QMGMT DEPT OF ARMY WASSED CAPT SLOANE EXT 2462

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PRIORITY

DIN SEE GRAVES WW II

FROM QMCMT REURL OF THE ROGER ROGER ROGER TWO NINE THREE RESOLUTION OF UNIDENTIFIED REMAINS THE ROD ONE FIVE DECEMBER FOUR EIGHT

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XRAY TWO FIVE SEVEN XRAY SEVEN XRAY THREE ZERO THREE CHARLIE OF GUADALCANAL

PD THIS OFFICE CONCURBATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UNCLASS IF IED

QMGHT 293 GRS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QAC MEMORIAL DIVISION

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE (PACIFIC ZONE) APO 958

RRREC 293

DBC 15 1948

SUBJECT: Resolution of Unidentified Remains

TO:

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

- 1. Transmitted herewith QMC Form 1044 for thirty-sevem (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 293 GRS (Pacific Zone), Subj. Resolution of Cases of Unidentified Deceased dated 22 September 1948.
- 2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.
- 5. The remainder that have dental anatomy could possible compare with many persons missing, thereby precluding any individual identification.
 - 4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. CMC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46

2. QMC Form 1044-1044a-1044b-Bone List-Unknown X-47

S. QMC Form 1044-1044a-1044b-Bone List-Unknown X-48

4. QMC Form 1044-1044a-1044b
Bone List-Fluoroscopical
Findings for Identification
Unknown X-57

HORACE MANN Captain, CMC Chief, RR Div

AIR MAIL

AIR MAIL

RESEC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

- 5. CMC Form 1044-1044b-Bone List-Unknown X-62
- 6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
- 7. OMG Form 1044-1044b-Bone List-Major Discrepancy X-57
- 8. OMC Form 1044-1044b-Bone List-X-70
- 9. 0MC Form 1044-1044b-Rone List-X-84
- 10. CMC Form 1044-1044b-Bone List-Unknown X-85
- 11. OMC Form 1044-1044a-1044b-Bone List-Unknown X-92
- 12. CMC Form 1044-1044b-Bone List-Unknown X-113
- 13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
- 14. CMC Form 1044-1044b-Bone List-Nerrative X-114A
- 15. CMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
- 16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
- 17. CMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
- 18. QMC Form 1044-1044b-Bone List-Unknown X-176
- 19. QMC Form 1044-1044b-Bono List- Unknown K-178
- 20. QMC Form 1044-1044b-Rong List-Unknown X-179
- 21. CMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
- 22. ONC Form 1044-1044b-Rone List-Narrative X-227
- 23. MG Form 1044-1044b-Rome List-Narrative-X-228
- 24. AMC Form 1044-1044b-Bone List-X-230
- 25. GMG Form 1044-1044b-Bono List-Narrative-X-232
- 26. ONC Form 1044-1044b-Bane List-X-233
- 27. OHG Form 1044-1044b-Bone List-X-239
- 28. Q/C Form 1044-1044b-Rone List-Harrative-Unknown X-240
- 20. QMC Form 1044-1044b-Eone List-Harrative-Unknown X-248
- 30. GMC Form 1044-1044b-Bone List-X-256
- 31. ONC Form 1044-1044b-Bons List-Unknown X-257
- 32. QMC Form 1044-1044b-Rone List-Marrative X-280 "A"
- 35. QHC Form 1044-1044b-Bone List-Narrative-X-280 "B"
- 54. OMO Fowa 1044-1044b-Bone List-Narrative X-292-"A"
- 35. QMC Form 1044-1044b-Bone List-Marrative X-292 "B"
- 36. QMC Form 1044-1044b-Bone List-Unknown X-294
- 37. OMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-305

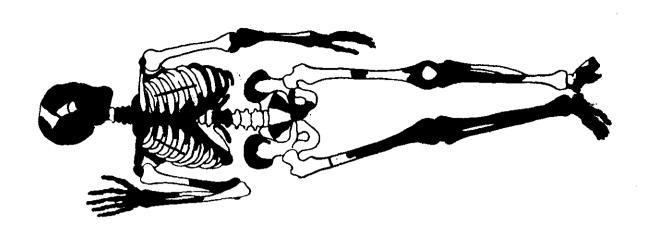


314 Ams. HATIONAL MEMORIAL CEMETERY OF THE PACIFIC Interred 3 February 1949 DISINTERMENT DIRECTIVE 928 Superintendent ALVAN C. BARTE NUMBER DATE SECTION A -8730 00000 26 109 NAME AND BURIAL LOCATION OF DECEASED DAY MONTH SERIAL NUMBER DATE OF DEATH RANK ARM NAME UNKNOWNX-000256 Q DAY MONTH YEAR DISPOSITION OF REMAINS CEMETERY 0492. **GUADALCANAL** CODE COUNTRY CAUSE OF DEATH GRAVE б SOLOMON ISLANDS E1 64 SECTION B -- CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN HONOLULU NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER) SECTION C - DISINTERMENT AND IDENTIFICATION DATE DISTINTERRED NAME SERIAL NUMBER RANK DATE OF DEATH Unk 21 Nov. '47 Unknown 256 Unk Unk IDENTIFICATION VERIFIED BY IDENTIFICATION TAG ON ORGANIZATION RELIGION O REMAINS R. D. Johnson Unk Unk Capt. AC. O MARKER NAME AND TITLE SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITION OF REMAINS Skeletal Casket OTHER MEANS OF IDENTIFICATION One (1) Grave Marker MINOR DISCREPANCIES 1 None REMAINS PREPARED AND PLACED IN CASKET R W RALSTON, EMBALMER 6 July 1948 DATE EMBALMER (Signature) CASKET SEALED BY R. W. RALSTON IRA J. VONK SHIPPING ADDRESS VERIFIED BY CASKET BOXED AND MARKED A. J. ROBERTSON DATE 7-4-1948 BY IRA J. VONK I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. ENSON, CAPT, A.C. SIGNATURE OF GRS INSPECTOR Prepare Discrepancy Report QMC Form 1194a for major discrepancies. "Inspected for identification only per paragraph 2, 1st Ind. cine civile 293 (Pacific). dated 5 May 19481 Quel 203 1194 - DUF

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	IDENTIFICA	TION D	ATA			
1. REMAINS OF UNKNOWN X-256	Guagalcanal			-	2. DATE OF RE	
3. NAME OF CEMETERY	GuedalGallal	4. PLOT 5. ROW 6. GRAVE			7. DATE OF	
U. S. army Hausoleum	n 160. 1		ם	100	DISTRIERMENT	reinterment 29 Har 148
Formerly of Guadalca		ß	164	4		2) har-40
8. ESTIMATED WEIGHT	PHYSICAL D 9. ESTIMATED HEIGHT	ESCRIPTION	I Age 2	27 to 3 0	years.	
	V.T.D.	.1.2.		U.T.D.		
12.GIVE DESCRIPTION OF ANY O	OFFICIAL IDENTIFICATION FOUND	WITH REMAI	NS	·		
One (1) empossed pla	ats reading: Unknown X	1– 256 –	، با - 164 ك	•		
	Ŭ					
	en de la companya de					
13.GIVE DESCRIPT:ON OF TATTO	OOS OR SCARS ON BODY AND/OR SU	CH INFORMA	TION OBTA	INED FROM	OTHER SOURCES	
Mone	and the second of the second o					
House	en en al companyon de la compa La companyon de la companyon d					
	ayrif 6.	19-1-		11/1/	De 194K	
14. WAS BODY BURNED?	TO WHAT EXTEND?			14 2	<u>e 1770</u>	, Land
YES NO	TO WHAT EXTENTS					
15. WAS BODY MANGLED?	TO WHAT EXTENT?			_ _ _		
YES NO	Host pones fractu	red.			•	
16. DESCRIBE EVIDENCE OF HEA	LED FRACTURES AND BONE MALFOR	MATIONS				
None						
1,0110						
17. LIST EVERY LIEM OF CLOTE	HING, EQUIPMENT AND PERSONAL E	FFECTS FO	UND. SHOWI	NG THE TY	PE, COLOR, SIZ	E, MARKINGS,
SERVICE, ETC. (If laund)	ry marks are indistinct such n n when facilities are not svai	notation a	hould be m	ede end e	pecimen forwar	ded through
Chambra 101 Cashirings 101	. enem recliffice and not ever					
None						
110116						

194 BLACK OUT PARTS OF HODY NOT REGINED



70. 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:

No extra parts.

Paul L. Gravenor, SINGATURE OF MEDICAL OFFICERLap. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average mized man possibly in his early thirties with average muscular development. Due to the dragmentary conditions of these remains, no durant information is available.

See narrative of Unknown X-255, Guabalcanal.

Fluoroscopic examination unnecessary. No teeth present.

1 CERTIFY THAT 1 HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

SISHATURE

MAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

AL IDENTIFICATION ANDRATORY

AAUSOLEUM, APO 957

IOHAP

Owenwood

بلهم

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION
SKULL		1		Fragment of right frontal and parietal present.
	CERVICAL	l		6 missing.
VERTEBRAE	THORACIC	6		6 missing.
	LUMB AR	4		l missing.
SACRUM		ı		Fragment.
	RIGHT	1	BI-ILIAC DIAM	Tliac crest fractured.
INNOMINATES	LEFT	1		Iliac crest and publis fractured.
RIBS		15		Practured and 9 missing.
STERNUM		0		Missing.
OLAN LOSS	RIGHT	0		It .
CLAV ICLES	LEFT	1		Froded at sach end.
	RIGHT	1		ulancia fossa present.
SCAPULAE	LEFT	1		11 11 11
	RIGHT	1		Distal 1/3 missing.
HUMERI	LEFT	1		Distal head missing
	RIGHT	1		11 11 11
RADII	LEFT	C		Missing.
	RIGHT	1		Proximal head and 1/3 present.
ULNAE	LEFT	1	3	Portion of shaft.
	RIGHT	Ú	ا ا	Missing.
HANDS	LEFT	U	ιξ	11
	RIGHT	1		Froximal 1/3 present.
FEMORA	LEFT	1	7) (1)	Proximal 1/3 and fragment of lower 1/3
	RIGHT	0	13.0	Missing. present
PATELLAE	LEFT	1.	[5] 	
	RIGHT	Ó	9.	Missing.
TIBIAE	LEFT	1	A	Distal & present.
	RIGHT	C		Missing.
FIBULAE	LEFT	1_		Portion of small present.
	RIGHT	1		1st cuneiform present.
FEET	LEFT	1		Talus present.
HUMERO-CLAVICULA	R RATIO		APP	ROX I MATE
ESTIMATED HEIGHT			AGE 27	to 30 YEARS
EST MATED WEIGHT	- ;	_	LEG-	HIP BR RATIO

GP - AGRS 2 1

ID OMC FORM 1042 ev. I February 19			REPORT OF	INTERMENT	1		DATE REPORT	
Supersedes form d Jan. 1945. Exist ay be used until	ing stocks	(ТМ	10-630 an	d AR 30-18	15)	5/	12 Oct	ober 194
or Imprint of Ide	ntification Ta	A NAME (Las	st, First, Mi	ddle Initial)	$\overline{}$			
		Unkno	own X-256					
, >	/	RANK		SERIAL NUMBE			COUN	
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	,	ORGANIZA	nknown		BRAN	.н unknow i	n	
		RACE		RELIGION			DATE	OF DEATH
			unknown	unkı			<u>u</u>	nknown_
Tulagi, B.S.	I.			unknow				
DENTIFICATION TAG	S FOUND ON BOO	DY					HER MEANS USE	
1	2	NONE NONE		BUUY (Identi	rication	Cards, L	etterm, etc.)	
ISPOSITION OF SUB	STITUTE TAGS.	IF MADE						
OMPLETE FINGERPRI	NT CHART OF BO	OTH HANDS ON	REVERSE	COMPLETE TOO	TH CHART	ON REVER	?SE	
IST ANATOMICAL CH	T YES	CXX NO		<u> </u>		TES	XXN0	
				OF SAME.				
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Previously buried in Plot B Row 4 Grave 96 as unknown X-38 USN & USMC Cemetery #1, Tulagi, BSI

r*	INSTRUCTIONS FOR BUTAL
Left ttle Finger	1: PREPARATION OF BODY, BURLAL, AND MARKINGS OF GRAVE: Have body examine 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
eft Finge	make a notation of identifying data induplicate on form; place in burial bottle, content, 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 tem porary 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:
Left Middle Finger	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARES, SCARS OR TATTOOS WEAPON AND SERIAL NUMBER LAUNDRY MARES WHERE BODY WAS BURIED
Left Index Finger	a 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete, Stand at foot of grave facing head to determine bodies buried to the left and right. 3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization
Left Taumb	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. SILVER FILLING
Right Thumb	CAVITIES CAVITY DECAYED 15
Right Index Finger	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 32
Right Middle Finger	PORCELAIN CROWN GOLD CROWN 18 10 10 10 10 10 10 10 10 10 10 10 10 10 1
Right Ring Finger	SKETCH AND MAP REFERENCE A TRUE COPY:
Right Little Finger	C. M. ISELEY, Lt. Col., G. S.C.

~ ~ .

Rev. 1 November 1942 (GRS 1, dated 11 May 1942		REPO	RT OF IN	TERMENT		DATE REPORT FILLED OUT		
may be used until exhausted)	-	(TH 10-	-63 0 and Af	30-1815)	• • •	12 October 1945		
FOR IMPRINT OF IDENTIFICATION	TAG	NAME (Last,	First, Midd	le. Initial)	· · <u>-</u> <u>-</u>			
		Unknown x-256						
/	- 1	RANK		SERIAL NUMBER	}	COUNTRY		
10	1	unkr		un kno		unknown		
1	4	ORGANIZATION	nknown	BRANCH		known		
)	RACE	UNIONII	RELIGION	diano	DATE OF DEATH		
		_	mown_	u	nknown	unknown		
PLACE OF DEATH				CAUSE OF DEAT	Н			
Tulagi, B.S.I.				unkn0wn				
IDENTIFICATION TAGS FOUND ON	B 0 0Y			IF NO IDENTIF	ICATION TAGS, OTHER	MEANS USED TO IDENTIFY		
		EXX NONE		BODY (Identii	lication Cards, Lett			
DISPOSITION OF SUBSTITUTE TAG	S, IF I	BOAN				G.		
COMPLETE FINGERPRINT CHART OF	ВОТН І	ANDS ON REVE	RSE	COMPLETE TOOT	H CHART ON REVERSE	*		
T YES		XXI NO		<u></u>	TES TES	[XXX] NO		
LIST ANATOMICAL CHARACTERIST	CS AND	OTHER DATA	F FINGERPRI	NTS CANNOT BE	TAKÈN			
		, <u>.</u>		Y				
NAME OF EMERGENCY ADDRESSEE				ADDRESS OF EMERGENCY ADDRESSEE				
unknown				unknown				
	HAN IN	, -	T		NO MAP REFERENCES O	REVERSE		
DATE 17 Sept 45 HOUR OS	25	PLOT NO. E	164	GRAVE NO.	GRAVE MARKER Wooden Aross			
(Reburial) Ar	my N∃	vy Marine	cemeter	y Guadalca				
TYPE OF RELIGIOUS CEREMONY				PERSON REPORT	ING BURIAL	T		
Previous service unk			-264	T-5 William W. Lussy ATTACHED TO MARKER YES POS NO				
IDENTIFICATION TAGS BURIED WILL OF IDENTIFICATION TAGS NOT PR	TH BOD'		DENTIFICATI					
TOENTH TOENTH POST NOT THE		WINEY OTHER	TOAT					
				oo Paragraph 1				
BODY ON LEFT, NAME (Last, Fir	st, Mic	ldle initial)		RANK 1st Lt	SERIAL NO. 024691	ORGANIZATION VMF 114 USMCR		
Wessman, Stuart A. BODY ON RIGHT, NAME (Last, Fi	rst. Mi	iddle Initial)	RANK	SERIAL NO.	ORGANIZATION		
Keller, Erven F.			<u> </u>	AOM 1/c	2583796	USN		
PERSON CONDUCTING BURIAL RITE	2.	-	_	VERIFIED BY G	. R. S. OFFICER			
unknown		14	TI OMC	JOHN R.	NOLAN, 1st Lt	., QMG.		
ENSTRUCTIONS FOR FILLING TIONAL COPY FOR ALLIED AND EN VICE. GRAVES REGISTRATION SE HEADQUARTERS (TO BE CHECKED A TION OFFICER OF THAT HEADQUAR	EMY DEA RVICE V GAINST	IRIAL REPORT: 10. SIGN ALL 11. FORWARD CASTALTY REF	MAKE OUT COPIES S THE ORIGINA PORTS AND AL	OME FORM 1 1 GF UBMIT REPORT T L AND TWO COPI LIED PAPERS AN	O NEAREST MEMBER OF ES THROUGH AT LEAST ID ALL COPIES VERIFI	ONE HIGHER ADMINISTRATIVE		

OVER FOR BURIAL INSTRUCTIONS Previously buried in Plot B Row 4 Greve 96 as unknown X-38 USN & USNC Cemetery #1, Tulegi, BSI

	INSTRUCTIONS FOR	RAL
· ·	BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DES PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENT LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. ENTIFYING DATA IN DUPLICATE ON FORM: PLACE IN BUR	D. DIG GRAVE TO DEPTH OF FIVE FEET; 11 STRUCTION OF BODY OR LOSS OF 1DENTITY. IFICATION TAG AND ATTACH TO GRAVE MARKE F NO TAG IS PRESENT, MAKE A NOTATION OF SIAL BOTTLE. CANTEEN. SPENT SHELL OR OT
2	AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFY VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLE BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE HEIGHT WEIGHT COLOR OF FYES COLOR OF	I TO TEMPORARY NAME PEG AND PLACE AT HEA ING DATA ON MARKER. WHEN PEGS ARE NOT LY IDENTIFY GRAVE AS A MILITARY BURIAL, HANDS OR THOSE REMAINING FINGERS. IF NO
	C N	
	WEAPON AND SERIAL NUMBER LAUNDRY MARKS	WHERE BODY WAS BURIED
3 P	DE GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL TO HODED BELOW; AND GIVE LOCATION BY MEANS OF MAP RE PERMANENT LANDMARKS. INFORMATION MUST BE SPECIF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE	OTHER BURIALS PREPARE SKETCH IN SPACE PIFERENCES, OR BY REFERENCE TO PROMINENT C. ACCURATE, COMPLETE. STAND AT FOOTHE LEFT AND RIGHT.
	PERSONAL EFFECTS: LIST ONLY PERSONAL E PORT FORM. PLACE THESE WITH INFORMATION AS TO IT ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HAI ER FAL AND TURN OVER TO GRAVE REGISTRATION SERVICE MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EDUCATION PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EDUCATION.	DENTITY OF OWNER, ORGANIZATION, EMERGENC IDKERCHIEF, TOWEL, OR OTHER AVAILABLE M. PERSONNEL WITH REPORT OF DEATH. GOVE FFECTS BUT IS TO BE TURNED INTO SALVAG
30 2	THE CONDITION OF EACH AND EVERY TOOTH WILL BE INC.	ICATED ON THE TOOTH CHART, INACCORDANCE
THUMB	FILLINGS SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OF
	CAVITIES CAVITY DECAYED	PANAL S.
THUMB	NOS -	2 UPPER UPPER
W -1	MISSING TEETH TOOTH MISSING	'CEN NEW
٠. 4	CROWNED TEETH PORCELAIN CROWN	17 18 19 31
	The Tours	19 LOWER 30
u	BRIDGE WORK	21 0 0 0 0 0 28
•	SKETCH AND MAP I	REFERENCE
	HART N	•
		~
	, 1	•

	INSTRUCTIONS FOR BOOM AL 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.
N	LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IN ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTATNER; 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
ω	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED 2. LOCATION OF GRAYE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAYE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIFALS 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, INACCORDANCE WITH DIAGRAM.
THUMB	FILLINGS SILVER FILLING GOLD FILLING CAVITY DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
RIGHT	DECAYED JUPPER JUPPE
4	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 18 LOWER 19 LOWER 19
	BRIDGE WORK GOLD BRIDGE 20 21 22 23 24 25 26 27 SKETCH AND MAP REFERENCE
2	N

WD QMC Form 1042				DATE REPORT FILLED OUT
Rev. To November 1942	REPORT OF INT	TERMENT		_
(GRS. 1, dated 11 May 1942 may be used until exhausted)	(TM 10-639 and AR			30 4 13 2015
may be used until exhausted)	•			12 April 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Midd	le initial)		
-	TTA CT TOTAL TOTAL TOTAL	DO D34 34	5 0	
	UNIDENTIFIED		- 38	
1/	RANK	SERIAL NUMBER		COUNTRY
	Unknown	<u> </u>	nknown	Unknown
NO TAGS	ORGANIZATION		BRANCH	
1 \ 5	Unknov		Unknor	DATE OF DEATH
	RACE Unknown	RELIGION	Unknown	Unknown
		DANIES OF REATH	OHILLIOWH	OHILIO MI
PLACE OF DEATH		CAUSE OF DEATH		
m. 3 3	2 C T		Unknown	
Tulagi. I)+O+T+	IE NO IDENTIFIC		MEANS USED TO IDENTIFY
	NONE	BODY (Identific	at lon Cards, Lette	ers, etc.
DISPOSITION OF SUBSTITUTE TAGS, IF		┪		
biologition of Substitute 1403, 77				
COMPLETE FINGER PRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVERSE	
T YES	MOZ. NO		T YES	□ NO
LIST ANATOMICAL CHARACTERISTICS AND	OTHER DATA IF FINGERPR	INTS CANNOT BE T	AKEN	
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF S	SAME		
İ				
	No ne	rsonal effe	ata found	
	04 Ot	erre vallocus	Cts Toulies	
1				
				
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EME	RGENCY ADDRESSEE	
Unknown			The time a man	
	Table 1 Course of Person Fl	CONTRACT DESCRIPTION AND	Unknown	DEMEDOS
	PLOT NO. ROW NO.		RAVE MARKER	N REVERSE
DATE 19 Dec. 1944 HOUR 1430	B L	96	Wooden Cross	
(Reburial)	USN & USMC CEME	SPERY #1 TUL		
TYPE OF RELIGIOUS CEREMONY		PERSON REPORTI	NG BURIAL	-1
Previous Service Unknown	•		* Sucha	us Mayer
h		ATTACUED TO MA		YES NO
IDENTIFICATION TAGS SURIED WITH BO IF IDENTIFICATION TAGS NOT PRESENT	DY YES ZZ NO	ATTACHED TO MA		
IN THE PRINCIPALITY THE SEN!	, what wished themistricall	IVI DATA DURIED	E.T. DOD! AND IN W	King of Generality
1				
<u> </u>	IES BUDIEN FITHED SINE /S	See Paragraph #	on Reversel	
	iddle Initial)			GRGANIZATION
BODY ON LEFT, NAME (Last, First, M		RANK	SERIAL NO.	ORGANIZATION USIN
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E.	iddle Initial)	RANK Unknown	SERIAL NO. 272-48-84	USN
BODY ON LEFT, NAME (Last, First, M	iddle Initial)	RANK	SERIAL NO.	1 =
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First,	iddle Initial)	RANK Unknown	SERIAL NO. 272-48-84 SERIAL NO.	USN
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First, End of Row	iddle Initial)	RANK Unknown RANK	SERIAL NO. 272-48-84 SERIAL NO.	USN
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First, End of Row PERSON CONDUCTING BURIAL RITES	iddle Initial)	RANK Unknown RANK	SERIAL NO. 272-18-81 SERIAL NO. R. S. OFFICER	USN
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First, End of Row	iddle Initial)	RANK Unknown RANK	SERIAL NO. 272-48-84 SERIAL NO. R. S. OFFICER JOI	ORGANIZATION M. Holan
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First, End of Row PERSON CONDUCTING BURIAL RITES Unknown.	iddle Initial) Middle Initial) BURIAL REPORT: MAKE OUT	RANK Unknown RANK VERIFIED BY G. OMC FORM 1 1 GRS	SERIAL NO. 272-18-81 SERIAL NO. R. S. OFFICER JOH IN QUADRUPLICATE	USIN ORGANIZATION M. Nolan IN R. NOLAN Lt. QMC FOR IL S. DEAD, ONE ADDI-
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First, End of Row PERSON CONDUCTING BURIAL RITES Unknown. INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY D	iddle Initial) Middle Initial) BURIAL REPORT: MAKE OUT EAD. SIGN ALL COPIES. S	RANK Unknown RANK VERIFIED BY G. OMC FORM 1 1 GRS	SERIAL NO. 272-18-81 SERIAL NO. R. S. OFFICER JOH IN QUADRUPLICATE NEAREST MEMBER OF	USIN ORGANIZATION M. Nolan IN R. NOLAN LL. QMC FOR U. S. DEAD, ONE ADDI- GRAVES REGISTRATION SER-
BODY ON LEFT, NAME (Last, First, M ROGERS, Charles E. BODY ON RIGHT, NAME (Last, First, End of Row PERSON CONDUCTING BURIAL RITES Unknown.	iddle Initial) Middle Initial) BURIAL REPORT: MAKE OUT EAD. SIGN ALL COPIES. S WILL FORWARD THE ORIGINA	RANK Unknown RANK VERIFIED BY G. OMC FORM 1 1 GRS SUBMIT REPORT TO AL AND TWO COPIE	SERIAL NO. 272-18-81 SERIAL NO. R. S. OFFICER JOH IN QUADRUPLICATE NEAREST MEMBER OF S THROUGH AT LEAST	USIN ORGANIZATION M. NOLAN IN R. NOLAN Lt. QMC FOR U. S DEAD, ONE ADDI- GRAVES REGISTRATION SER- ONE HIGHER ADMINISTRATIVE

1 mc C#35

OVER FOR BURIAL INSTRUCTIONS

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	STATE OF THE PARTY NAMED IN			
WO ONC Form 1002 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)	1908 SAN CONT. 1957	220		DATE REPORT FILLED OUT
(GRS 1. dated 11 May 1942	REPORT OF IN	TERMENT		
may be used until exhausted)	(TM 10-630 and A	R 30-1815)		12 April 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Mid	dle Initial)	65 C C C C C C C C C C C C C C C C C C C	
	UNIDENTIFIED	BODY 2	- 38	
1/	RANK	SERIAL NUMBER		COUNTRY
10 10 110	Unknown	l t	hknown	Unknown
NO TAGS	ORGANIZATION		BRANCH	
)	Unkno		Unkn	
	RACE Unknown	RELIGION	Unknown	DATE OF DEATH Unknown
PLACE OF DEATH		CAUSE OF DEATH		OMETIO WIL
		CAUSE OF BEATT		
Tulagi, B	S.I.		Unknown	
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFI	CATION TAGS, OTHE	R MEANS USED TO IDENTIFY ters, etc.
12		BOOY (Identifi	cation cards, Let	ters, etc.
DISPOSITION OF SUBSTITUTE TAGS, IF	MADE			
COMPLETE FINGER PRINT CHART OF BOTH F	ANDS ON DEVERSE	COMPLETE TOOTH	CHART ON REVERSE	
TES	NO NO		YES	DEED NO
LIST ANATOMICAL CHARACTERISTICS AND				
TO SHOOT THE STATE OF THE STATE OF				
	the second second second		CONTRACTOR	
LIST OF PERSONAL EFFECTS FOUND ON BO	DY AND DISPOSITION OF	SAME		
1000 B A A A A A A A A A A A A A A A A A				
HONE MADE	No ne	rsonal effe	ets found.	
		Local Silo	ovo rounts	
NAME OF EMERGENCY ADDRESSEE		TADADERS OF THE	RGENCY ADDRESSEE	
MARIE OF EMERGENCY ADDRESSEE		AUUKESS OF EMER	IGENCT ADDRESSEE	
Unknown			Unknown	
IF BURIAL OTHER THAN IN	ESTABLISHED CEMETERY FU	IRNISH SKETCH AND		N REVERSE
DATEHOUR	PLOT NO. ROW NO.	GRAVE NO. GE	RAVE MARKER	
19 Dec. 1944 1430		96	Wooden Cross	
(repurial)	USN & USMC CEME			
TYPE OF RELIGIOUS CEREMONY		PERSON REPORTIN		
Previous Service Unknown		distan	. Suche	red J. Moyer
IDENTIFICATION TAGS BURIED WITH BODY		ATTACHED TO MAR		YES DE NO
IF IDENTIFICATION TAGS NOT PRESENT,	WHAT OTHER IDENTIFICATI	ON DATA BURIED W	ITH BODY AND IN	WHAT KIND OF CONTAINERS.
BOOLE			- Pavaraa)	
BODY ON LEFT. NAME (Last First Mide	S BURIED EITHER SIDE (S	RANK	SERIAL NO.	ORGAN IZAT ION
ROGERS, Charles E.	, ic illiviary	Unknown	272-48-84	USIN
BODY ON RIGHT, NAME (Last, First, Mic	dle Initial)	RANK	SERIAL NO.	ORGANIZATION
End of Row				
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.	R. S. OFFICER	L. OM.la.
			40,	m C. Moun
Unknown			Joi	IN R. NOLAN
			ls:	t Lt., QMC
INSTRUCTIONS FOR FILLING OUT BUS				V ALV B & TAINS
	HAL REPORT: MAKE OUT	OMC FORM 1 GRS	IN QUADRUPLICATE	FOR U. S. DEAD, ONE ADDI-
TIONAL COPY FOR ALLIED AND ENEMY DEAD VICE. GRAVES REGISTRATION SERVICE WI	RIAL REPORT: MAKE OUT (). SIGN ALL COPIES. SI LL FORWARD THE ORIGINA	OMC FORM 11 GRS UBMIT REPORT TO L AND TWO COPIES	IN QUADRUPLICATE NEAREST MEMBER OF THROUGH AT LEAST	FOR UL S. DEAD, ONE ADDI- GRAVES REGISTRATION SER- ONE HIGHER ADMINISTRATIVE
TIONAL COPY FOR ALLIED AND ENEMY DEAD VICE. GRAVES REGISTRATION SERVICE WI HEADQUARTES (TO BE CHECKED AGAINST C	NAL REPORT: MAKE OUT (). SIGN ALL COPIES. SI LL FORWARD THE ORIGINAL ASUALTY REPORTS AND AL	OMC FORM 1 GRS UBMIT REPORT TO L AND TWO COPIES LIED PAPERS AND	IN QUADRUPLICATE NEAREST MEMBER OF THROUGH AT LEAST ALL COPIES VERIFI	FOR U.S. DEAD, ONE ADDI- GRAVES REGISTRATION SER- ONE HIGHER ADMINISTRATIVE ED BY THE GRAVES REGISTRA-
TIONAL COPY FOR ALLIED AND ENEMY DEAL VICE. GRAVES REGISTRATION SERVICE ME HEADQUARTERS (TO BE CHECKED AGAINST O TION OFFICER OF THAT HEADQUARTERS) T	RIAL REPORT: MAKE OUT (). SIGN ALL COPIES. SI LL FORWARD THE ORIGINAL ASUALTY REPORTS AND AL O BASE SECTION GRAVES I	OMC FORM 1: GRS UBMIT REPORT TO: L AND TWO COPIES LIED PAPERS AND: REGISTRATION SER	IN QUADRUPLICATE NEAREST MEMBER QF THROUGH AT LEAST ALL COPIES VERIFI VICE OFFICER.	FOR U.S. DEAD, ONE ADDI- GRAVES REGISTRATION SER- ONE HIGHER ADMINISTRATIVE ED BY THE GRAVES REGISTRA-
TIONAL COPY FOR ALLIED AND ENEMY DEAK VICE. GRAVES REGISTRATION SERVICE WI HEADQUARTERS (TO BE CHECKED AGAINST O TION OFFICER OF THAT HEADQUARTERS) T OVER FOR BURIAL INSTRUCTIONS	HAL REPORT: MAKE OUT (). SIGN ALL COPIES. SI LL FORWARD THE ORIGINAL ASSAULTY REPORTS AND ALI O BASE SECTION GRAVES I	OMC FORM 11 GRS UBMIT REPORT TO L AND TWO COPIES LIED PAPERS AND REGISTRATION SER	IN QUADRUPLICATE NEAREST MEMBER OF THROUGH AT LEAST ALL COPIES VERIFI VICE OFFICER.	FOR U.S. DEAD, ONE ADDI- GRAVES REGISTRATION SER- ONE HIGHER ADMINISTRATIVE ED BY THE GRAVES REGISTRA-

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