

CONGENUSARPAC BT CHAPTER TH

PRIORITY

275 Ask Solomon Islands (Guadalcanal) X-256

UNKNOWN GRAVES WW II

FROM QMGT REURLETCOM (1) ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWN XRAY FOUR ONE XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN
XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR
XRAY EIGHT FIVE XRAY NINE ZERO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE
ONE FOUR ABLE CMA BAKER CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX
XRAY ONE SEVEN EIGHT XRAY ONE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TON SEVEN
XRAY TWO TWO EIGHT XRAY TWO THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE
XRAY TWO THREYNINE XRAY TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX
XRAY TWO FIVE SEVEN XRAY TWO EIGHT ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE
AND BAKER XRAY TWO NINE THREE AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL
PD THIS OFFICE CONCERNING THE CLASSIFICATION OF ALL UNKNOWN AS UNIDENTIFIABLE

UNCLASSIFIED

QMGT 293
GRS PACIFIC

4 JAN 49

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

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

HRREC 293

DEC 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-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGNU 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.

3. The remainder that have dental anatomy could possibly 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. QMC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46
2. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-47
3. 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, QMC
Chief, RR Div

AIR MAIL

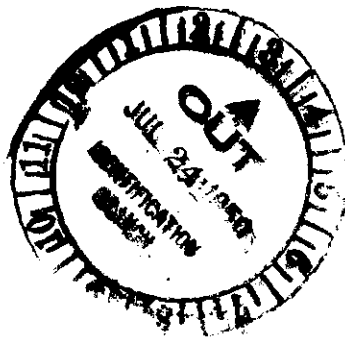
AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
7. QMC Form 1044-1044b-Bone List-Major Discrepancy X-67
8. QMC Form 1044-1044b-Bone List-X-70
9. QMC Form 1044-1044b-Bone List-X-84
10. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
18. QMC Form 1044-1044b-Bone List-Unknown X-176
19. QMC Form 1044-1044b-Bone List-Unknown X-178
20. QMC Form 1044-1044b-Bone List-Unknown X-179
21. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
22. QMC Form 1044-1044b-Bone List-Narrative X-227
23. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC Form 1044-1044b-Bone List-X-230
25. QMC Form 1044-1044b-Bone List-Narrative-X-232
26. QMC Form 1044-1044b-Bone List-X-233
27. QMC Form 1044-1044b-Bone List-X-239
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303



THE PACIFIC

1

Interred 3 February 1949
C 928

DISINTERMENT DIRECTIVE

Alvan C Baker Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ALVAN C.

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

Unknown UNKNOWNX-000256

0

DAY MONTH YEAR

CEMETERY

GUADALCANAL

DISPOSITION OF REMAINS

0492 64
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

E164

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

Unknown 256

Unk

Unk

Unk

21 Nov. '47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

Unk

Unk

R. D. Johnson
Capt. AC.

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

One (1) Grave Marker

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE

6 July 1948

BY

R W RALSTON, EMBALMER

CASKET SEALED BY

IRA J. VONK

EMBALMER (Signature)

R. W. RALSTON

CASKET BOXED AND MARKED

DATE

7-6-1948

BY

IRA J. VONK

SHIPPING ADDRESS VERIFIED BY

A. J. ROBERTSON

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

R. D. Johnson
R. D. JOHNSON, CAPT, A.C.

SIGNATURE OF GRS INSPECTOR

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

"Inspected for identification only per paragraph 2, 1st Ind. GMS, file GMS 293 (Pacific), dated 5 May 1948."

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-256	2. DATE OF REPORT 29 March 1948
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3. NAME OF CEMETERY U. S. Army Mausoleum No. 1 Formerly of Guadalcanal	4. PLOT E	5. ROW B 164	6. GRAVE 100 4	7. DATE OF	
			DISINTERMENT 29 Mar'48		REINTERMENT 29 Mar'48

PHYSICAL DESCRIPTION <i>Age 27 to 30 years.</i>			
8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE U.T.D.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unknown X-256 - E-164-4.

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

None

April 6. Drivney 14 Dec 1948

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

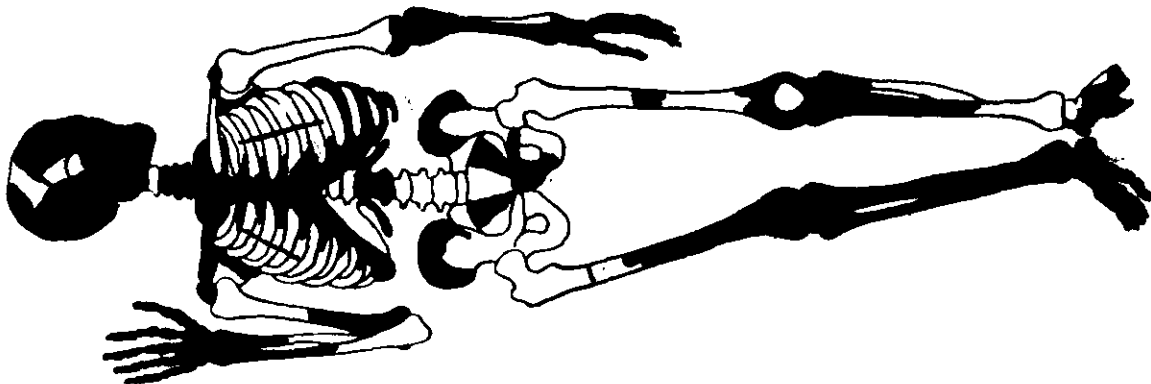
None

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 30

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, SIGNATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

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

See narrative of Unknown X-255, Guadalcanal.

Fluoroscopic examination unnecessary. No teeth present.

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

NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

BERWOOD, CAPT., MC


AL IDENTIFICATION LABORATORY
AAUSOLEUM, APO 957

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

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.
VERTEBRAE	CERVICAL	1		6 missing.
	THORACIC	6		6 missing.
	LUMBAR	4		1 missing.
SACRUM		1		Fragment.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Iliac crest fractured.
	LEFT	1		Iliac crest and pubis fractured.
RIBS		15		Fractured and 9 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	1		Proximal at each end.
SCAPULAE	RIGHT	1		Glenoid fossa present.
	LEFT	1		" " "
HUMERI	RIGHT	1		Distal 1/3 missing.
	LEFT	1		Distal head missing.
RADII	RIGHT	1		" " "
	LEFT	0		Missing.
ULNAE	RIGHT	1	NO MEASUREMENTS	Proximal head and 1/3 present.
	LEFT	1		Portion of shaft.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1		Proximal 1/3 present.
	LEFT	1		Proximal 1/3 and fragment of lower 1/3 present.
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	0		Missing.
	LEFT	1		Distal 5 present.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Portion of shaft present.
FEET	RIGHT	1		1st cuneiform present.
	LEFT	1		Talus present.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	AGE	27 to 30	YEARS
ESTIMATED WEIGHT		LEG-HIP BR	RATIO


 Paul L. Gravenor
 Lab. Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: X-250 Guadalcanal

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

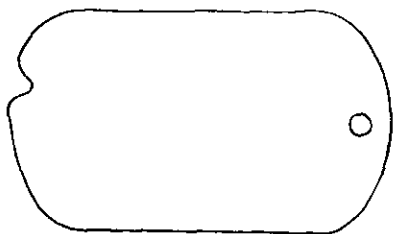
REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT
 12 October 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)

Unknown X-256



RANK unknown	SERIAL NUMBER unknown	COUNTRY unknown
ORGANIZATION unknown	BRANCH unknown	
RACE unknown	RELIGION unknown	DATE OF DEATH unknown

PLACE OF DEATH
 Tulagi, B.S.I.

CAUSE OF DEATH
 unknown

IDENTIFICATION TAGS FOUND ON BODY
 1 2 NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY
 BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE
 YES NO

COMPLETE TOOTH CHART ON REVERSE
 YES NO

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

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

No personal effects found.

NAME OF EMERGENCY ADDRESSEE
 unknown

ADDRESS OF EMERGENCY ADDRESSEE
 unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 0825	PLOT NO. E	ROW NO. 164	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

IDENTIFICATION TAGS BURIED WITH BODY YES NO

ATTACHED TO MARKER YES NO

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

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Wessman, Stuart R.	RANK 1st Lt	SERIAL NO. 024691	ORGANIZATION VMF 114 USMCR	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Keller, Erven F.	RANK AOM 1/c	SERIAL NO. 2583796	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 in Plot B Row 4 Grave 96 as unknown
 X-38 USN & USMC Cemetery #1, Tulagi, BSI

INSTRUCTIONS FOR BURIAL






1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

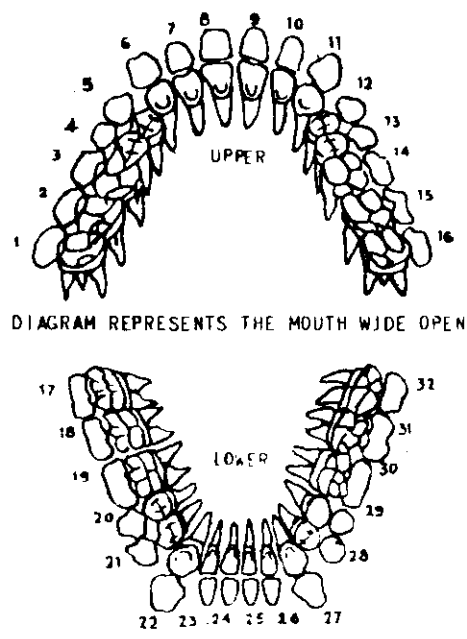
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.


The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

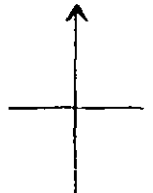
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE

A TRUE COPY:


 C. M. ISELEY
 Lt. Col., G.S.C.



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


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

9215

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

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

DATE REPORT FILLED OUT
12 October 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-256		
	RANK	SERIAL NUMBER	COUNTRY	unknown		
	ORGANIZATION	BRANCH		unknown		
	RACE	RELIGION	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 type="checkbox"/> YES <input checked="" 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 0825	PLOT NO. E	ROW NO. 164	GRAVE NO. 4	GRAVE MARKER Wooden cross
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Army Navy Marine cemetery Guadalcanal BSI

TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL T-5 William W. Tuscany
--	---

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) Jessman, Stuart R.	RANK 1st Lt	SERIAL NO. 024691	ORGANIZATION VMF 114 USMC
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BODY ON RIGHT, NAME (Last, First, Middle Initial) Keller, Erven F.	RANK AOM 1/c	SERIAL NO. 2583796	ORGANIZATION USN
---	-----------------	-----------------------	---------------------

PERSON CONDUCTING BURIAL RITES unknown	VERIFIED BY G. R. S. OFFICER 207 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 Previously buried in Plot B Row 4 Grave 96 as unknown X-38
USN & USMC Cemetery #1, Tulagi, BSI

INSTRUCTIONS FOR IAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

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

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

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






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

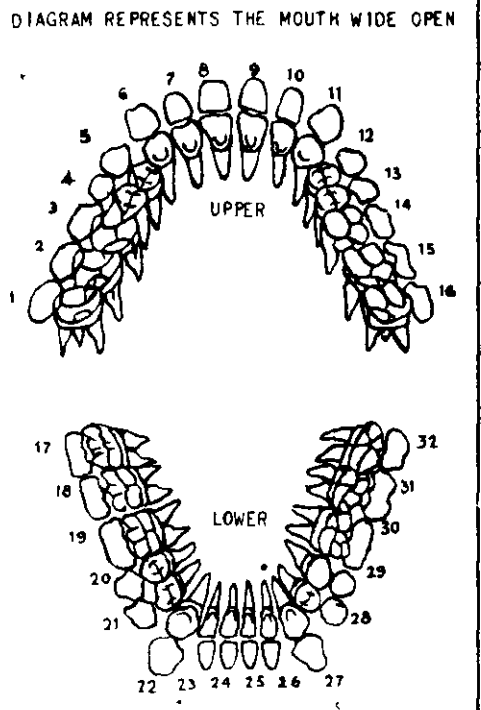
WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

REGISTRATION AND RECORDS BRANCH
NOV 27 12 21 PM '46
MEDICAL DEPARTMENT

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>



SKETCH AND MAP REFERENCE

2

1

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE. IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

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

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

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

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

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

LEFT THUMB

RIGHT THUMB






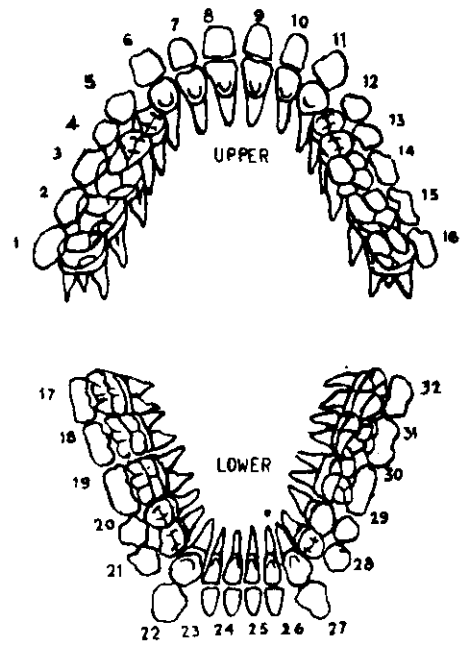
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



WD OMC Form 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-38

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1

2

NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES

NO

COMPLETE TOOTH CHART ON REVERSE

YES

NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

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

DATE
19 Dec. 1944
(Reburial)

HOUR
1430

PLOT NO.
B

ROW NO.
4

GRAVE NO.
96

GRAVE MARKER
Wooden Cross

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

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

1st Lt. Richard S. Meyer

IDENTIFICATION TAGS SERIED WITH BODY YES NO

ATTACHED TO MARKER

YES

NO

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

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

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

ROGERS, Charles E.

RANK

Unknown

SERIAL NO.

272-48-84

ORGANIZATION

USN

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

End of Row

RANK

SERIAL NO.

ORGANIZATION

PERSON CONDUCTING BURIAL RITES

Unknown.

VERIFIED BY G. R. S. OFFICER

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

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

OVER FOR BURIAL INSTRUCTIONS

2-10-45 #35

WD OMC 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 FILED OUT

12 April 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

UNIDENTIFIED BODY X-38

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1 2 NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY
BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES NO

COMPLETE TOOTH CHART ON REVERSE

YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

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

DATE

19 Dec. 1944
(Reburial)

HOUR

1430

PLOT NO.

B

ROW NO.

4

GRAVE NO.

96

GRAVE MARKER

Wooden Cross

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

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

1st Lt. Richard J. Meyer

IDENTIFICATION TAGS BURIED WITH BODY YES NO

ATTACHED TO MARKER

YES NO

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

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

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

ROGERS, Charles E.

RANK

Unknown

SERIAL NO.

272-48-84

ORGANIZATION

USN

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

End of Row

RANK

SERIAL NO.

ORGANIZATION

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

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

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

OVER FOR BURIAL INSTRUCTIONS

Incl # 38