

A I R M A I L

QMGMT 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withdrawn.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-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, 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-183, 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  
Guadalupe; X-743, X-744, X-668, X-872, X-873, X-874, X-875, X-893,  
X-902, formerly Shanghai Remains Depot; X-7, formerly Emmlabegan;  
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-238, 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

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

S. Morgansire  
Salsar  
JW  
cc--Administrative Section

A I R M A I L

295  
X 297  
REB  
NJS  
X 297

C O P Y

A I R M A I L

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 953

INTEG 283

JAN 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 104a for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Englabegen Cometerion, stamped and signed in accordance with letter, DA COMS, GZHMU 283 WRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1946.

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 104a-1044a-1044b- Bone List X-8-Guadalcanal
2. QMG Form 104a-1044a-1044b- Bone List X-12-Guadalcanal
3. QMG Form 104a-1044a-1044b-Bone List- Fluorescopolical Findings X-14- Guadalcanal
4. QMG Form 104a-1044a-1044b-Bone List- X-16-Guadalcanal
5. QMG Form 104a-1044a-1044b-Bone List- X-19 Guadalcanal
6. QMG Form 104a-1044a-1044b-Bone List- X-25 Guadalcanal
7. QMG Form 104a-1044a-1044b-Bone List- X-27 Guadalcanal
8. QMG Form 104a-1044a-1044b-Bone List- X-32 Guadalcanal

A I R M A I L

SUBJECT: Resoluti of Unidentified Remains

83 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 1044-1044a-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-189 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

RRREC 293

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
- 45. 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 Form 1044-1044a-1044b-Bone List-  
X-296-Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

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-504-Guadaluacanal
58. QMC Form 1044-1044a-1044b-Bone List-  
X-308-Guadaluacanal
59. QMC Form 1044-1044a-1044b-Bone List-  
X-325-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-1044b-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-363-Remains Depot
65. QMC Form 1044-1044a-1044b-Bone List-  
X-372-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-502-  
Remains Depot.
70. QMC Form 1044-1044a-1044b-Bone List-  
X-7-Enlabagan
71. QMC Form 1044-1044a-1044b-Bone List-  
X-30 Kunming
72. QMC Form 1044-1044a-1044b-Bone List-  
X-393 Shanghai
73. QMC Form 1044-1044a-1044b-Bone List-  
X-125-Barrackporo
74. QMC Form 1044-1044a-1044b-Bone List-  
X-246-Barrackporo
75. QMC Form 1044-1044a-1044b-Bone List X-148-  
"A" Barrackporo.

AIR MAIL

RRREC 293

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23 Incls

76. QMC Forms 1044-1044b-Form List X-149 "B"-  
Barrackpore
77. QMC Form 1044-1044b-Form List X-149 "C".  
Barrackpore
78. QMC Form 1044-1044b-Form List X-150  
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Form List-  
X-150 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Form List-  
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Form List-  
X-253-Barrackpore
82. QMC Form 1044-1044b-Form List X-315 "A"  
Barrackpore
83. QMC Form 1044-1044b-Form List X-315 "B"  
Barrackpore

AIR MAIL

1 ✓

Interred 11 March 1949

DISINTERMENT DIRECTIVE

F 45 Alvan C. Baker Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ALVAN C. BAKER

DIRECTIVE NUMBER 8730 00000

DATE 26 09 47 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000247 RANK ARM 8 DATE OF DEATH DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY E 150 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-247 SERIAL NUMBER UNK RANK UNK DATE OF DEATH UNKN DATE DISTINTERRED 22 November 47

IDENTIFICATION TAG ON REMAINS ORGANIZATION UNK RELIGION UNK IDENTIFICATION VERIFIED BY A. A. 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 and 2 Mortuary Plates.

MINOR DISCREPANCIES None

REMAINS PREPARED AND PLACED IN CASKET DATE 1 July 1948 BY W J WILLIS, EMBALMER

CASKET SEALED BY J. N. ROBINSON EMBALMER (Signature) W. J. WILLIS 12 JUL 1949

CASKET BOXED AND MARKED DATE 7/1/48 BY J. N. ROBINSON SHIPPING ADDRESS VERIFIED BY J. TERADA

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

GILBERT L. H. WONG, CAPT. INF. SIGNATURE OF GRS INSPECTOR

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

Handwritten notes and signatures at the bottom of the page.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

U S ARMY MAUS NO 3

TO HAWN DIS

KIND OF CONVEYANCE TRUCK

NAME OF CONVOYER

24 FEB 1949  
FEB 24 1949

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

~~WILSON CAPT OMC~~  
Capt. OMC 01685944

CAPTAIN Q.M.D.

JAMES B. HARRIS

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF RECEIVER

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

REPAIRS OF RECORDS BRANCH  
FEB 24 1949  
GENERAL DIVISION  
JAMES B. HARRIS



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X - 247</b>				2. DATE OF REPORT <b>6 February 1948</b>			
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Formerly of Guadalemanal</b>			4. PLOT <b>E</b>	5. ROW <b>B</b>	6. GRAVE <b>162</b>	7. DATE OF DISINTERMENT REINTERMENT <b>5 Feb '48 6 Feb '48</b>	

PHYSICAL DESCRIPTION **Age: 22 - 23 years.**

8. ESTIMATED WEIGHT <b>Estimated to be about 138 - 145</b>	9. ESTIMATED HEIGHT <b>Estimated to be about 5' 9" or 5' 10"</b>	10. COLOR OF HAIR <b>ITD</b>	11. RACE <b>White</b>
---	---	---------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) embossed plate on casket reads: Unknown X-247. 64**  
**One (1) embossed plate on blanket reads: Unknown X-247.**  
**Plot - E, Row -150, Grave - 8.**  
**One (1) embossed plate with remains reads: Unidentified.**

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

**U N I D E N T I F I A B L E**  
**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

None.

**CYRIL G. DISNEY**  
**1st. Lt., FA 0-1167395 Cyril G. Disney 20 Jan 1949**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Most of skull burned away.</b>
--	--

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>All parts that are present except left innominate and several vertebrae are fractures.</b>
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
**First and second right ribs have fused together, from a point one inch from their tubercles to a common sternal end.**  
**Pterygo-basal foramen on left side.**

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.

*Jan 31*

**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-247



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

G. C.



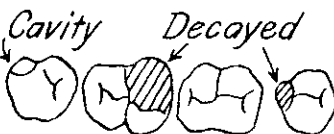
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



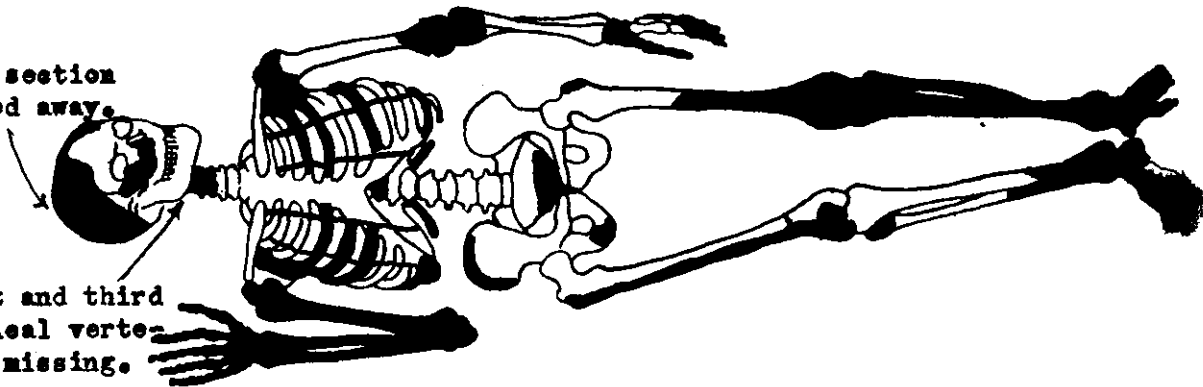
		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		IMP.								chipped					A 90	A 0		
Side Views																		Side Views
Top Views																		Top Views
																		LOWER
Side Views																		Side Views
				A F											⊙ A F	⊙ A F	PART IMP.	
		16	15	14	13	12	11	10	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

This section burned away.

First and third cervical vertebrae missing.



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

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

*Chas. E. Snow*

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Since there are no long bones intact, the stature is necessarily ~~expressed~~ <sup>crude</sup>. The man was probably of average to tall in size, with narrow hips.

The skull fragments indicated a small or small-average <sup>head</sup> in size. The forehead is high, and rises with an average slope. The glabella is rather prominent.

The face has average rectangular proportions & left asymmetry. The entire face projects some from the rest of the nose to the point of the chin. The nose appears to have a convex bridge. The palate is large and low. The chin eminence is a rather narrow bilateral one, which sticks forward, more on the left side. The teeth of the lower jaw all incline inward.

Fluoroscopic examination negative. Teeth chart taken.

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

O. W. GREENWOOD, CAPT., QMC

CENTRAL IDENTIFICATION LABORATORY

AND ALABAMA SOLEUM, APO 957

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Right center section of face. Both parietals, most of both temporals and most of occipital bone (except base) are burned away.
VERTEBRAE	CERVICAL	3		#1, 3, 4, 5 missing.
	THORACIC	9		#3, 8, 10 missing.
	LUMBAR	5		
SACRUM		1		Fractured, only three (3) superior segments are present.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 24.9	Fractured.
	LEFT	1		
RIBS		13		Eleven (11) missing. Five (5) left missing. six (6) right missing.
STERNUM		1		
CLAVICLES	RIGHT	1		
	LEFT	1		
SCAPULAE	RIGHT	1		Fractured.
	LEFT	0		Missing.
HUMERI	RIGHT	0		Missing.
	LEFT	1		Superior 1/2 of shaft present, head missing.
RADII	RIGHT	0		Missing.
	LEFT	1		Superior 1/4 missing.
ULNAE	RIGHT	0		Missing.
	LEFT	1		Superior 1/4 missing.
HANDS	RIGHT	0		Missing.
	LEFT	1		All missing except #2 and #3 metatarsal and one phalange.
FEMORA	RIGHT	1		Section of lower shaft missing.
	LEFT	1		Inferior 1/2 missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1		Fractured, superior 1/2 present.
	LEFT	0		Missing.
FIBULAE	RIGHT	1		Fractured, superior 1/2 present.
	LEFT	0		Missing.
FEET	RIGHT	1		All missing except #1 and #4 metatarsal.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO		APPROXIMATE
Estimated to be about ESTIMATED HEIGHT 5'9" or 5' 10"	AGE	22 - 25 YEARS
Estimated to be about ESTIMATED WEIGHT 135 - 145 lbs.		LEG-HIP BR RATIO

*Chas. E. Snow*  
Charles E. Snow  
ANTHROPOLOGIST

ENCLOSURE TO: X-247 MAJOR DISCREPANCY (GUADALCANAL)

NARRATIVE

The remains of Unknown X-27 and Unknown X-247, both formerly of Guadalcanal Cemetery, have been processed simultaneously, to see if any associations of skeletal parts could be made.

C. I. L. Unknown X-529 previously removed from the casket of Gardecke, Fred C., 6540177, also from Guadalcanal Cemetery, was removed from the C. I. L. files in an attempt to associate it with the remains of the two (2) unknowns listed above. No associations could be made; therefore, C. I. L. Unknown X-529 has been returned to the C. I. L. files.

No extra skeletal parts were found with either Unknown X-27 or Unknown X-247. No associations could be made between skeletal parts of either of these Unknowns.

WD QMC FORM 1042  
 Rev. 1 February 1945  
 (Supersedes form dated  
 3 Jan. 1945. Existing stocks  
 may be used until exhausted.)

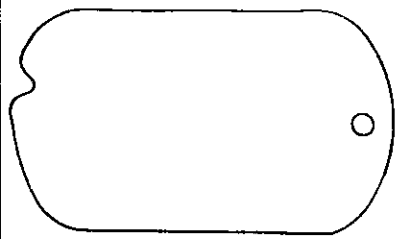
**REPORT OF INTERMENT**  
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT  
 28 Sept 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)

Unknown X-247



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 0815	PLOT NO. "E"	ROW NO. 150	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  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) Rice, William George.	RANK PHM 2c	SERIAL NO. 3113411	ORGANIZATION US Navy	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Gaedecke, Fred Cheney	RANK S 1c	SERIAL NO. 6540177	ORGANIZATION USNR	GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ John R. Nolan  
 /t/ JOHN R. NOLAN  
 1st Lt., QMC

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

**INSTRUCTIONS FOR FILLING OUT BURIAL REPORT:** PREPARE IN 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 78 as Unknown X-29  
 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 #14 and #15



**CAVITIES**

None



**MISSING TEETH**

#16



**CROWNED TEETH**

None



**BRIDGE WORK**

None

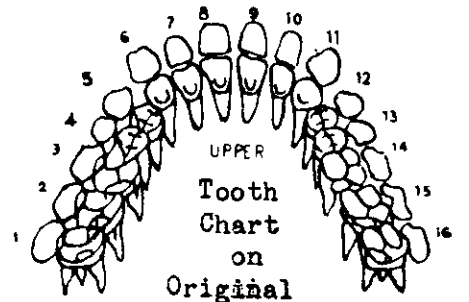
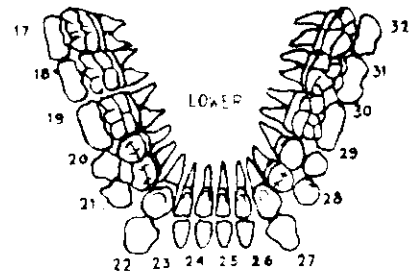


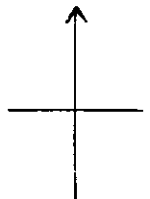
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

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



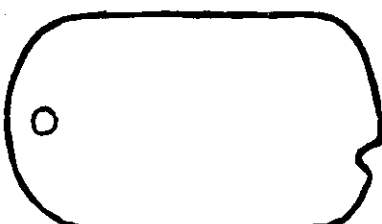
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

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

WD-40C 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)		
				Unknown X-247		
	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	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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
17 Sept 45 (reburial)	0815	"B"	150	8	Wooden Cross.
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown.	<i>Sgt. 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 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL	ORGANIZATION
Rice, <del>XXXX</del> William George.	PHM 2c	9113411	US Navy
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL	ORGANIZATION
Gaedcke, <del>XXXX</del> Fred Cheney.	S 1c	6540177	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 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 "B" Row 4 Grave 78 as Unknown X-29 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 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

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

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

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

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

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

LEFT THUMB

FILLINGS  
Silver fillings.  
#14 and #15



SILVER FILLING  
GOLD FILLING

CAVITIES

None



CAVITY  
DECAYED

MISSING TEETH

#16



TOOTH MISSING

CROWNED TEETH

None



PORCELAIN CROWN  
GOLD CROWN

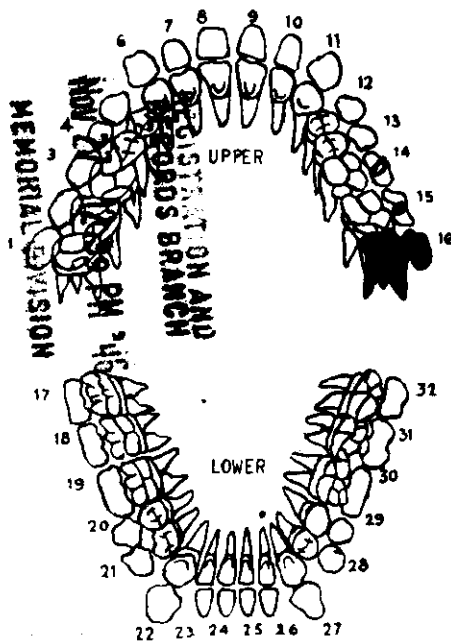
BRIDGE WORK

None



GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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

12 April 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

UNIDENTIFIED BODY X-29

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  
19 Dec. 1944  
(Reburial)

HOUR  
1430

PLOT NO.  
B

ROW NO.  
4

GRAVE NO.  
78

GRAVE MARKER  
Wooden Cross

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

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

*1st Lt. Richard J. Meyer*

IDENTIFICATION TAGS BURIED WITH BODY  YES  NO

ATTACHED TO MARKER  YES  NO

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

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

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

HUTCHINGS, Norman W.

RANK

Unknown

SERIAL NO.

268-19-35

ORGANIZATION

USN

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

ANDERSON, Ben

RANK

Unknown

SERIAL NO.

630-11-72

ORGANIZATION

USN

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

*John R. Nolan*  
JOHN R. NOLAN  
1st Lt., OMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U.S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

Incl # 29

# INSTRUCTIONS FOR BURIAL


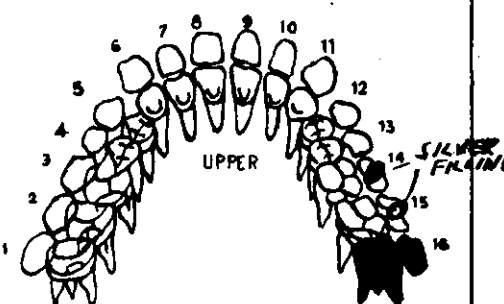




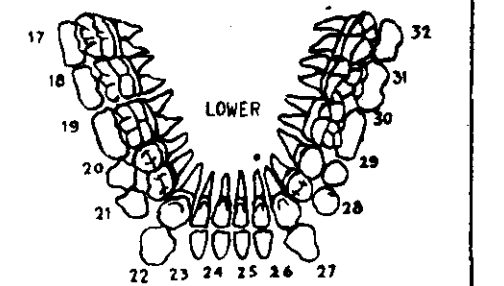
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

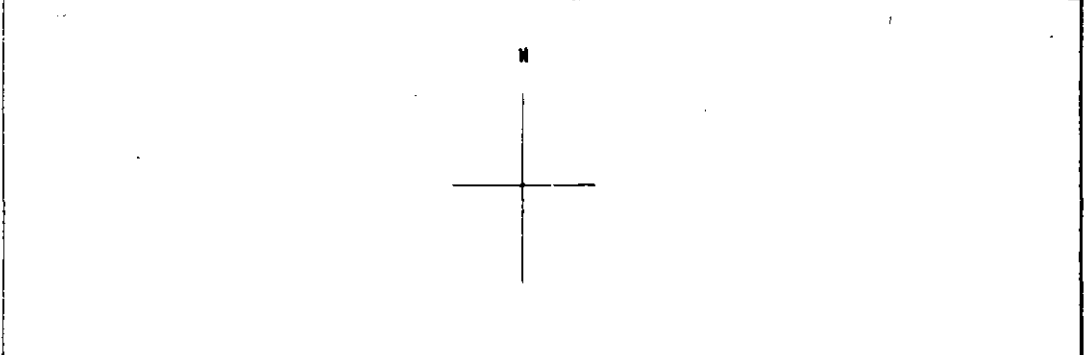
**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE 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 GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  UPPER SILVER FILLING
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
	MISSING TEETH  TOOTH MISSING	
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
	BRIDGE WORK  GOLD BRIDGE	LOWER  17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

### SKETCH AND MAP REFERENCE



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

1
2
3
4
4
3
2
1

**REPORT OF INTERMENT**  
**SECRET**  
FORM 10-630 AND AB-30-18 (5)

**Restricted**

1286

SEP 22 1944

UNKNOWN X-29

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
128	6	B	Wooden Cross

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

~~If identification tags or fragments of identification are buried with the body~~

Names of adjacent deceased are taken from adjoining grave markers

~~If identification tags or identity definitely established give particulars.~~

Body buried on RIGHT <u>Beadles, B.H.</u>	Serial number	Rank	Organization	Grave number
			USN	129

Body buried on LEFT <u>Unknown X-29</u>	Serial number	Rank	Organization	Grave number
				127

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 :

**SECRET**  
No record of effects

**Restricted**

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 : 3:19 43). If unable to obtain a complete set of fingerprints TAKE THOSE YOU CAN, and fill in as many of the following as you are able.**

Height :

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. :

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

*Walter J. ...*

JOHN T. ...

*John T. ...*

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

/  
CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME