

A I R M A I L

QNGMT 293
GRS Pacific **1st Ind.**
SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-3, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-55, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-185, X-190, X-196, X-217, X-219, X-220, X-225, X-226, X-235, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-282, X-285, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-668, X-672, X-675, X-674, X-675, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emnylabegan; X-30, formerly Kunning; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-233, X-258, formerly Barrackpore.

3. Further reference is made to inclosures 82 and 83, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/a

T. H. METZ
Lt. Colonel, QMC
Memorial Division

S. Morgan:lrc
Salsor
JW
cc--Administrative Section

A I R M A I L

X 293 Mark to remain blank (Administrative) X-293
REB
NJS

C O P Y

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 953

REFNO 233

SEP 24 1948

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.

1. Enclosed herewith eighty-three (83) QMG Forms 101a for Kanning, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Bangliabogan Cemeteries, stamped and signed in accordance with letter, DA QMG, OMEMO 303 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Mann
s/ HORACE MANN
Captain, QMG
Chief, RR Div

83 Incls

1. QMG Form 1040-1040a-1040b-
Bone List X-9-Guadalcanal
2. QMG Form 1040-1040a-1040b-
Bone List X-12-Guadalcanal
3. QMG Form 1040-1040a-1040b-Bone List-
Fluoroscopic Findings X-14-
Guadalcanal
4. QMG Form 1040-1040a-1040b-Bone List-
X-16-Guadalcanal
5. QMG Forms 1040-1040a-1040b-Bone List-
X-19 Guadalcanal
6. QMG Form 1040-1040a-1040b-Bone List-
X-25 Guadalcanal
7. QMG Form 1040-1040a-1040b-Bone List-
X-27 Guadalcanal
8. QMG Form 1040-1040a-1040b-Bone List-
X-32 Guadalcanal

A I R M A I L

SUBJECT: Resolution of Unidentified Remains

B3 Incls

9. QMC Form 1044-1044a-1044b-Bone List
X-33 Guadalcanal
10. QMC Form 1044-1044a-1044b-Bone List
X-35 Guadalcanal
11. QMC Form 1044-1044a-1044b-Bone List
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluoroscopic Findings
X-41 Guadalcanal
13. QMC Form 1044b-1044a-1044b-Bone List
X-52-Guadalcanal
14. QMC Form 1044-1044a-1044b-Bone List
X-53-Guadalcanal
15. QMC Form 1044-1044a-1044b-Bone List
X-54 Guadalcanal
16. QMC Form 1044-1044a-1044b-Bone List
X-61 Guadalcanal
17. QMC Form 1044-1044a-1044b-Bone List
X-90 Guadalcanal
18. QMC Form 1044-1044a-1044b-Bone List
X-91 "A" Guadalcanal
19. QMC Form 1044-1044a-1044b-Bone List
X-91 "B" Guadalcanal
20. QMC Form 1044-1044a-1044b-Bone List
X-104 Guadalcanal
21. QMC Form 1044-1044a-1044b-Bone List
X-117-Guadalcanal
22. QMC Form 1044-1044a-1044b-Bone List
X-177 Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List
X-182-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List
X-183 Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List
X-190 Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List
X-195 Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List
X-94 Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List
X-217 Guadalcanal
29. QMC Form 1044-1044a-1044b-Bone List
X-219-Guadalcanal
30. QMC Form 1044-1044a-1044b-Bone List
X-220 Guadalcanal
31. QMC Form 1044-1044a-1044b-Bone List
X-225 Guadalcanal

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SUBJECT: Resolution of Unidentified Remains

83 Incls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadalcanal
- 33. QMC Form 1044-1044a-1044b-Bone List-
X-235-Guadalcanal
- 34. QMC Form 1044-1044a-1044b-Bone List-
X-237-Guadalcanal
- 35. QMC Form 1044-1044a-1044b-Bone List-
X-242-Guadalcanal
- 36. QMC Form 1044-1044a-1044b-Bone List-
X-243-Guadalcanal
- 37. QMC Form 1044-1044a-1044b-Bone List-
X-244-Guadalcanal
- 38. QMC Form 1044-1044a-1044b-Bone List-
X-245-Guadalcanal
- 39. QMC Form 1044-1044a-1044b-Bone List-
X-247-Guadalcanal
- 40. QMC Form 1044-1044a-1044b-Bone List-
X-249-Guadalcanal
- 41. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadalcanal
- 42. QMC Form 1044-1044a-1044b-Bone List-
X-255-Guadalcanal
- 43. QMC Form 1044-1044a-1044b-Bone List-
X-277-Guadalcanal
- 44. QMC Form 1044-1044a-1044b-Bone List-
X-281-Guadalcanal
- 45. QMC Form 1044-1044a-1044b-Bone List-
X-282-Guadalcanal
- 46. QMC Form 1044-1044a-1044b-Bone List-
X-285-Guadalcanal
- 47. QMC Form 1044-1044a-1044b-Bone List-
X-287-Guadalcanal
- 48. QMC Form 1044-1044a-1044b-Bone List-
X-288-Guadalcanal
- 49. QMC Form 1044-1044a-1044b-Bone List-
X-290-Guadalcanal
- 50. QMC Form 1044-1044a-1044b-Bone List-
X-291-Guadalcanal
- 51. QMC Form 1044-1044a-1044b-Bone List-
X-293-Guadalcanal
- 52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadalcanal
- 53. QMC Forms 1044-1044a-1044b-Bone List-
X-296-Guadalcanal

REFREC 293

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83 Incls

54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
55. QMC Form 1044-1044a-1044b- Bone List-
X-298-Guadaluacanal
56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
58. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
59. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadaluacanal
60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadaluacanal
61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadaluacanal
62. QMC Form 1044-1044a-1044c-Bone List-
X-743 Remains Depot
63. QMC Form 1044-1044a-1044b- Bone List-
X-744-Remains Depot
64. QMC Form 1044-1044a-1044b-Bone List-
X-368-Remains Depot
65. QMC Form 1044-1044a-1044b-Bone List-
X-872-Remains Depot
66. QMC Form 1044-1044a-1044b-Bone List-
X-873-Remains Depot
67. QMC Form 1044-1044a-1044b-Bone List-
X-874-Remains Depot
68. QMC Form 1044-1044a-1044b-Bone List-
X-875-Remains Depot
69. QMC Form 1044-1044b-Bone List X-902-
Remains Depot.
70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Ennlabegan
71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kunning
72. QMC Form 1044-1044a-1044b-Bone List-
X-895 Shanghai
73. QMC Form 1044-1044a-1044b-Bone List-
X-125-Barrackpore
74. QMC Form 1044-1044a-1044b-Bone List-
X-148-Barrackpore
75. QMC FORM 1044-1044 BONE LIST X-149-
"A" Barrackpore.

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

85 Incls

76. QMC Forms 1044-1044b-Bone List X-149 "B"
Barrackpore
77. QMC Form 1044-1044b-Bone List X-149 "C"
Barrackpore
78. QMC Form 1044-1044b-Bone List X-150
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Bone List-
X-150 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Bone List-
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Bone List-
X-233-Barrackpore
82. QMC Form 1044-1044b-Bone List X-315 "A"
Barrackpore
83. QMC Form 1044-1044b-Bone List X-315 "B"
Barrackpore

AIR MAIL

376
 Interred 15 March 1949
 E 492
DISINTERMENT DIRECTIVE
 Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER: 5730 00000
 DATE: 26 09 47
 DAY MONTH YEAR

NAME: UNKNOWN X-245
 SERIAL NUMBER: UNKNOWN X-000 245
 RANK: [Blank]
 ARM: 0
 DATE OF DEATH: [Blank]
 DAY MONTH YEAR

CEMETERY: GUADALCANAL
 DISPOSITION OF REMAINS: 0:92 64
 CODE DIST. PT.

PLOT: E 159
 ROW: [Blank]
 GRAVE: [Blank]
 COUNTRY: 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: [Blank]

SECTION C - DISINTERMENT AND IDENTIFICATION
 NAME: UNKNOWN X-245
 SERIAL NUMBER: UNK
 RANK: UNK
 DATE OF DEATH: UNK
 DATE DISINTERRED: 21 November 47

IDENTIFICATION TAG ON REMAINS: MARKER
 ORGANIZATION: UNK
 RELIGION: UNK
 IDENTIFICATION VERIFIED BY: Arthur E. Latham, 1st Lt., INF
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL: Casket
 CONDITION OF REMAINS: Skeleton

OTHER MEANS OF IDENTIFICATION: Grave marker

MAJOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 2 July 1948
 BY: J. N. ROBINSON
 CASKET SEALED BY: J. N. ROBINSON
 EMBALMER (Signature): W. J. WILLIS, EMBALMER
 W. J. WILLIS

CASKET BOXED AND MARKED: [Blank]
 SHIPPING ADDRESS VERIFIED BY: J. TERADA

DATE: 7/2/48 BY: J. N. ROBINSON
 I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
 Signature: Gilbert L. H. Wong, CAPT, Inf.
 SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194
 JUN 8 2 53 PM '48
 REPATRIATION RECORDS BRANCH
 NLI

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		JOHN T. MORTON CAPT. ORG 01585944 CAMP OMC	
DATE		24 FEB 1949 III 1949	
SIGNATURE OF RECEIVER		[Signature] HAWN DIST. CENTER	
NAME OF CONVOYER		HAWN DIST. CENTER	
TO		TO	
1. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
3. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
4. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
5. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
6. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
7. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
8. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
9. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	
10. SHIPPED			
FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
NAME OF CONVOYER		NAME OF CONVOYER	
TO		TO	

FEB 24 1949

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-245 Guadalcanal					2. DATE OF REPORT 18 February 1948	
3. NAME OF CEMETERY Guadalcanal U.S. Army Mausoleum # 1	4. PLOT E	5. ROW 159 A	6. GRAVE 8 21	7. DATE OF		
				DISINTERMENT 18 Feb '48	REINTERMENT 18 Feb '48	

PHYSICAL DESCRIPTION			
Approx age 24 - 26			
8. ESTIMATED WEIGHT 140 to 150 lbs	9. ESTIMATED HEIGHT 5' 6 7/8"	10. COLOR OF HAIR U. T. D.	11. RACE White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reads: Unknown X-245.
 One (1) embossed plate reading: Unidentified X-245.
 One (1) embossed plate reading: Unknown X-245
 P-E, R-159, Gr-8.

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

None

UNIDENTIFIABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
 1st. Lt., FA O-1167395 *Cyril C. Disney* *20 Jan 1949*

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

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

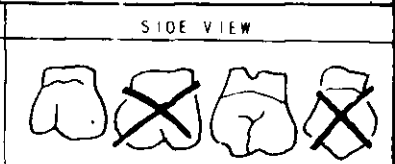
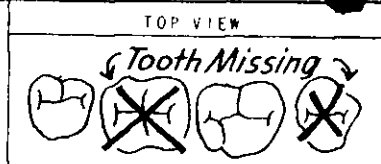
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Initial arthritis of vertebra column and sacro-iliac joint.

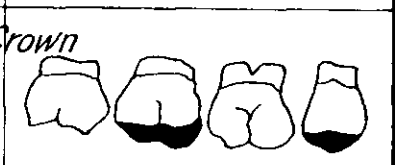
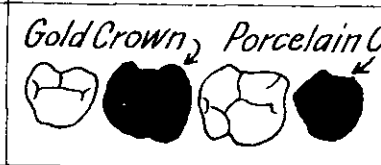
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

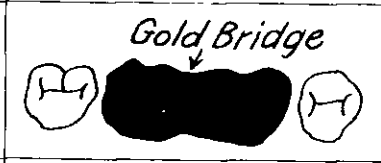
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:
 UNKNOWN X-245



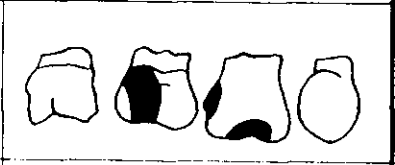
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:
 Quadaleanal



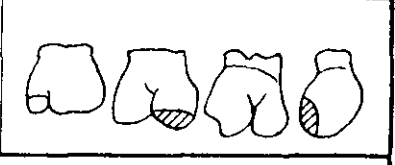
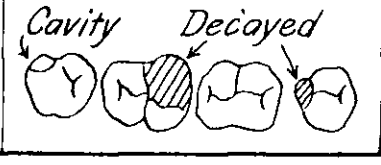
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



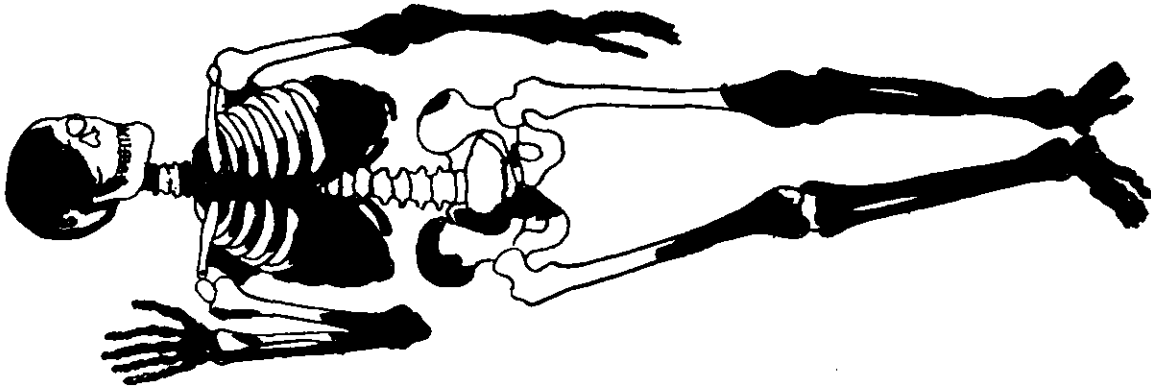
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
IMP.	MO	⊙									MD		⊙	⊙	⊙	
Side View																Side View
Top View																Top View
Side View																Side View
Section of mandible - Teeth missing		(F)												(F) MO	IMP.	
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."

19. BLACK OUT PARTS OF BODY NOT RECORDED



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. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather short, muscular man in his middle twenties with a nose skewed to the left.

The skull appears to have been rather small with an oval outline.

The forehead has little slope.

The face has average proportions and the nose is very asymmetric, the floor of the left nostril is at least 1/8 inches below that of the right.

In profile, the nose appears to have been straight, the face upright and the chin prominent.

The chin eminence is a rounded one of average prominence and protrudes on the right.

Fluoroscopical examination negative. 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., QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Charred and fractured.
VERTEBRAE	CERVICAL	4		
	THORACIC	8		
	LUMBAR	5		
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM (26.0)	"
	LEFT	1		"
RIBS		10		Fractured.
STERNUM		0		
CLAVICLES	RIGHT	1		Fractured.
	LEFT	1	approx 15.0	"
SCAPULAE	RIGHT	1		"
	LEFT	1		"
HUMERI	RIGHT	1		Distal 1/3 missing.
	LEFT	1	approx 34.5	" " "
RADII	RIGHT	1		Fragments.
	LEFT	0		Missing
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1		Distal 1/3 missing.
	LEFT	1		" " "
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1		Fragments of proximal head.
	LEFT	0		
FIBULAE	RIGHT	0		Missing
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

NUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	170-66.93-5'6 7/8	AGE	24 to 26 YEARS
ESTIMATED WEIGHT	140 to 150 lbs	LEG-HIP BR RATIO	

Charles E. Snow

Charles E. Snow
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-245 Guadalcanal

DD FORM 1306
Rev. 1 November 1942
(GCS 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
3 Oct 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-245		
	RANK	SERIAL NUMBER	COUNTRY			
	Unknown	Unknown	Unknown			
	ORGANIZATION		BRANCH			
Unknown		Unknown				
RACE	RELIGION	DATE OF DEATH				
Unknown	Unknown	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
---	--

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 17 Sept 45 (Reburial)	HOUR 0845	PLOT NO. 1	ROW NO. 159	GRAVE NO. 8	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery			Guadalcanal B.S.I.		

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>T-5 William H. Tussy</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
--	--

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) Daigne, Rivet J.	RANK 2c	SERIAL NO. 2747501	ORGANIZATION USS DENVER USNR
---	-------------------	------------------------------	--

BODY ON RIGHT, NAME (Last, First, Middle Initial) Gieske, Willard G.	RANK 1st Lt	SERIAL NO. 024950	ORGANIZATION VMTB-131 USMCR
--	-----------------------	-----------------------------	---------------------------------------

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 1st Lt QMC 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 in Plot E, Row 4, Grave 74, as Unknown X-27 in the USN & USMC Cemetery #1, Tulagi, BSI

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.

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

LEFT THUMB

RIGHT THUMB



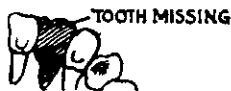


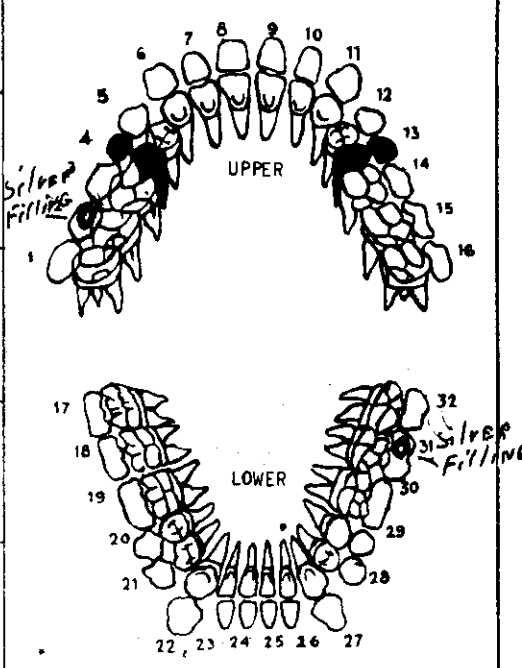
FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

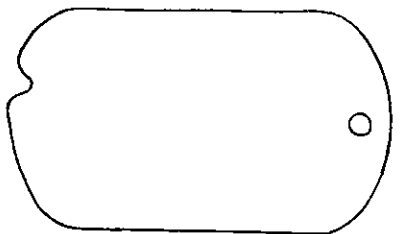
REGISTRATION AND RECORDS BRANCH
 NOV 27 12 26 PM '46
 MEMORIAL DIVISION

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
3 Oct 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-245

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

0845

PLOT NO.

"E"

ROW NO.

159

GRAVE NO.

8

GRAVE MARKER

Wooden Cross.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

/s/ T-5 William H. Tussey

IDENTIFICATION TAGS BURIED WITH BODY 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)

Daigre, Rivet J.

RANK

MM 2c

SERIAL NO.

2747501

ORGANIZATION

USS DENVER

GRAVE NO.

USNR

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

Gieske, Willard G.

RANK

1st Lt

SERIAL NO.

024950

ORGANIZATION

VMTB-131

GRAVE NO.

USMCR

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ Ellsworth Marshall,
1st Lieut. QMC for
/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 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 4, Grave 74, as Unknown

X-27 in the USN & USMC Cemetery #1, Tulagi, BSI

INSTRUCTIONS FOR BURIAL


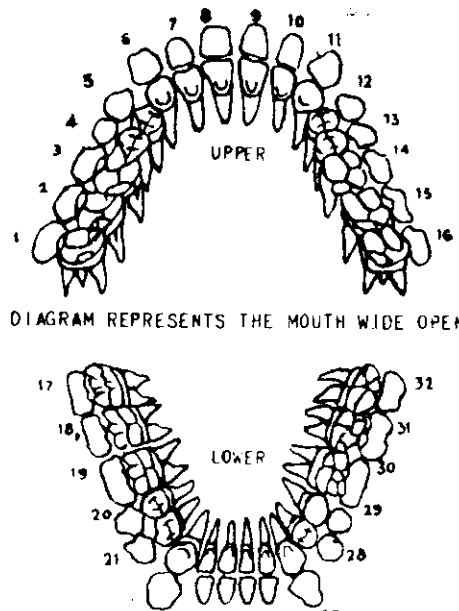




1: PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent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

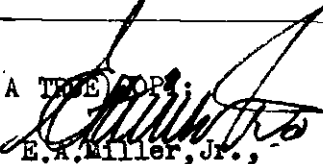
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

a 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.

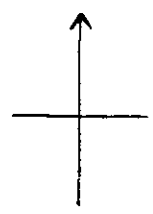
3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service 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	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN TOOTH CHART ON ORIGINAL
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

A TRUE COPY:

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

SKETCH AND MAP REFERENCE



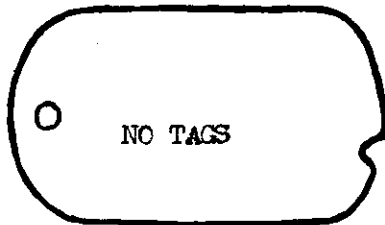
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Little Finger	Left	
Ring Finger	Left	
Middle Finger	Left	
Index Finger	Left	
Thumb	Left	
Thumb	Right	
Index Finger	Right	
Middle Finger	Right	
Ring Finger	Right	
Little Finger	Right	

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

DATE REPORT FILLED OUT

12 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-27		
	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
Tulegi, 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
--	--

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
19 Dec. 1944 (Reburial)	1430	B	4	74	Wooden Cross.
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Lt. 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
--	--

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
HIGGINS, Harold N.	Unknown	268-11-14	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
BOYD, Fred K.	Unknown	376-04-99	USN
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 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

Incl # 27

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.

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






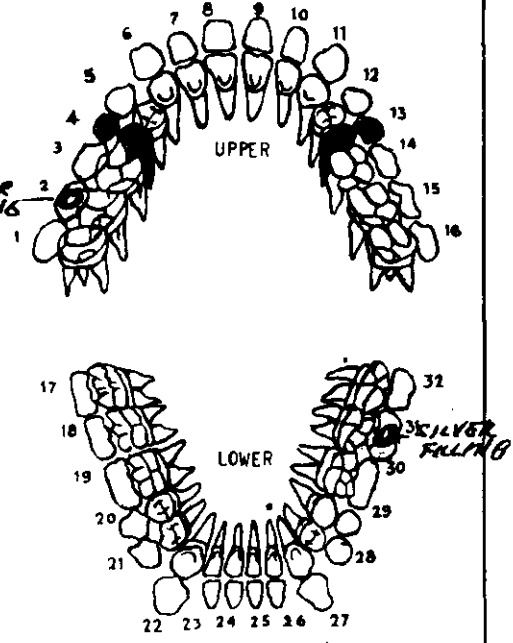
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

Restricted

SEP 22 1944 ¹¹⁵⁵

UNKNOWN X-27

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

~~Identification tags, tags, means of identification or tags attached to the body~~
 Names of adjacent deceased are taken from adjoining grave markers

Body buried on RIGHT	Dale, D.E.			USN	116
	Name	Serial number	Rank	Organization	Grave number
Body buried on LEFT	Edwards, G.H.			USN	114
	Name	Serial number	Rank	Organization	Grave number

Name and address of **EMERGENCY ADDRESSEE**

Name and address of **LEGAL NEXT OF KIN**

List only personal effects **FOUND 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. Civ. 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 :

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.**

Wm. F. Stewart
 Signature of officer or other person reporting burial

JOHN L. STEWART 151 1st Street
 151 1st Street

THUMB

1

2

3

4


LEFT HAND

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

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

DATE REPORT FILLED OUT

12 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-27		
	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
--	--

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
19 Dec. 1944 (Reburial)	1430	B	4	74	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Lt. Richard J. Mayer</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
--	--

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

BODIES BURIED EITHER SIDE (See Paragraph 8 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
HIGGINS, Harold N.	Unknown	268-11-14	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
BOYD, Fred K.	Unknown	376-04-99	USN

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 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