

A I R M A I L

QMCMT 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 953, 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 Reference is made to basic communication and inclosures, withdrawn.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-195, 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-868, X-872, X-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Ennylabegan; X-30, formerly Kunming; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-238, 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/d

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

S. Morgan:lr
Salser
JW
cc--Administrative Section

A I R M A I L

X-293
1st Ind.
American Graves Registration Service
Pacific Zone
APO 953
San Francisco, California
X-253

REC
NJS

C O P Y

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 959

RRWEG 233

JAN 24 1949

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 1044 for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Enghelabgan Cemeteries, stamped and signed in accordance with letter, RA QMG, QRRSU 233 QRS (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

85 Incls

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

A I R M A I L

SUBJECT: Resolutions of Unidentified Remains

63 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-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

RRREC 293

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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

RRREC 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-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-868-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-Enlabegan
- 71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kunming
- 72. QMC Form 1044-1044a-1044b-Bone List-
X-893 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 1044-1044a-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

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76. QMC Form 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-238 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

- 5 -

INTRA OFFICE REFERENCE SHEET

243 unk Guadalcanal X-255

DUE, HOUR AND DATE *ms*

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief Final Det Section Ident Br Mem Div	Navy Liaison Section Ident Br Mem Div ATTN: Mr. Moyer	6 Nov 50	<p>SUBJECT: Recommended Association</p> <ol style="list-style-type: none"> 1. The "Re-examination of Records of Non-recoverables" indicates that Unknown X-255, Guadalcanal may be the remains of Beck, David A., Lt.(jg) 124 076. 2. Attached files are forwarded for necessary action. 3. It is requested that this section be advised of result. <p style="text-align: right;"><i>ms</i> LAY 73472</p> <p style="text-align: right;"><i>Newbaker</i> NEWBAKER 75926</p>
2	Navy Liaison Section Ident Br Mem Div	Chief Final Det Section Ident Br Mem Div ATTN: Mr. Newbaker	6 Nov 1950	<p>1. Reference is made to request for re-examination of Unknown X-255, Guadalcanal as per Comment #1.</p> <p>2. The re-examination of this case reveals the following discrepancies:</p> <p>(a) Dental discrepancies are indicated in the following teeth; 12, 15, 16 and 28. The pattern of fillings is unfavorable.</p> <p>(b) A discrepancy also exists in the place of death. BECK was missing on a strike against enemy shipping in Kahili Bouganville area. This is approximately 330 miles distant from Tulagi, the place of death indicated for Unknown X-255, Guadalcanal.</p> <p>3. In view of the foregoing information, the association of X-255 and Lt. BECK is considered indefensible.</p> <p style="text-align: right;"><i>Moyer</i> MOYER 73880</p> <p style="text-align: right;"><i>ms</i> LAY 52462</p> <p style="text-align: right;"><i>Newbaker</i> NEWBAKER 75926</p>

Interred 11 March 1949

DISINTERMENT DIRECTIVE

-Sanitary Superintendent

1 ✓

Alvin C. Baker

SECTION A - NAME AND BURIAL LOCATION OF DECEASED *AN C. BAKER*

DIRECTIVE NUMBER 8730 00000

DATE 26 09 47
DAY MONTH YEAR

NAME UNKNOWN X-000255

SERIAL NUMBER X-000255

RANK

ARM 8
DATE OF DEATH

CEMETERY GUADALCANAL

DISPOSITION OF REMAINS 0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY E157 4 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-255

SERIAL NUMBER Unk

RANK Unk

DATE OF DEATH Unk

DATE DISINTERRED 22 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION Unk

RELIGION Unk

IDENTIFICATION VERIFIED BY
Latham, Lt.
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket

CONDITION OF REMAINS Skeletal

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

MINOR DISCREPANCIES 1
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 6 July 1948 BY LAWRENCE A JONES, EMBALMER

CASKET SEALED BY G. D. MEEK

EMBALMER (Signature) *Lawrence A. Jones*
LAWRENCE A. JONES

CASKET BOXED AND MARKED
DATE 2-6-1948 BY G. D. MEEK

SHIPPING ADDRESS VERIFIED BY
T. P. *MEAD*

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

William A. McNamary
WILLIAM A. MCNAMARY
SEPARATION BRANCH
SIGNATURE OF GRS INSPECTOR

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

MLN Jones 1/18

RECORD OF CUSTODIAL TRANSFER

FROM THE ARMY MAUS NO 3

1. SHIPPED

TO SHAWN DIST CENTER

DATE 23 FEB 1949

SIGNATURE OF SHIPPER JOHN L. MURPHY
 Capt. G.M.C. 01585945

SIGNATURE OF RECEIVER

NAME OF CONVOYER

KIND OF CONVEYANCE

RECEIVED
 RECORDS BRANCH
 SHAWN DIST CENTER
 MEMORIAL DIVISION
 FEB 23 1949

2. SHIPPED

3. SHIPPED

4. SHIPPED

5. SHIPPED

6. SHIPPED

7. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

KIND OF CONVEYANCE

FROM

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

KIND OF CONVEYANCE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

KIND OF CONVEYANCE

FROM

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-255 Guadalcanal				2. DATE OF REPORT 26 March 1948			
3. NAME OF CEMETERY Guadalcanal		4. PLOT E	5. ROW 157	6. GRAVE 4	7. DATE OF DISINTERMENT REINTERMENT 26 Mar '48 26 Mar '48		
U. S. Army Mausoleum #1.							

PHYSICAL DESCRIPTION Approx age: 25 to 27 years.							
8. ESTIMATED WEIGHT 160 to 165 lbs.	9. ESTIMATED HEIGHT 178-70.08-5' 10"	10. COLOR OF HAIR Pubic hair - auburn.			11. RACE White ?		

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I. D. tag reading: Unknown X-255.
One (1) embossed plate reading: Unknown X-255, Died: _____, P-E, R-157, Gr-4.

13. GIVE DESCRIPTION OF TATTOOS 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 C. DISNEY
1st Lt. FA O-1167305 Cyril C. Disney 20 Jan 1949

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? About head, shoulders and legs.
---	---

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Nearly all bones present are fractured.
--	---

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

Incl. 42

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p>Unknown X-255 Guadalcanal</p>	<p>← Tooth Missing →</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</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	
	A	This section of maxilla + teeth missing											A	A	A	A	A
	O											OD	MOD	OM	O	O	
Side Views																	
Top Views																	
Side Views																	
		A	A									A	A	A	A	A	
		OD	MOD									OD	LOD, F, F	LOD			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

Side Views

Top Views

Side Views

LOWER

Cavity

Cavity

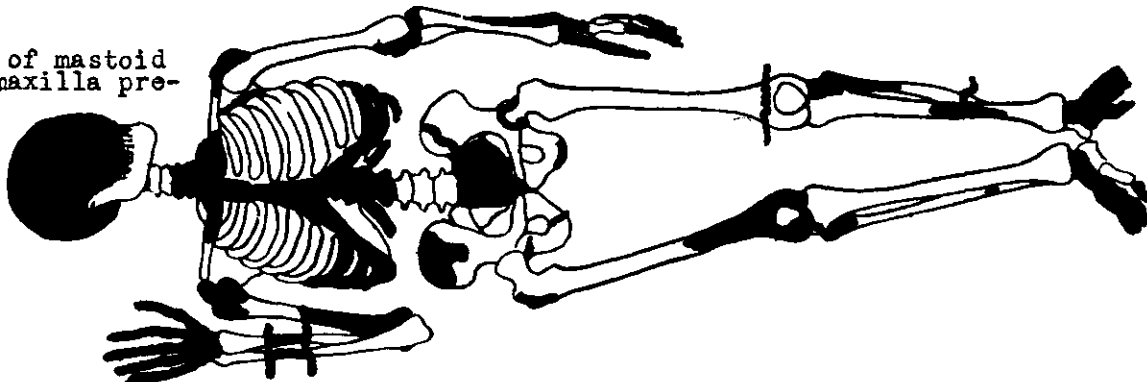
section mandible + teeth missing

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. R-16 may have been impacted during life.

19. BLACK OUT PARTS OF BODY NOT RECORDED

Portion of mastoid
malor, maxilla present.



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

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

No extra parts.

Paul L. Cravenor, SIGNATURE OF MEDICAL OFFICER, Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, muscular man in his middle twenties. The structure of the jaw is heavy, with a slight gonial flare. The chin is deep and a rounded bilateral type.

The absence of the skull and face precludes any further description.

Fluoroscopic 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

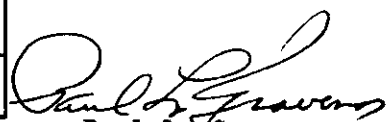
SIGNATURE

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		Fractured-base of skull, left portion of mastoid, malor, maxilla and mandible present.
VERTEBRAE	CERVICAL	5		6 and 7 missing.
	THORACIC	5		7 missing.
	LUMBAR	3		1 and 5 missing.
SACRUM		1		Fragment of right wing.
INNOMINATES	RIGHT	1	approx BI-ILIAC DIAM 28.4	Fractured ilium and ischium-parts missing.
	LEFT	1		Fractured ilium.
RIBS		14		Shattered-fragments.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Fractured-midshaft-parts missing.
	LEFT	1		" " " "
SCAPULAE	RIGHT	1		Shattered parts missing.
	LEFT	1		" " "
HUMERI	RIGHT	1		Fractured-part of head & lower half missing.
	LEFT	1	approx 34.0	Part of distal end eroded.
RADII	RIGHT	1		Fractured - midshaft present only.
	LEFT	1	approx 24.6	Head Missing.
ULNAE	RIGHT	1		Fractured - midshaft present only.
	LEFT	1		Fractured at midshaft - lower half missing.
HANDS	RIGHT	1		All missing except 2 & 3 metacarpals.
	LEFT	1		All missing except 2 & 5 metacarpals.
FEMORA	RIGHT	1		Fractured below midshaft-lower half missing.
	LEFT	1		Eroded head - fracture of condyle.
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1	approx 41.4	
	LEFT	1		Fracture below midshaft.
FIBULAE	RIGHT	1		Head missing - fracture lower third.
	LEFT	1		Fractured - upper third missing.
FEET	RIGHT	1		Calcaneus, navicular, 1,4,&5 metacarpals present
	LEFT	1		Calcaneus present only.

HUMERO-CLAVICULAR RATIO U. T. D.		APPROXIMATE	
ESTIMATED HEIGHT 178 70.08 5' 10"	AGE	25 to 27	YEARS
ESTIMATED WEIGHT 165 to 175		LEG-HIP BR RATIO U. T. D.	


 Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-255 Guadalcanal

NARRATIVE

Unknown X-255, Guadalcanal, Plot-E, Row-157, Grave-4, U. S. Army Mausoleum #1, Row-C, Box-18.

This remains was processed and found to contain extra skeletal parts, they are as follows:

- One (1) extra sacrum.
- One (1) extra #4 lumbar vertebra.
- Two (2) extra fragments of left scapula.
- One (1) extra fragment of right ulna.
- One (1) extra fragment of left fibula.

All these parts have been associated with and absorbed by the remains of Unknown X-256, Guadalcanal.

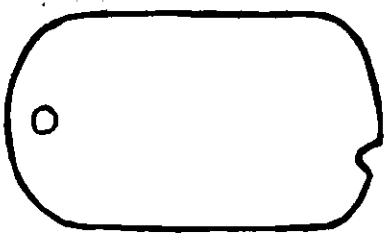
Also, one (1) fragment each, right and left clavicles, have been removed from Unknown X-254, Guadalcanal and placed with these remains of Unknown X-255, Guadalcanal.

Associations have been made by size, color and texture only, and cannot be demonstrated by articulation with the exception of the sacrum listed above. This was articulated with remains of Unknown X-256.

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)

DATE REPORT FILLED OUT
 3 Oct 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Unknown X-255		
	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 17 Sept 45 (Reburial)	HOUR 0840	PLOT NO. "E"	ROW NO. 157	GRAVE NO. 4	GRAVE MARKER Wooden Cross.
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Army Navy Marine Cemetery Guadalcanal B.S.I.

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL T-5 William H. Tussley
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

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

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Alstrooks, Barney V.	RANK PhM 2c	SERIAL NO. 5765883	ORGANIZATION USNR Hq Sqn MAG 25
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-279	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USAAF 31st Bomb Sqn.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 1st Lt. OMC
---	---

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.

Previously buried in Plot F, Row 4, Grave 94, as Unknown X-37

OVER FOR BURIAL INSTRUCTIONS in the USN & USMC Cemetery #1., Tulagi, BSI

INSTRUCTIONS FOR BURIAL


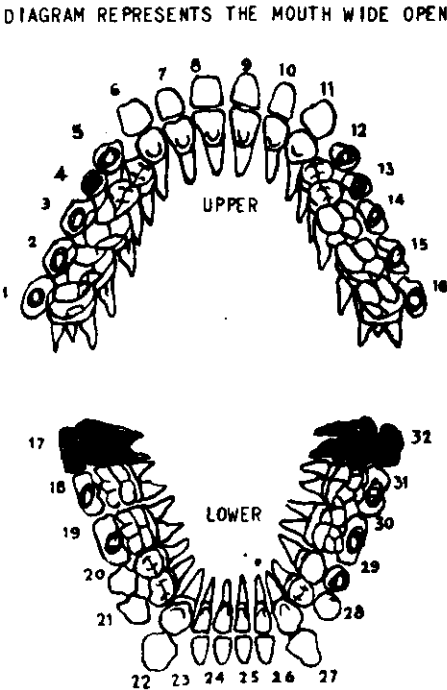




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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.

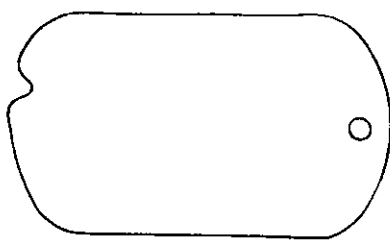
LEFT THUMB	FILLINGS Gold Filling #4. Silver fillings. #1, 2, 3, 5, 12, 13, 14, 15, 16, 18, 19, 29, 30, and 31.	SILVER FILLING GOLD FILLING 	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
RIGHT THUMB	CAVITIES None	CAVITY DECAYED 	
	MISSING TEETH #17 and #32	TOOTH MISSING 	
	CROWNED TEETH None	PORCELAIN CROWN GOLD CROWN 	
	BRIDGE WORK None	GOLD BRIDGE 	

SKETCH AND MAP REFERENCE



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

REGISTRATION AND RECORDS BRANCH
 NOV 27 12 21 PM '46
 MEMORIAL DIVISION

	For Imprint of Identification Tag			NAME (Last, First, Middle Initial) Unknown X-255		
	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 TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--

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

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found.

NAME OF EMERGENCY ADDRESSEE 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 0840	PLOT NO. "E"	ROW NO. 157	GRAVE NO. 4	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL /s/ T-5 William H. Tussey
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

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

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Alsbrooks, Barney V.	RANK PhM 2c	SERIAL NO. 5765883	ORGANIZATION Hq Sqdn MAG	GRAVE NO. 25 USNR
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-279	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION 31st Bomb Sqdn.	GRAVE NO. USAAF

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 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 94, as Unknown X-37 in the USN & USMC Cemetery #1, Tulagi, BSI**

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-37		
	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	ROW NO. 4	GRAVE NO. 94	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>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) REED, Stephen B.	RANK Unknown	SERIAL NO. 368-52-07	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) ROGERS, Charles E.	RANK Unknown	SERIAL NO. 272-43-84	ORGANIZATION USN

PERSON CONDUCTING BURIAL RITFS 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

J. (#37)

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 520. 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

1
2
3
4
LEFT THUMB
RIGHT THUMB
4
3
2
1






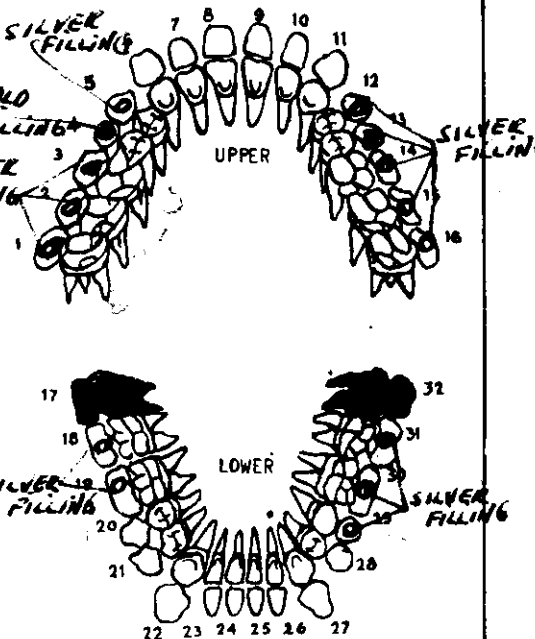
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

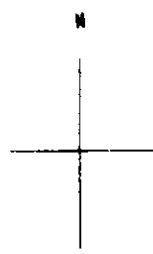
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



UPPER

LOWER

SKETCH AND MAP REFERENCE



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

REPORT OF BURIAL
(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-37			
		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
19 Dec. 1944 (Reburial)	1430	B	4	94	Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY			PERSON REPORTING BURIAL		
Previous Service Unknown			<i>Sgt. Richard J. Moyer</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	
REED, Stephen B.		Unknown	368-52-07	USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	
ROGERS, Charles E.		Unknown	272-43-84	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					

4-cl#37