

COMGENUSARPAC PT SHAFTER TH

PRIORITY

293 Unk. Solomon Islands (Guadalcanal) X-257

CHARGE GRAVES WW II

FROM QMGMT REURLET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

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

UNCLASSIFIED

QMGMT 293
G88 PACIFIC

4 JAN 49

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

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

RRREC 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 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.

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

RFMEC 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

OF THE PACIFIC

Interred 1 February 1949
B 737

DISINTERMENT DIRECTIVE

- Cemetery Superintendent

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

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47
DAY MONTH YEAR

NAME

UNKNOWNX-000257

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

GUADALCANAL

DISPOSITION OF REMAINS

0492 64
CODE DIST. PT.

PLOT ROW GRAVE

F182

COUNTRY

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-257

SERIAL NUMBER

RANK

DATE OF DEATH

Unknown

DATE DISTINTERRED

IDENTIFICATION TAG ON

REMAINS
 MARKER None

ORGANIZATION

USN

RELIGION

Unknown

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeleton

OTHER MEANS OF IDENTIFICATION

1 grave marker and Mortuary plate

FILE

18 FEB 1949

MINOR DISCREPANCIES

None

REPATRIATION

with next of kin

REMAINS PREPARED AND PLACED IN CASKET

DATE 1 July 1948

BY

W J WILLIS, EMBALMER

CASKET SEALED BY

J. N. ROBINSON

EMBALMER (Signature)

W. J. Willis
W. J. WILLIS

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7-1-1948

BY

J. N. ROBINSON

J. TERADA

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

Gilbert L. H. Wong
GILBERT L. H. WONG, CAPT

SIGNATURE OF GRS INSPECTOR

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

WJM CHECKED 1-13-49

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM ARMY MAIS NO 3		TO HAWAIIAN DIST CENTER	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i> Capt. T.M.C. [unclear]	DATE	SIGNATURE OF RECEIVER James B. Harris CAPTAIN Q.M.C.	DATE 19 JAN 1949

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (121611E ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HAWAIIAN DIST CENTER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1815 3 20 0000 121611E		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-257 Guadalcanal				2. DATE OF REPORT 16 February 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Guadalcanal			4. PLOT F	5. ROW A 182	6. GRAVE 33 3	7. DATE OF DISINTERMENT REINTERMENT 13 Feb '48 16 Feb '48	

PHYSICAL DESCRIPTION Age 23 - 25 years.			
8. ESTIMATED WEIGHT 130 - 135 lbs	9. ESTIMATED HEIGHT 168 - 66.14 - 5'6 1/8"	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 on casket reads: Unknown X-257 Plot-F, Row-182, Gr-9.
 One embossed plate on blanket reads: Unknown X-257 Guadalcanal Cemetery P-F, Row-182, Gr-3.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	
None BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA	
CYRIL C. DESNEY	1st Lt., RA O-1167395
<i>Cyril C. Disney</i>	<i>14 Dec 1948</i>

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

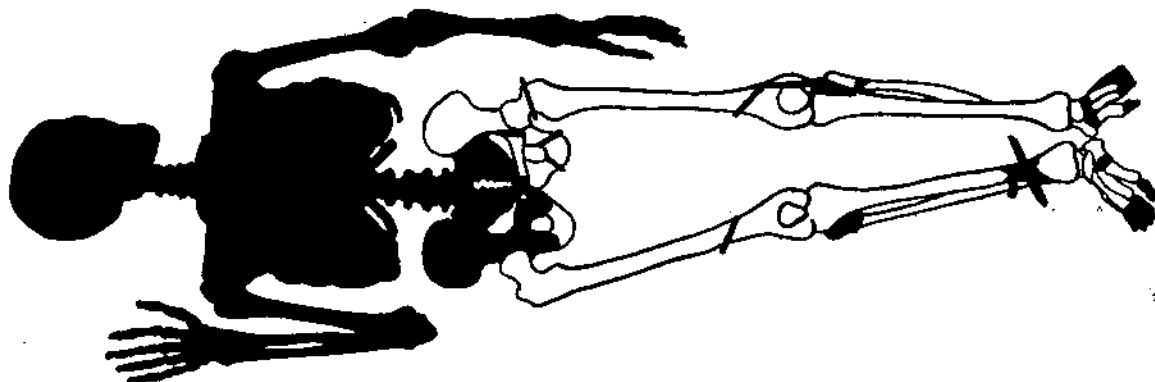
15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Practically all parts that are present are fractured.

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. 31

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

Charles E. Snow

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short and well muscled man in his middle twenties. The total lack of cranial parts prevents a description of cranial and facial features.

Fluoroscopical examination negative. 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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
 O. W. GREENWOOD, CAPT., QMC

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957**

O. W. Greenwood

CENTRAL IDENTIFICATION LABORATORY & ANATOMY BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		1		Only small fragment is present.
ILIOCRURALS	RIGHT	1	BI-ILIAC DIAM U.T.D.	Fractured.
	LEFT	1		"
RIBS		0		Missing
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	46.2	Fractured-lower section of shaft fractured.
	LEFT	1	46.2	Fractured - head and lower section of shaft fractured.
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1		Fractured in lower shaft.
	LEFT	1	approx 36.0	Fractured at superior end.
FIBULAE	RIGHT	1		Fractured in lower shaft.
	LEFT	1		Fractured at superior end.
FEET	RIGHT	1		All present except navicular, 1st and 2nd cuneiforms and phalanges.
	LEFT	1		All present except 4th metatarsal, navicular 1st, 2nd & 3rd cuneiform & cuboid and all phalanges.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	approx. 168-66.14-5'6 1/8 IN	AGE	23 - 25 YEARS
ESTIMATED WEIGHT	130 - 135 lbs	LEG-HIP BR RATIO	

Charles E. Snow

ENCLOSURE TO: Unknown X-257. Guadalcanal

Charles E. Snow
ANTHROPOLOGIST

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

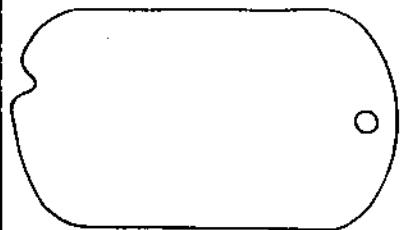
CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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
 13 October 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)
 Unknown X-257 *DeL*

RANK Unknown SERIAL NUMBER Unknown COUNTRY Unknown

ORGANIZATION Unknown BRANCH Unknown

RACE Unknown RELIGION Unknown DATE OF DEATH Unknown

PLACE OF DEATH
 Gavutu, B.S.I.

CAUSE OF DEATH
 Unknown

IDENTIFICATION TAGS FOUND ON BODY
 1 2 NONE

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE
 YES NO

COMPLETE TOOTH CHART ON REVERSE
 YES NO

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

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

No personal effects found.

NAME OF EMERGENCY ADDRESSEE
 Unknown

ADDRESS OF EMERGENCY ADDRESSEE
 Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery, Guadalcanal, B.S.I.

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
19 Sept 45 Reburial	1337	F	182	3	Wooden Cross

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)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Slater, Richard C.	EM 3/c	3935558	USN	

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Mann, Earl W.H.	F 1/c	2835424		

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 OR REVERSE

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

OVER FOR BURIAL INSTRUCTIONS Previously buried as Unknown in Row 1, Grave 1

Gavutu, Cemetery, Gavutu, B.S.I.

FILE
 18 DEC 1948

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:

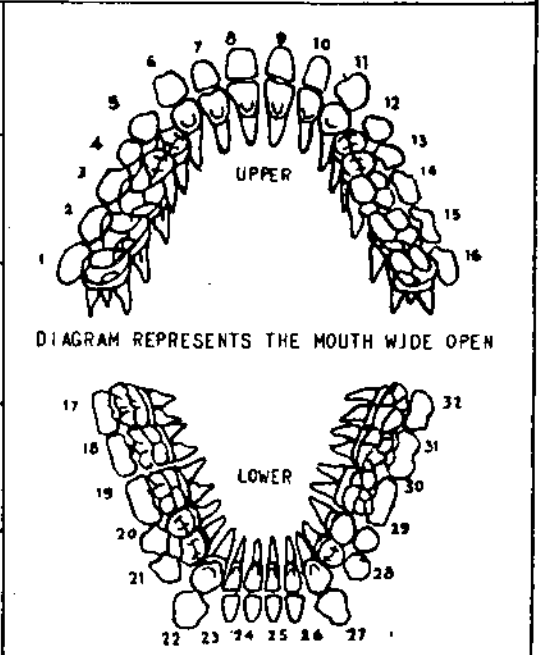
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

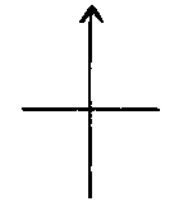
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE

A TRUE COPY

C. M. ISENEY
C. M. ISENEY
Lt. Col., GSC



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

Little Finger	Left	
Ring Finger	Left	
Middle Finger	Left	
Index Finger	Left	
Thumb	Left	
Thumb	Right	
Index Finger	Right	
Middle Finger	Right	
Ring Finger	Right	<p>✓</p> <p>OK</p>
Little Finger	Right	

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

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

DATE REPORT FILLED OUT
13 October 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-257		
	RANK	Unknown	SERIAL NUMBER	Unknown	COUNTRY	Unknown
	ORGANIZATION	Unknown		BRANCH	Unknown	
	RACE	Unknown	RELIGION	Unknown	DATE OF DEATH	Unknown

MEMORIAL COMMISSION
SEP 26 12 58 PM '46
RECORDS AND
SERIALS BRANCH

PLACE OF DEATH Gavutu, 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 19 Sept 45	HOUR 1337	PLOT NO. F	ROW NO. 182	GRAVE NO. 3	GRAVE MARKER Wooden Cross
Reburial Army Navy Marine Cemetery Guadalcanal, B.S.I					

TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL T-5 William H. Murray
--	--

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) Slater, Richard C.	RANK E1 3/c	SERIAL NO. 3935558	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) Mann, Earl W.H.	RANK F 1/c	SERIAL NO. 2835424	ORGANIZATION USN

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>[Signature]</i> 1st Lt. OMC JOHN R. NOLAN,
---	---

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 as Unknown in Row 11, Grave 1, Gavutu Cemetery, Gavutu, B.S.I.

Incl 1/89

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
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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.

FILLINGS



CAVITIES



MISSING TEETH



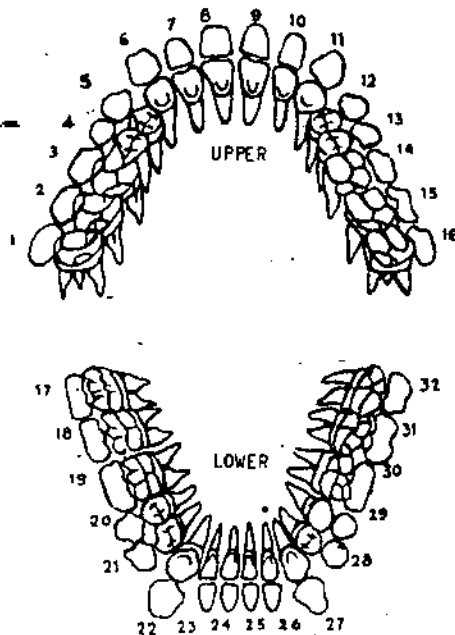
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



6 SEP 1946

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