNATURE OF RECEIVER	
NAME OF CONVOYER	
TO	

6. SHIPPED

FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
SIGNATURE OF RECEIVER	
NAME OF CONVOYER	
TO	

7. SHIPPED

FROM	
KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	
DATE	
SIGNATURE OF RECEIVER	
NAME OF CONVOYER	
TO	

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-243</b> <b>Guadalcanal</b>				2. DATE OF REPORT <b>24 January 1948</b>			
3. NAME OF CEMETERY <b>Army - Navy - Marine Cemetery</b>			4. PLOT <b>E</b>	5. ROW <b>151</b>	6. GRAVE <b>6</b>	7. DATE OF	
<b>U. S. Army Mausoleum No. 2</b>						DISINTERMENT <b>24 Jan '48</b>	REINTERMENT <b>24 Jan '48</b>

PHYSICAL DESCRIPTION **Approx. Age 23 years**

8. ESTIMATED WEIGHT <b>130 to 135 lbs.</b>	9. ESTIMATED HEIGHT <b>170-66.93-5'6 7/8"</b>	10. COLOR OF HAIR <b>----</b>	11. RACE <b>Probably White</b>
---	--	----------------------------------	-----------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate reading: Unidentified.**

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

**UNIDENTIFIABLE**

**None**

**1st. Lt., FA 0-1167395** *Cyril 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

**Six (6) segmented sacrum, first coccygeal attached.**  
**Arthritic lipping throughout vertebral column, ankle and foot bones.**  
**Healed fracture of nasal bridge.**  
**Extra joints at ankle indicates habit of squatting.**  
**First and second segments of sternal body open.**  
**Anterior borders of third lumbar vertebra shows great arthritic destruction.**

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**

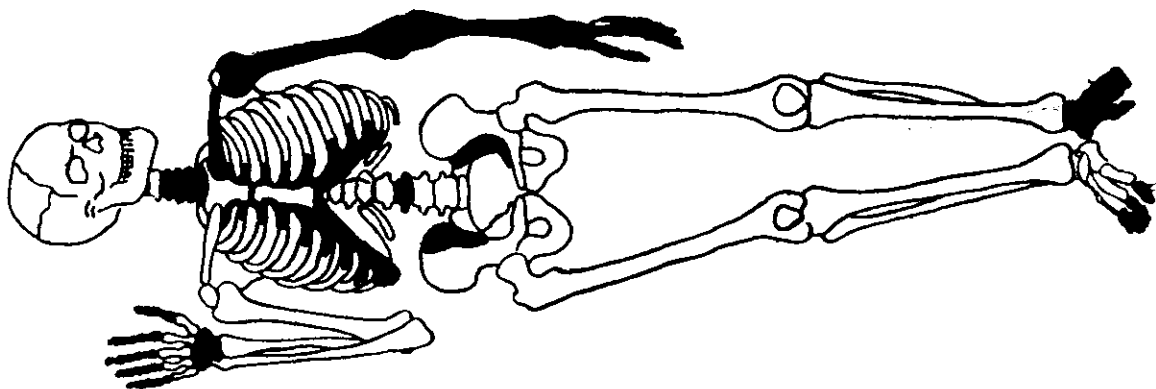
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: <b>X-243</b>			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: <b>Guadalcanal Cemetery</b>			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
IMP.													M	OO	IMP.	
Side View																Side View
Top View																Top View
Side View																Side View
IMP.	R													DRIFT		
16	15	14	13	12	11	10	9	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. L-16 might have been impacted during life.

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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

Charles E. <sup>now</sup> SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a low-average sized man in his twenties. The skull is a small medium in size, oval in shape and high in the vault. The backhead has small projection. Glabella-nasion is rather deep. The face is average in proportions with rather flat sides. In profile, the nasal root, though low, rises to a well-arched convex bridge which has been broken. The face is quite straight and the line of the jaw is rather long. The palate is very large, being both wide and rather short. The mandible has a rather pointed chin. The molar teeth are all large.

There appears to be some slight discrepancy in age between the postcranial skeleton and the skull. If both represent the actual age changes, the postcranial skeleton is aged at 22 to 23 and the dental age is 23. The cranial sutures of the vault show a much more advanced age, possibly as high as 28. It cannot be demonstrated that this skull belongs to these remains.

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

TO NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

W. GREENWOOD, CAPT., OMC  
AL IDENTIFICATION LABORATORY  
FORSYTH, 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	53.0	
VERTEBRAE	CERVICAL	3		1, 2, 4, 5 missing.
	THORACIC	11		12th missing.
	LUMBAR	4		2nd missing.
SACRUM		1		Left wing missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.0	
	LEFT	1		
RIBS		24		
STERNUM		1		Upper portion of body missing.
CLAVICLES	RIGHT	1	14.7	
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		
HUMERI	RIGHT	1	32.2	
	LEFT	0		Missing.
RADII	RIGHT	1	24.8	
	LEFT	0		Missing.
ULNAE	RIGHT	1	26.9	
	LEFT	0		Missing.
HANDS	RIGHT	1		All missing except 1-2-3-4 metacarpals.
	LEFT	1		Only #3 metacarpal present.
FEMORA	RIGHT	1	45.4	
	LEFT	1	45.4	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	37.0	
	LEFT	1	37.0	
FIBULAE	RIGHT	1	37.1	
	LEFT	1	37.2	
FEET	RIGHT	1		Missing cuboid, 1-2-3 cuneiform #2-5 metatarsal
	LEFT	0		Missing

HUMERO-CLAVICULAR RATIO 45.6		APPROXIMATE
ESTIMATED HEIGHT 170-66.93-516	7/8 <sup>th</sup> AGE	23 YEARS
ESTIMATED WEIGHT 130 to 135 lbs.		LEG-HIP BR RATIO 57.5

*Charles E. Snow*

Charles E. Snow  
ANTHROPOLOGIST

RE TO: Unknown X-243 Guadalcanal

NARRATIVE

The remains of Robert F. Downing, 6339039 S 2/C USNR, Unknown X-248 and X-243 were processed simultaneously to absorb the C.I.L. Unk X-459 from Downing to match skeletal parts. There were no skeletal parts associated and C.I.L. Unk X-459 could not be absorbed.

The remains were all processed and re-interred and the Unk X-459 returned to the file.

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

28 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

Unknown X-243

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	TIME	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
17 Sept 1945	0820	"E"	151	6	Wooden Cross
(Reburial)		Army Navy Marine		Cemetery	Guadalcanal, B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

*Sgt. Richard J. Mayer*

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)	RANK	SERIAL NO.	ORGANIZATION
Batti, Arthur M.	T/3	11071653	3573 MM Ord Co.
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Downing, <del>Robert</del> Robert Franklin	S 2c	6339039	<del>USNR</del> USNR
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Unknown	<i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		

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 69 as Unknown X-25 in the USN & USMC Cemetery #1, Tulagi, B.S.I.

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 COLLECTING POINT.

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






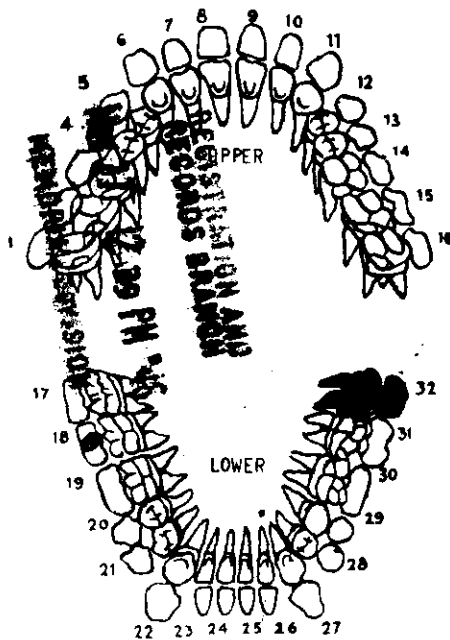
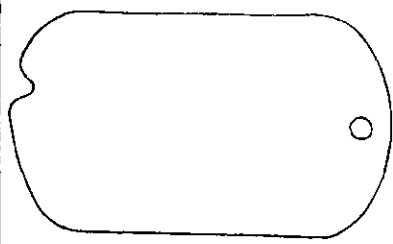
LEFT THUMB	FILLINGS Silver Filling. #18	 SILVER FILLING GOLD FILLING
RIGHT THUMB	CAVITIES None	 CAVITY DECAYED
	MISSING TEETH #32	 TOOTH MISSING
	CROWNED TEETH None	 PORCELAIN CROWN GOLD CROWN
	BRIDGE WORK None	 GOLD BRIDGE

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

	NAME (Last, First, Middle Initial) <b>Unknown X-243</b>		
	RANK <b>Unknown</b>	SERIAL NUMBER <b>Unknown</b>	COUNTRY <b>Unknown</b>
	ORGANIZATION <b>Unknown</b>		BRANCH <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>

PLACE OF DEATH <b>Tulagi, B.S.I.</b>	CAUSE OF DEATH <b>Unknown</b>
---	----------------------------------

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 TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--

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 <b>Unknown</b>	ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>
---	--

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

DATE OF BURIAL <b>17 Sept 1945</b> (Reburial)	HOUR <b>0820</b>	PLOT NO. <b>"E"</b>	ROW NO. <b>151</b>	GRAVE NO. <b>6</b>	GRAVE MARKER <b>Wooden Cross</b>
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TYPE OF RELIGIOUS CEREMONY <b>Previous Service Unknown</b>	PERSON REPORTING BURIAL <b>/s/ S/Sgt. Richard J. Moyer</b>
---	---

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) <b>Batti, Arthur M.</b>	RANK <b>T/3</b>	SERIAL NO. <b>11071653</b>	ORGANIZATION <b>3573 MM Ord Co.</b>	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>Downing, Robert Franklin.</b>	RANK <b>S 2c</b>	SERIAL NO. <b>6339039</b>	ORGANIZATION <b>USNR</b>	GRAVE NO.

PERSON CONDUCTING BURIAL RITES <b>Unknown</b>	VERIFIED BY G. R. S. OFFICER <b>/s/ John R. Nolan</b> <b>/t/ JOHN R. NOLAN</b> <b>1st Lt., QMC</b>
--	---

**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 in Plot "B", Row 3, Grave 69 as Unknown X-25 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 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 GOLD FILLING	
Silver Filling #18		
CAVITIES	CAVITY DECAYED	
None		
MISSING TEETH	TOOTH MISSING	
#32		
CROWNED TEETH	PORCELAIN CROWN GOLD CROWN	
None		
BRIDGE WORK	GOLD BRIDGE	
None		

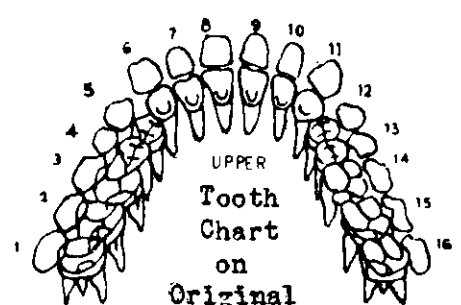
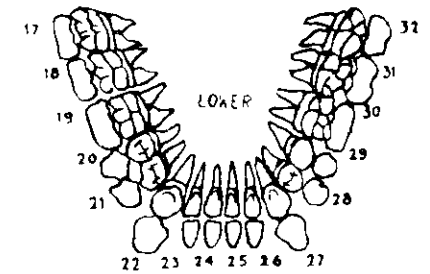


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



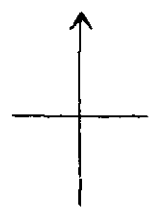
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

SKETCH AND MAP REFERENCE

A TRUE COPY

E. A. Miller, Jr.

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




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	

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-25		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Unknown	

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

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

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

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
18 Dec. 1944 (Reburial)	0900	B	3	69	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Sgt. Richard J. Meyer</i>

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.
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**BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)**

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
ENGLISH, C.J.	Unknown	670-	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
CARRAWAY, George D.	Unknown	259-28-32	USN
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Unknown	<i>John R. Nolan</i> 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

*Incl # 25*

# INSTRUCTIONS FOR BURIAL

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

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

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

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

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

LEFT THUMB

RIGHT THUMB

FILLINGS



CAVITIES



MISSING TEETH



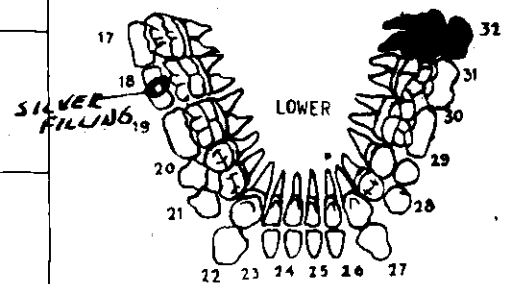
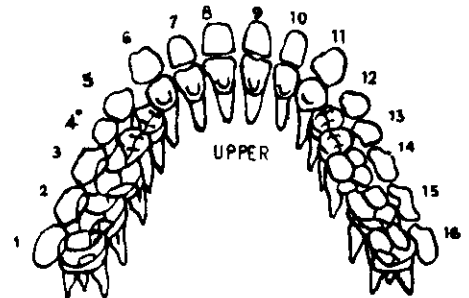
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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**REPORT OF INTERMENT**  
(TM 10-630 AND AR 90-1815)

984

~~RESTRICTED~~

SEP. 22 1944

UNKNOWN X-25

Last Name	First	Initial	Serial number	Rank	Organization
Place of death		Date of death		Cause of death	
		USN & USMC CEMETERY #1,		TULAGI, B.S.I.	
Time and date of burial		Name of cemetery		Name or coordinates of location	
Grave number	Row number	Plot number	Type of marker - Regulation V-shaped or other		
98	4	B	Wooden Cross		

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, tag means or identification are buried with the body"~~  
 Names of adjacent deceased are taken from adjoining grave markers

Body buried on RIGHT	Name	Serial number	Rank	Organization	Grave number
	Gustafson, M.H.			USN	99
Body buried on LEFT	Name	Serial number	Rank	Organization	Grave number
	Cree, G.			USN	97

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. C. Form No. 79; 3-19-37). 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: \_\_\_\_\_

If possible, have medical personnel take a tooth chart.

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

Have 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

*Walter Richard Meyer*

JOHN L. DEANER THE 15th DISTRICT

**RIGHT HAND**

THUMB

1

2

3

4

**LEFT HAND**

THUMB

1

2

3

4