

Can Cool

Interred 14 March 1949 **DISINTERMENT DIRECTIVE**

F 697

George M. Clark - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME
UNKNOWNX-000252

SERIAL NUMBER
UNKNOWNX-000252

RANK

ARM
1
DATE OF DEATH

CEMETERY
CUADALCANAL

DISPOSITION OF REMAINS
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
E169 4 SOLOMON ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-252

SERIAL NUMBER
Unk

RANK
Unk

DATE OF DEATH
Unk

DATE DISINTERRED
19 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
Unknown

RELIGION
Unk

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Casket

CONDITION OF REMAINS
Skeleton

OTHER MEANS OF IDENTIFICATION
Grave marker and cemetery record

FILE
12 JUL 1949
REPAIRATION
BRANCH
MET. DIV.

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **6 July 1948** BY **WILLIAM J WILLIS, EMBALMER**

CASKET SEALED BY
J. N. ROBINSON

EMBALMER (Signature)
William J Willis
WILLIAM J. WILLIS

CASKET BOXED AND MARKED
DATE **7-8-1948** BY **J. N. ROBINSON**

SHIPPING ADDRESS VERIFIED BY
J. TERADA

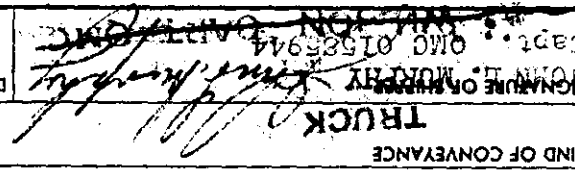
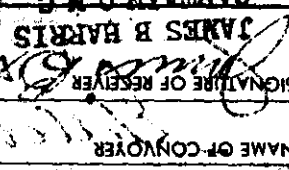
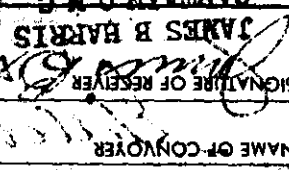
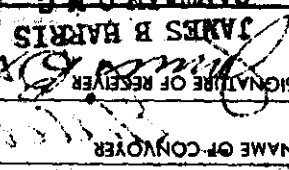
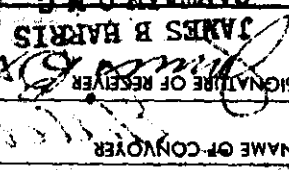
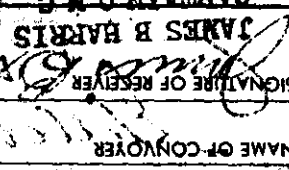
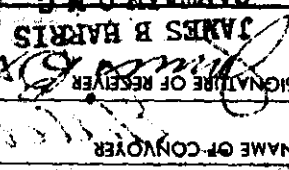
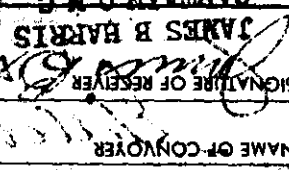
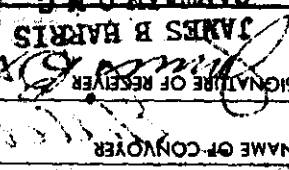
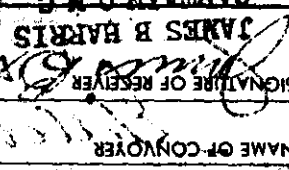
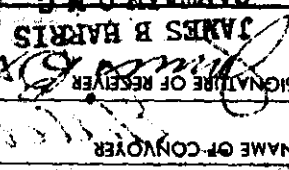
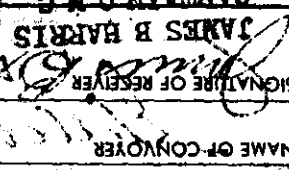
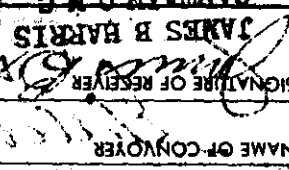
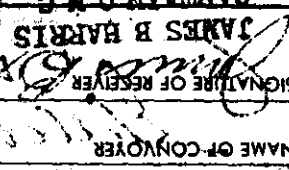
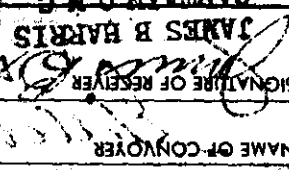
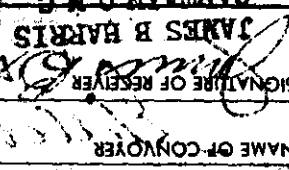
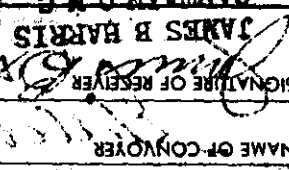
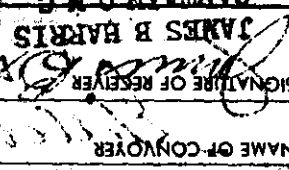
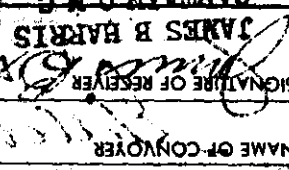
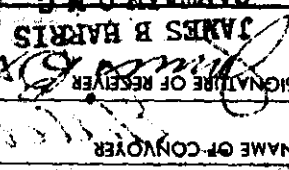
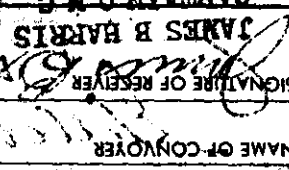
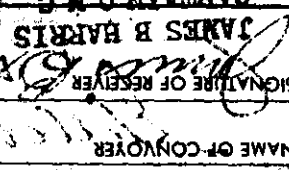
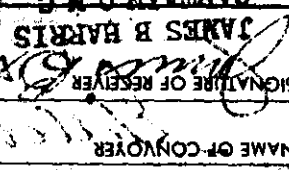
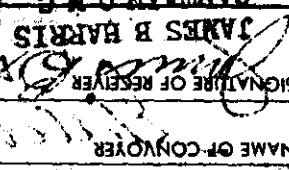
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

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

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

WJW
NLN Incl 239

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAHS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN E. MURPHY Capt. GPO 01585944 25 FEB 1949	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
2. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
3. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
4. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
5. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
6. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
7. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
8. SHIPPED			
FROM		HAWN DIST CENTER	
KIND OF CONVEYANCE		REPAIRS	
SIGNATURE OF SHIPPER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	
NAME OF CONVOYER		 JAMES B. HARRIS CAPTAIN G M G	
SIGNATURE OF RECEIVER		 JAMES B. HARRIS CAPTAIN G M G	
DATE		25 FEB 1949	

REPAIRS
RECORDS BRANCH
HAWN DIST CENTER
25 FEB 1949
8 54 AM '49

RECEIVED
25 FEB 1949

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-252 (Guadalcanal)				2. DATE OF REPORT 29 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #1 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	E	C 169	28 4	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **Age 25-27 yrs.**

8. ESTIMATED WEIGHT 155-165	9. ESTIMATED HEIGHT 178-70.08-5' 10"	10. COLOR OF HAIR UTD	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown X-252 Died--- P-E, R-169, Gr-4
One (1) embossed plate with remains reads: Unidentified
One (1) I.D. (duplicate) tag reads: Unknown X-252

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

UNIDENTIFIABLE

None

Civilian
 1st Lt., RA O-1167395 *Cyril B. Driney* *1 Feb 1949*

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?
Parts of skull face, and lower extremities are burnt

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
Multiple fractures and extensive erosion.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

encl. 4

18.

TOOTH CHART

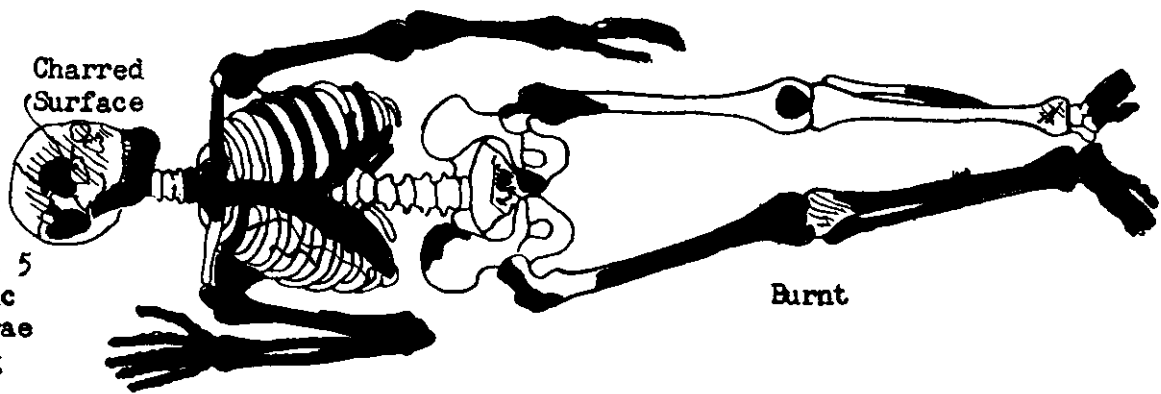
	TGP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: . Unknown X-252</p>	<p>← Tooth Missing →</p>	
<p>Guadalcanal</p>	<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity Decayed</p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
							(See Remarks)					⊙		⊙	⊙	
Side Views																
Top Views																
Side Views																
	Mandible				and				Teeth				missing			
	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. It looks like R-1 and R-2 and L-1 and L-2 are extracted but the maxilla is too badly broken away to say definitely.
 2. Might have been a bridge supplying R-1 and R-2 and L-1 and L-2.

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.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, slender man past twenty-five years of age, fairly muscular.

The skull is a long oval, with fairly prominent bosses. The backhead is rather straight. The face has average proportions. The nose appears to have been straight. The upper lip was probably long. The palate has average height and width.

Since the face and skull are charred, and the mandible is missing, this precludes any further description.

Fluoroscopic examination unnecessary. Teeth charted.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE


O. W. GREENWOOD, CAPT., QMC
 CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, 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	approx. 53.6	Badly burnt, extensive erosion. Mandible missing.
VERTEBRAE	CERVICAL	6		#7 missing.
	THORACIC	7		#1 thru #5 missing.
	LUMBAR	5		Eroded.
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	approx. BI-ILIAC DIAM	"
	LEFT	1	25.2	"
RIBS		14		Multiple fractures.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	approx. 14.7	End eroded.
	LEFT	0		Missing.
SCAPULAE	RIGHT	0		"
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	1		All missing except #3 metacarpal.
FEMORA	RIGHT	1		Burnt, distal 3/4, 1/2 of head missing.
	LEFT	1		Fractured, upper 1/4, and half of head missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1		Medial condyle, small portion posterior shaft present only.
	LEFT	1	38.6	Eroded distal and proximal ends.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Distal 1/2 missing.
FEET	RIGHT	1		All missing except talus, calcaneus, #1 cuneiform.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO	UTD		APPROXIMATE
ESTIMATED HEIGHT	178-70.08-5'10"	AGE	25-27 YEARS
ESTIMATED WEIGHT	155-165	LEG-HIP BR RATIO	UTD


 Paul L. Gravenor
 Lab Supervisor
 Anthropologist

ENCLOSURE TO: Unknown X-252 (Guadalcanal)

NARRATIVE

Unknown X-252, P-E, R-169, G-4 (Box 28))
Unknown X-254, P-E, R-167, G-8 (Box 14)) Guadalcanal

The above mentioned cases were processed simultaneously and during the course of processing it was found that the remains of X-254 consisted of an extra partly complete articulating skeleton.

Unknown X-251, P-E, R-167, G-6 (Box 6))
Unknown X-255, P-E, R-157, G-4 (Box 18)) Guadalcanal

The cases listed above were checked in an effort to associate the extra partial skeleton, and the only association made was that of a right and left articulating clavicles from X-254 to X-255.


The remainder of the partial skeleton has been removed and classified as X-254 "A" after being fully processed.

QMC Form 1002
 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
 11 October 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Unknown X - 252		
RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown	
ORGANIZATION Unknown		BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown	

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

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

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
--------------------------------------------	-----------------------------------------------

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

DATE (Reburial) 17 Sept 45	HOUR 0915	PLOT NO. Army Navy E	ROW NO. Marine 169	GRAVE NO. Cemetery 4	GRAVE MARKER Guadalcanal B.S.I. Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL T-5 William H. Tussy
--------------------------------------------------------	-------------------------------------------------

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) X - 273 - Unknown	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION U.S.S. LaVallette
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknowns X-267 268 269 270 271 272	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN

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

OVER FOR BURIAL INSTRUCTIONS

Previously buried as Unknown X-34 in Plot B, Row 4, Grave 88, 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

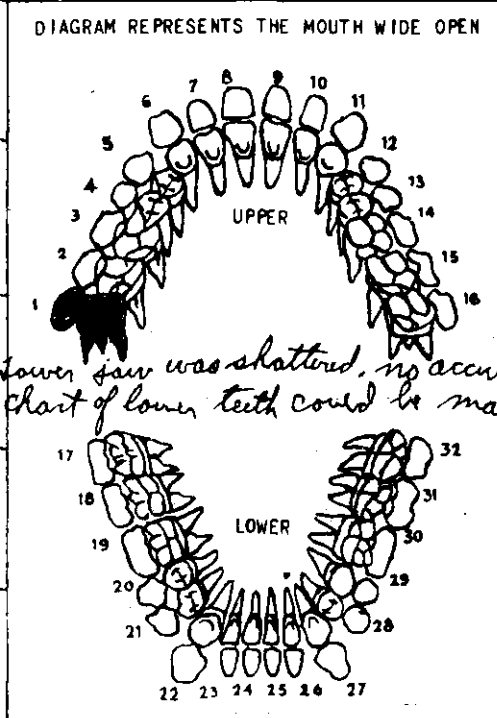
2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, 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 COLLECTING POINT.


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

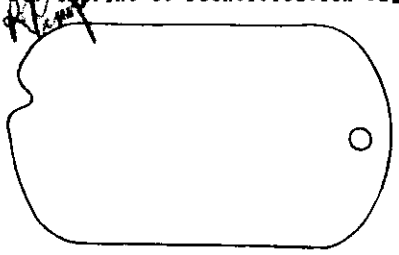
1	WHEN UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART
2	
3	
4	
LEFT THUMB	
RIGHT THUMB	
4	
4	
3	
2	
1	

SILVER FILLING GOLD FILLING 	
CAVITIES 	CAVITY DECAYED 
MISSING TEETH 	TOOTH MISSING 
CROWNED TEETH PORCELAIN CROWN GOLD CROWN 	BRIDGE WORK GOLD BRIDGE 



SKETCH AND MAP REFERENCE



WD QMC FORM 1042 Rev. 1 February 1945 (Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.)				REPORT OF INTERMENT (TM 10-630 and AR 30-1815)				DATE REPORT FILLED OUT 11 October 1945	
For Imprint of Identification Tag 		NAME (Last, First, Middle Initial) Unknown X-252							
		RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Unknown			
		ORGANIZATION Unknown			BRANCH Unknown				
		RACE Unknown		RELIGION Unknown		DATE OF DEATH Unknown			
PLACE OF DEATH Tulagi, B.S.I.				CAUSE OF DEATH Unknown					
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE				IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)					
DISPOSITION OF SUBSTITUTE TAGS, IF MADE									
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.									
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. No personal effects found									
NAME OF EMERGENCY ADDRESSEE Unknown				ADDRESS OF EMERGENCY ADDRESSEE Unknown					
NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal B.S.I.									
DATE OF BURIAL (Reburial) 17 Sept 45		HOUR 0915	PLOT NO. E	ROW NO. 169	GRAVE NO. 4	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 <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) X-273 Unknown				RANK Unknown	SERIAL NO. Unknown	ORGANIZATION U.S.S. LaVallette	GRAVE NO.		
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknowns X-267 268 269 270 271 272				RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN	GRAVE NO.		
PERSON CONDUCTING BURIAL RITES Unknown				VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall 1st Lt. 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 QUADRUPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.									
OVER FOR BURIAL INSTRUCTIONS				Previously buried as Unknown X-34 in Plot B, Row 4, Grave 88, 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 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	CAVITIES	DECAYED	MISSED TEETH	TOOTH MISSING	CROWNED TEETH	PORCELAIN CROWN	GOLD CROWN	BRIDGE WORK	GOLD BRIDGE
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DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

UPPER

LOWER

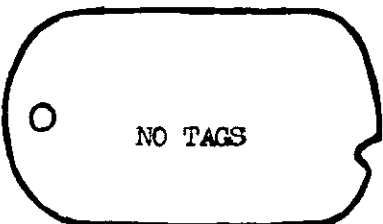
TOOTH CHART ON ORIGINAL

SKETCH AND MAP REFERENCE

A. PROULX
 E.A. MILLER, JR.
 1st Lieut. QMC

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

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

WD QMC Form 1082 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-34			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Unknown	
ORGANIZATION Unknown			BRANCH Unknown		
RACE Unknown		RELIGION Unknown		DATE OF DEATH Unknown	
PLACE OF DEATH Tulagi, B.S.I.			CAUSE OF DEATH Unknown		
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE			COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN		
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No personal effects found					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 19 Dec. 1944 (Reburial)	HOUR 1430	PLOT NO. B USN &	ROW NO. 4 USMC CEMETERY #1	GRAVE NO. 88	GRAVE MARKER Wooden Cross TULAGI, B.S.I.
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL <i>John R. Nolan</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) PARKS, John B.		RANK Unknown	SERIAL NO. 300-18-15	ORGANIZATION USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) COUNTRYMAN, Eugene D.		RANK Unknown	SERIAL NO. 410-61-32	ORGANIZATION USN	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

Incl #34

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

RIGHT THUMB






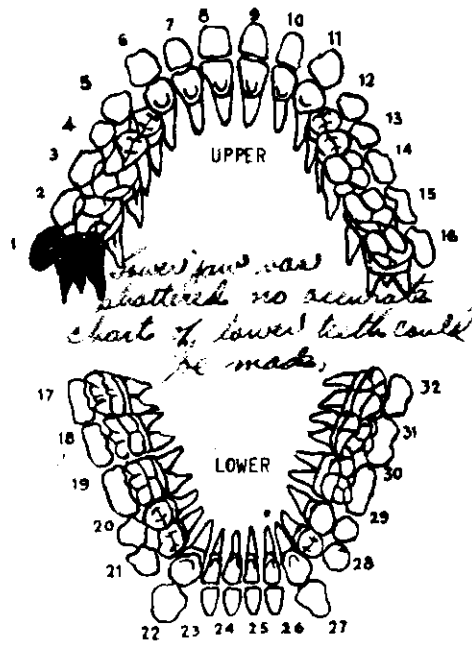
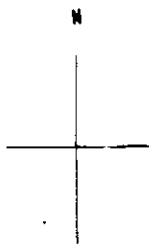

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



WD OMC Form 1062 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 12 April 1945
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-34				
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Unknown		
ORGANIZATION Unknown			BRANCH Unknown			
RACE Unknown		RELIGION Unknown		DATE OF DEATH Unknown		
PLACE OF DEATH Tulagi, B.S.I.			CAUSE OF DEATH Unknown			
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE						
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN						
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No personal effects found						
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE						
DATE 19 Dec. 1944 (Reburial)	HOOR 1430	PLOT NO. B	ROW NO. 4	GRAVE NO. 88	GRAVE MARKER Wooden Cross TULAGI, B.S.I.	
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL <i>Sgt. Richard J. Maynt</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 3 on Reverse)						
BODY ON LEFT, NAME (Last, First, Middle Initial) PARES, John B.		RANK Unknown	SERIAL NO. 300-18-15	ORGANIZATION USN		
BODY ON RIGHT, NAME (Last, First, Middle Initial) COUNTRYMAN, Eugene D.		RANK Unknown	SERIAL NO. 410-61-32	ORGANIZATION USN		
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <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 #34

7351