1. FILE UNDER NO. 243-

UNK S. I. X-280A & B (GUADALCANAL)

SYNOPSIS

2. TYPE OF DOCUMENT: FOR!

3. DATE:

- 4. FROM:
- 5. TO:
- 6. SUBJECT:

1 -Disint. Dir. #8730 CG 120 covering Group or

Mass B urial from Guadalcanal S. I. to

N ational Cemetery.

7. DOCUMENT FILED

UNDER NO. 293-

IIAWAH

(Disint. Dir.-Group Burial)

mb

INSTRUCTIONS.—Enter after the above headings Information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

1. FILE UNDER NO.

293 - Ink Solomon Is. X-280A, B, (Guadalcanal)

SYNOPSIS

2. TYPE OF DOCUMENT: INT

3. DATE: 11/2/49

4. FROM:

5. TO:

6. SUBJECT:

No. 6 -Disint. Dir. # 8730 CG-120 coveri

covering Group or

incs Burial from Guadalcanal, S.I.

to Hawaii

Mational Comstery.

7. DOCUMENT FILED

UNDER NO. 293 - Hawaii Nat'l. Cem.

(Disint. Mr. - Group Burial)

cr

INSTRUCTIONS:- Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "Itr," "memo," "Ist ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- . 7. File classification under which the document is filed.

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QMC FORM 1194

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DISINTERMENT DIRECTIVE DIRECTIVE NUMBER DATE SECTION A-NAME AND BURIAL LOCATION OF DECEASED 26 09 47 8730 00000 DAY MONTH YEAR SERIAL NUMBER NAME PANK ARM DATE OF DEATH UNKNOWN X-000280B 0 DAY MONTH YEAR CEMETERY DISPOSITION OF REMAINS GUADALCANAL 0492 64 CODE DIST. PT. COUNTRY PLOT ROW GRAVE CAUSE OF DEATH E 145 9 SOLOMON ISLANDS 6 SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER) SECTION C — DISINTERMENT AND IDENTIFICATION NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED UNKNOWN X-280B Unk. Guadalcanal Unk. Unk. IDENTIFICATION TAG ON **ORGANIZATION** RELIGION IDENTIFICATION VERIFIED BY REMAINS Unk. William A. McNanamy MADYED NAME AND TITLE SECTION D — PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITION OF REMAINS Casket Skeletal OTHER MEANS OF IDENTIFICATION Cemetery Record MINOR DISCREPANCIES 1 None REMAINS PREPARED AND PLACED IN CASKET DATE 2 July 48 L. A. JONES, EMB. BY CASKET SEALED BY EMBALMER (Signature) G. D. MEEK L. A. JONES CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE 9 June 49 BY J. N. ROBINSON C. J. SURINE, CWO, USA I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. A. SURINE, CWO, USA SIGNATURE OF GRS INSPECTOR Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Inspected for identification only per paragraph 2, 1st Ind.

QMC FORM REV 15 MAR 46 1194 NMCP-X-280A+B, Sec. Q, Str. 788

OQMG, file QMGMO 293 (Pacific), dated 5 May 1948."

PH-5-16-49-1H-1-2473

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OMC FORM REV 11 FEB 48 1194

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OMC FORM REV 11 FEB 48 1194

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PLOT E, ROW 145, GRAVE 9 PLOT E, ROW 145, G		GROUP AND	MASS BURIAL	. 1	CROSS-REFERENCE SHEET	,
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PLOT E, ROW 145, GRAVE 9 DECEDENT IN GROUP WANTCOMN ANNE OR "YA" MUNDER RANK X-2808 X-2808 X-2808	GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR A	LL REMAINS IN G	ROUP	-0	ISINTERMENT DIRECTIVE NUMBERS FOR A	LE OFRESTIVES LESUED FOR TOR
DEEDBAT IN GROUP RANK SERIAL KUNDER CREED RANK X-2806 X-2806	PLOT E, ROW 145, GRAVE 9					
LANCICHAN X-220A X-2808 X-2808	Decement	SPOILE			WEXT O	7 8 2
WARRICAM X-2808 X-2808	NUMBER		SERIAL NUMBER	CREED		
X-2808			x-2804			
	WINDAN		x-2808			
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QMGMT DEPT OF ARMY WASH DO CAPT SLOANE EXT 2462 UNCLASSIFIED

COMGENUSARPAC FT SHAFTER TH

PRIORITY

CHARGE GRAVES WW II

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

UNKNOWNS XRAY FOUR SING XRAY FOUR SIVEN XRAY FOUR EIGHT XRAY FIVE SEVEN XRAY SIX TWO XRAY SIX THERE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR KRAY BIGHT FIVE KRAY NEWS TWO KRAY ONE ONE THREE KRAY ONE ONE FOUR KRAY ONE ONE FOUR ABLE CMA BAK ? AND CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX XRAY ONE SEVEN EIGHT NEAT ONE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TOW SEVEN KRAY TWO TWO EIGHT KRY TWO THREE ZERO KRAY TWO THREE XRAY TWO THREE THREE KRAY TWO THREUNINE XEAR TWO FOUR ZERO KRAY TWO FOUR EIGHT KRAY TWO FIVE SIK KRAY TWO FIVE SEVEN KARY 5000 EIGHT ZERO ABLE AND BAKER KRAY TWO NINE TWO ABLE AND BAKER XRAY TWO NICE OOR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWNS AS UNIDENTIFIABLE

UN CLASS IF IED

OMGHT 293 GRS PACIFIC

4 JAN 49

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

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.

- l. 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 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)

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

2. OMC 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, MC Chief, RR Div

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

- 5. CMC Form 1044-1044b-Bone List-Unknown X-62
- MC Form 1044-1044a-1044b-Bone List-Unknown X-63 6.
- 7 . OMC Form 1044-1044b-Bone List-Major Discrepancy X-67
- 8, QMC Form 1044-1044b-Bone List-X-70
- QMC Form 1044-1044b-Bone List-X-84
- CMC Form 1044-1044b-Bone List-Unknown X-85 10.
- 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-Marrative-Unidentified X-114
- OMC Form 1044-1044b-Bone List-Narrative X-114A 14.
- CMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B 15.
- 16. QMC Form 1044-1044b-Bons List-Narrative-Unidentified X-114C
- QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115 17.
- 18. OMC 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. OMC Form 1044-1044b-Bone List-Warrative-X-228
- 24. MC Form 1044-1044b-Rone List-X-230
- 25. OMC Form 1044-1044b-Bone List-Narrative-X-232
- 26. QMC Form 1044-1044b-Fone List-X-235
- QMC Form 1044-1044b-Bone List-X-239
- 28. OMC Form 1044-1044b-Bone List-Warrative-Unknown X-240
- 29. QMC Form 1044-10442-1044b-Bone List-Narrative-Unknown X-248
- 30. CMC Form 1044-1044b-Bone List-X-256
- 51. 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
- OMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303

	nativator 13	2 FETERY			TDH		Bull
	OF THE PACE			-			W.
7	Interred 22 Unk X-280A	i / / I	<u>SINTER</u> M	ENT/DIRECT	MAE		P Bydes solveres on per code.
7	Sect &, Gra		LAVJA	V C. BAKE	- Cemet	ery	Superintendent
	SECTION A —			DIRECTIVE NUMB		,	DATE
	NAME AND BURIAL LO	CATION OF DECEASED		8730	00000)	25 109 47 DAY MONTH YEAR
NAME		*******	SERIAL NU		RANK	ARM	DATE OF DEATH
* * *		UNKNOW	MX - 00	10 <u>580</u> #	-	Q	DAY MONTH YEAR
CEMETERY GUADAL	CANAL						DISPOSITION OF REMAINS
							0492 64 code dist. pt.
PLOT ROW E 1 4 5	GRAVE COUNT	_{IRY} OLOMON I:	STANI	n.e	1		CAUSE OF DEATH
NAME AND ADDRESS		SECTION B — CO		NEXT OF KIN AND ADDRESS OF	NEXT OF KIN		
	NATIONAL CEI (OF HAWAII	METERY		,			
	•						
(BY_ADMI	INISTRATIVE		FERMINIT AND	IDENTIFICATION	·	<u>:</u>	<u> </u>
NAME I INTENTENTA	X-280A	SECTION C — DISINI SERIAL NUMBER	RANK	DATE OF DEATH	<u> </u>	DAT	E DISTINTERRED
Guadalc		Unk.	Ŭnk	Unk.	**		10 Mar 47
IDENTIFICATION TAC	G ON ORGANIZATIO	<u> </u>	1.	RELIGION	IDENTIFICATIO	N VER	IFIED BY
REMAINS MARKER				Unk.	Willia	m A.	McNanamy
14		SECTION Ó — PREPARA	TION OF REM	AINS FOR SHIPME	NT		NAME AND TITLE
NATURE OF BURIAL			CONDITIO	N OF REMAINS			
Casket				Skele	etal		
OTHER MEANS OF IDE	NTIFICATION		- · · -	•			
* Cemetery	Record: ~	• •					
MINOR DISCREPANCIÉ		· · · · · · · · · · · · · · · · · · ·	• •				
		•		•		· .	-,
None	• •	♣.					,
REMAINS PREPARED A	ND PLACED IN CASKET						
DATE 2 July 48	8 ,	∸ BY	L. 4	. Jones, e	MB.		,
CASKET SEALED BY	ख - -		EMBALMER	(Signature)			
4	G. D.	MEEK	'	LA.	JONES		<i>;</i>
CASKET BOXED AND M	AARKED		SHIPPING .	ADDRESS VERIFIED	ВУ		
DATE 9 June 49	98Y ≇.⊇N.	ROBINSON		С. Т.	SURINE,	CWO	V USA
I hereby c	ertify that all the fo	oregoing operations w	ere conduc				immediate supervision
and that the re	port above is correc	ct.				•	1 8 OAL 10-
** - 40%			1 Car.	P	rum	W)	Cour
					SURINE,		······································
1 Prepare Discr	epancy Report QM(C Form 1194a for majo	r discrepan		GRS INSPECTO	<u> </u>	t eribe of the
# J. ₃	nspected for	identificatio	n_onlv	per para	graph 2,	lst	* * - ,
Owner I.	TIA KWAWO Sa	3 (Pacific), d	lated 5	May 1948	• ¹⁷		
REV 15 MAR 46 11	194		#3#		į.	9	20150

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	1. SH	IPPED .	
FROM U.S. A LIUM NO.		عربه المالان والاستيالات	
KIND OF CONVEYANCE TRUCK	\$13 <u>4-1</u>	NAME OF CONVOYER	ي
SIGNATURE OF SHIPPER	DATE 7	SIGNATURE OF RECEIVER	DATE A
J. E. WILSON, U.T. P. UMC	1-1	JAMES B HARRIS CAPTAIN Q IL C	<u> </u>
FROM	2. SH	PPED CAPTAIN Q IS C	
, com	•		
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e _e − e _e d			1
	J. 3. SH	IDDEN	<u></u>
FROM	3. 3H	10	
			<u> </u>
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444	<u> </u>	POCCO.	
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RIAS SULPON	N TTL	10 10 1	
KIND OF CONVEYANCE		NAME OF CONVOYER	•
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
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FROM	- 1. SH	TO	
- 9 \$3%		The second secon	
KIND OF CONVEYANCE.	प क हैं। सर्ग	NAME OF CONVOYER	· • • • • • • • • • • • • • • • • • • •
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
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2001									2001
9#			9						
6	29	13 Jenh	Inter	DIS	INTERM	ENT DIREC	TIVE _ DEOT	U.	adologia)
U	H-025023, T-03033	ON A—	AVU	IIIVI	VAU	DIRECTIVE NUM		N	DATE
	NAME	AND BURIAL LOCA	TION OF DECEAS	ED		8730		1	DAY MONTH YEAR
NAME			UNKN	OWN	SERIAL NU	MBER 00230	RANK	ARM	DAY MONTH YEAR
CUADAL	GAI	NAL							DISPOSITION OF REMAINS
PLOT ROW	GRAVE	COUNTR	Υ						CODE DIST. PT.
E 145		9 86	LOHON	13	LAN.	08			6
NAME AND ADDRESS	OF COL	ICICNEE	SECTION	NB - CON	The second second	NEXT OF KIN	E LIEUT OF KILL		
HONOLULU TERRITORI (BY ADM	MAT F OF	IONAL CEN HAWAII TRATIVE C	RDER)	- DISINTE	RMENT AN	D IDENTIFICATIO	N		
NAME			SERIAL NUMBER		RANK	DATE OF DEATH		DAT	E DISTINTERRED
IDENTIFICATION TAI REMAINS MARKER	G ON	ORGANIZATION				RELIGION	IDENTIFICATIO	N VER	NAME AND TITLE
			SECTION D - F	REPARATI	ON OF REM	AINS FOR SHIPM	ENT		NAME AND THE
NATURE OF BURIAL					CONDITIO	N OF REMAINS			
OTHER MEANS OF IDI	ENTIFICA	TION							
MINOR DISCREPANCIE	ES 1								
REMAINS PREPARED A	ND PLAC	CED IN CASKET					1		
DATE CASKET SEALED BY	м		BY		EMBALME	R (Signature)			
CASKET BOXED AND					SHIPPING	ADDRESS VERIFIE	D BY		
I hereby and that the re	eport o	that all the for	egoing opera	itions we	re conduc	ted and acco	mplished unde	r my	immediate supervision
					2000				
1 Prepare Disc	repanc	y Report QMC	Form 1194a fo	or major	discrepa		OF GRS INSPECTO	IR	SANTO POR STORY

MC FORM REV 15 MAR 46 1194

	•	<u></u>	~ • •	
	DENTIFICATION	DATA	er e	·
1. REMAINS OF UNKNOWN .	·		2. DATE OF REPORT	
√ X-280 "A" 0	Guadalcanal		9 April 1948	
3 NAME OF CEMETERY	` 4. PLO	5. ROW 6. GRAVE	7. DATE OF	
10. S. Army Mausoleum No. 2		C 60	DISINTERMENT REINTER	MENT
			9 Apr 148 9 Apr	. tl.8
Formerly of Guadalcanal	E	145 9	y Mpr. 140 9 Mpr	40
	PHYSICAL DESCRIPT	ION Age 25 ?		
8. ESTIMATED WEIGHT 9. ESTIMATED HE	IGHT 10. CO	OR OF HAIR	11, RACE	
U.T.D. $5'8\frac{1}{2}$ "-174-6	8.51	U.T.D.	U.T.D.	•
12-GIVE DESCRIPTION OF ANY OFFICIAL IDENTIF				
One (1) embossed plate reading:	"Unknown X-280	- Plot E, Row 11	15, Gr. 9.	
i				
One (1) embossed plate on box re	ading: ("Unknow	n X-280")		•
		6կ)		
13 GIVE DESCRIPTION OF TATTORS OF CARE ON	PODY AND IOD SHOW INSO	CHAT LAND OF THE PERSON	OT HER COUNCES	
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON	AND ON SUCH THE	E E E	UTHER SOURCES	•
BY REASON OF LACE	C OF SHEERINE			
None Caralle		MI IDEMINI	ING DATA	
1st. Lt., FA C 1187395	2.00 A	•	D. 10110	
200 EU, ER C/2107090	Rysy 6. 2.	inny /H K	lic 1948	
14. WAS BODY BURNED? TO WHAT EXTENT?		/	· · · · · · · · · · · · · · · · · · ·	
X YES NO All bone	fragments charre	ď.		
15. WAS BODY MANGLED? TO WHAT EXTENT?		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
X YES NO All bones	present fracture	d (See blackout	chart)	
16. DESCRIBE EVIDENCE OF HEALED FRACTURES A	NO BONE MALFORMATIONS		i	
; _ K **				
None	•			
	. •			
	•			
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT.	AND DEDSONAL SECESTS	ENINA SHOWING THE TH	DE COLOR 6176 HADE	nc s
SERVICE, ETC. (If laundry marks are inc	distinct such notation	should be made and m	re, coucer, size, marki pecimen forwarded thro	ugh
channels for examination when facilitie	are not available	n the area)		
	**	•		

None

and 32

OMC FORM 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

-X-58G "A" 19. BLACK OUT PARTS OF BODY NOT RE 20 -MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible) _DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ____

See I C Forms 1044 on X-280 "B"

OF THE FOLLOWING ANATOMICAL PARTS:

Paul L. Gravenor, STONYTURE OF MEDICAL OFFICERLab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of approximately $5^{18}\frac{1}{4}^{n}$ in height, (estimated by using a femur believe to be of nearly equal size and structure of another remains). As only few charred bone fragments remain, a further picture is impossible. See black-out chart. Age is estimated at about 25 years.

Fluoroscopic examination unnecessary. Teeth missing.

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

SEGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION SEGNAT
O. W. GREENWOOD, CAPT. TO
CENTRAL EDERTIFICATION LABORATORY

AND MAUSGLEUM, APO 957.

ON Greenwood

OMC FORM 10446

μ	-
-	

CENTRAL ENTIFICATION LABORATORY & USOLEUM BONE LIST						
NAME	SIDE	NO	BONE LENGTHS	REMARKS		
		<u> </u>	IN CM	(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)		
\$KULL		О		Missing.		
	CERVICAL	0		11		
VERTEBRAE	THORACIC	2	-	1-2-3-4-5-6-7-8-9-10 missing.		
	LUMBAR	1		1-2-3-5 missing.		
SACRUM		1		All missing except promontory.		
	RIGHT	1.	81-1LIAC DIAM	Fractured - missing pubic.		
INNOMINATES	LEFT	0	U.T.D.	Kissing.		
RIBS		0		Missing.		
STERNUM		0		11		
	RIGHT	0		II		
CLAV ICLES	LEFT	0		n .		
	RIGHT	Ö		II .		
SCAPULAE	LEFT	0	***************************************	11		
	RIGHT	7				
HUMERI	LEFT		Approx. 34.2	Fractured - distal end missing. Missing.		
	RIGHT	0		Missing.		
RADII	LEFT	1 o	- 	ii hteeris.		
	RIGHT	0		11		
ULNAE	LEFT	0		ti ti		
	RIGHT	0		11		
HANDS	LEFT	0		n		
Prison	RIGHT	1		Fractured - portion of midshaft missing.		
FEMORA	LEFT	0		Missing.		
PATELLAE	RIGHT	0	· · · · · · · · · · · · · · · · · · ·	11		
	LEFT	0		и		
TIBIAE	RIGHT	0		II .		
TIOIRE	LEFT	0		11		
FIBULAE	RIGHT	<u> </u>		п		
	LEFT	0		tt		
FEET	RIGHT	0		11		
·	LEFT	0	<u></u>	ti		
HUMERO-CLAVICULAR	RATIO U.T	.D.	A PPR	OX 1 MATE		
ESTIMATED HEIGHT 1	74-68.51-	5 18] 11	AGE	25? YEARS		
ESTIMATED WEIGHT	U.T.D.		LEG-H	IP BR RATIO U.T.D.		
ENCLOSURE TO:	1,	X-280	\mathfrak{n}_{h} n	Paul L. Gravenor Lab. Supervisor XANTHEOPOLOGISX		

GP - AGRS 2 1

NARRATIVE

Case X-280, Guadalcanal, Plot E, Row 145, Grave 9, consists of badly fractured and burned fragments of Two (2) remains and has been separated into X-280 "A" and X-280 "B". An unsuccessful attempt has been made to associate the remains of X-280 "A" or X-280 "B" with Henry J. Burri, 284933, Plot E, Row 14, Grave 5, Guadalcanal and George T. Stosilavage, 271894, Cpl, Plot F, Row 213, Grave 8.

Reprocessing of X-280 as X-280 "A" and X-280 "B" has been completed.

		· · · · · · · · · · · · · · · · · · ·	
	• IDENTIFIC	CATION DATA	
X-280 ITBII	Guadalcanal		2. DATE OF REPORT 9 April 1940
NAME OF CEMETERY		4. PLOT 5. ROW 6	6. GRAVE 7. DATE OF
S. Army Mausole	um No. 2	C	60 DISINTERMENT REINTERMENT 9 Apr 148 9 Apr 14
formerly of Guadal		E 145	9
ESTIMATED WE-IGHT	9. ESTIMATED HEIGHT	L DESCRIPTION Age (1.	11. RACE
U.T.D.	71.65-5:11 5/8"	U.T.D.	U.T.D.
	OFFICIAL IDENTIFICATION FOU		
Vone			
FT : "	11	F 1 7 FT 19	4
[A 23	TTOOS OR SCARS ON BODY AND/OR	- 1 1	hà bi to to l.
Jone OVER	SON OF LACK OF S	TARICIENT IDE	NTIFYING DATA
None CYR! G. I.	1167395 Quil	1° 19	14 Nec 1948
		- aroney	114 200 1948
WAS BODY BURNED?	TO WHAT EXTENT?	/ harr≏d.	
WAS BODY MANGLED?	TO WHAT EXTENT?		
X YES WO	Bones present f		
. DESCRIBE EVIDENCE OF	MEALED FRACTURES AND BONE MAL	FORMATIONS	
			•
None			
. LIST EVERY ITEM OF CL SERVICE, ETC. (If fau channels for exeminat	OTHING, EQUIPMENT AND PERSONA ndry marka are indistinct auc ion when facilities are not a	L EFFECTS FOUND, SHOWIN h notation ahould be ma vallable in the area)	IG THE TYPE, COLOR, SIZE, WARKINGS, and and apacimon forwarded through
•			
None			
MOHG	•	•	
•	•		
_			

Du x 33

OHC FORM 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

 \overline{H} $^{\mu}$

TO. BLACK OUT PARTS OF BODY NOT RE 2 fragments #4 present

MASS BURIAL CERTIFICATE (IF APPLICABLE) 20. (Wherein megregation in whole or parts is impossible)

1 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. See QMC Forms 1044 on X-280 "A"

Paul L. Gravenor, STORM FORE OF MEDICAL OFFICER Lab. Superviso

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of approximately $5^{\circ}11^{\circ}5/8^{\circ}$ in height. (Estimated by using a humerus believe to be of equal size and proportion of another remains). As only few charred bone fragments remain, a further picture is impossible. See black-out chart.

Fluoroscopic examination unnecessary. Teeth missing.

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

SISHATURE

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

HD MAUSOLEUM, APO 957

Owleren

	CENTRAL	E		ION	LABORATORY & 💭 List	USOLEUM
NAME	SIDE	NO	BONE LENG IN CM		(IF MISSING OR FRACT	REMARKS URED, LIST PARTS AND LOCATION)
SKULL		0			Missing.	
	CERVICAL	1.			All missing exce	pt #4.
VERTEBRAE	THORACIC	3			9 missing.	
	LUMBAR	4	<u> </u>		#4 missing.	
SACRUM		1				pt fragment of body.
IMMOULES TES	RIGHT	1	BI-ILIAC D	ZAH.	All missing exce	pt a fragment of ilium.
INNOMINATES	LEFT	1	U.T.D.			pt a fragment of pubis.
RIBS		2			Fractured.	
STERNUM		0			Missing.	
	RIGHT	0			tt	
CLAVICLES	LEFT	0			ti	
	RIGHT	0	<u> </u>		11	·
SCAPULAE	LEFT	0			11	
	RIGHT	0			t!	
HUHERI	LEFT	0	<u> </u>		11	
	RIGHT	0			t1	
RAD I I	LEFT	0			l1	
HINAS	RIGHT	0			11	
ULKAE	LEFT	0			ti	
HANDS	RIGHT	0	ļ		11	
	LEFT	0			r#	
FEMORA	RIGHT	1	Approx.	19.6	<u>Distal 3/4 missi</u>	ng - approximal end fractu
	LEFT	-0	ļ <u></u>		Missing.	
PATELLAE	RIGHT	0		-		
	LEFT	0			477	
TIBIAE	RIGHT LEFT	1	 			pt fractured approximal end
		0 1	 		Missing.	nt vention of mid-1-04
FIBULAE .	RIGHT		<u> </u>			pt portion of midshaft.
	LEFT	0	 .		Missing.	· · · · · · · · · · · · · · · · · · ·
FEET	RIGHT	1			•	pt 1-3 metatarsals.
	LEFT	0	 		Missing.	
HUMERO-CLAVICULA	RATIO U.T	.v.	/8"	A PPROX	IMATE	7 _
ESTIMATED HEIGHT	182-71.65-	<u>5:11</u>	AGE	U.!	'.D. YEARS	0.91
ESTIMATED WEIGHT	U.T.D.			LEG-HIP	BR RATIO U.T.D.	Paul L. Grevenor,
ENCLOSURE TO:	X-280	n Bu	Guada	alcana	.1	Lab. Supervisor

GP - AGRS 2 1

NARRATIVE

Case X-280, Guadalcanal, Plot E, Row 145, Grave 9, consists of badly fractured and burned fragments of Two (2) remains and has been separated into X-280 "A" and X-280 "B". An unsuccessful attempt has been made to associated the remains of X-280 "A" or X-280 "B" with Henry J. Burri, 284933, Plot E, Row 14, Grave 5, Guadalcanal and George T. Stosilavage, 271894, Cpl, Plot F, Row 213, Grave 8.

Reprocessing of X-280 as X-280 "A" and X-280 "B" has been completed.

RESTRICTED DATE OF REPORT WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) REPORT OF INTERMENT 20 July 1949 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.-IDENTIFICATION. DO NOT TYPE SERIAL NO. NAME (Last, first, middle initial) (GUADALCANAL Unknown UNKNOWN X-28QA (UNIDENTIFIABLE) BRANCH OF SERVICE ORGANIZATION GRADE Unknown Unknown Unknown RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE Unknown Unknown DATE OF DEATH PLACE OF DEATH CAUSE OF DEATH Unknown Tulagi, B. S. I. EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 5 on reverse) (1. 2. or none) None UNIDENTIFIABLE WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H. TYPE OF GRAVE BURIED IN (Shroud, blanket, or name of other) PLOT No. DATE OF BURIAL HOUR ROW No. GRAVE No. Permanent Type Casket Cross 788 1000 22 June 1949 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or mo) ROW No. PLOT No. GRAVE No. ANM Cemetery, Guadalcanal BSI Yes 145 IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS PERSON CONDUCTING BURIAL RITES Eugene L A Fisher, Chaplain Catholic Albert F Click, Chaplain Protestant IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Margaret & Parry, Chief Clerk, HDC - James B Harris, Capt., QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RANK

RANK

Pvt

SERIAL NO.

SERIAL NO.

SIGNATURE OF ORS OFFICER VERIFYING REPORT

33100428

ORGANIZATION

ORGANIZATION

USAGF

Yes

Yes

SIGNA

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Schiavello, Joseph J.

TRE OF PERSON PREPARING REPORT

GRAVE No.

GRAVE No.

758

	Section 3 NIDENTIFIED REMAINS.
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size,
RIN.	planes, vehicles, and tanks; and serial numbers of air- planes, vehicles, and tanks; and tanks; and tanks; and tanks; (b) A fingerprint; or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth-will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.
LEFT RING FINGER	HEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
MIDDLE FINGER	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURJED OR FOUND
FINGER FINGER	OTHER IDENTIFICATION CLUES
LEFT NDEX FINGER	FIELLINGS SILVER FILLING
·	SILVER FILLING GOLD FILLING 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
THUMB	CAVITIES CAVITY DECAVED UPFER 7
RIGHT	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
RIGHT JNDEX FINGER	BRIDGE WORK GOLD BRIDGE GOLD BRIDGE 13 14 15 10 10 10 15 16 17 18 18 19 10 10 10 10 10 10 10 10 10
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:
RIGHT LITTLE FINGER	Unknown X-280A & X-280B consisting of 2 remains in 2 caskets. (Guadalcanal, Solomon Is.) Unknown X-280A - Casket 1 of 2 Sect Q, Grave No. 788 Unknown X-280B - Casket 2 of 2

RESTRICTED DATE OF REPORT WD QMC FORM 1042 REPORT OF INTERMENT (Rev. I Apr. 1945) (Supersedes GRS Form 1) 20 July 1949 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1 .-- IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL No. (GUADALCAMAL (UNIDENTIFIABLE) Unknown UEKEOWE X-280A GRADE ORGANIZATION BRANCH OF SERVICE Unknown Unknown Unknern RACE IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RELIGION Unknown Daka cu PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) Unknews

Unknown

IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reserve) (1. 2. or none)

Tanà

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

UNITEDATIFIABLE

Tex

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Toras

Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Matical Remerial Cometery of the Pacific, Ronelulu, T. E.

DATE OF BURNAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.			
22 June 1949	1000	Permanent Type Casket	Cross	Q		786			
WAS THIS A REBURIAL?	IF A REBURIAL.	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE							
Tes		ANN Comstery, Guadalcan	al 15I	PLOT No.	ROW No.	GRAVE No.			

142

TYPE OF RELIGIOUS Catholic

PERSON CONDUCTING BURIAL RITES

Burene L & Fisher, Chaplain Albert F Click, Chaplain

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

Protestant IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Tes

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE No. 53100428 ESAGF Pvt Schiavello, Joseph J.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

SERIAL NO. ORGANIZATION

752 GRAVE NO.

URE OF PERSON PREPARING REPORT

E Parry, Chief Clerk

SIGNATURE OF GRS OFFICER VERIFYING REPORT

arris, Capt., QMC

DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RANK

											
	_	Section 3.	MIDENTIFIED	REMAINS	<u>. </u>						
	LEFT LITTLE FINGER	INSTRUCT	TIONS:				. , .				
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	NOE	social secur	rity number :	position o	f body for	ind in airp	planes, vehicle	es, and tanks; ar	nd serial numbers of a	ir-	
	20	planes, vehi (h) Δ (icles, and tar	iks, r prints a	re the mo	st valuabl	le of all clues	. Imprint all 6	ngers and thumbs in	the	
•		chart at left	t, or as many	as possib	ole. If no	fingerpri	nt or prints c	an be secured, th	ngers and thumbs in ne condition of each a Tooth chart will not	iùq	
	70	every tooth accomplishe	will be indic ed if one or r	ated on th nore finge	e tooth ch	art in acci e secured	ordance with	diagram below.	Tooth chart will not	þe	
	LEFT RING FINGER				<u> </u>						
	<u> </u>	HEIGHT	WEIGHT	COLOR OF	FEYES	COLOR OF	FHAIR	BIRTHMARKS, SC.	ARS, OR TATTOOS		
	E R										
				<u> </u>							
		WEAPON AND	SERIAL No.		LAUNDRY	MARKS		WHERE BODY WA	S BURIED OR FOUND		
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	RIGHT LITTLE FINGER	- (makets.	(Guad	ialcan	1] , \$0]	omon Is.	.)			
ь ,	듀즶		Uni	known 1	L-ZROA	- Canb	ret 1 ne	2	Grave No. 788		
	ž,		Tel.	enown 1		- Carl	cet 2 of	Sect Q,	Grave No. 788		
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		RESIR	ICIED				
WD QMC FORM 1042 (Rev. 1 Apr. 1945)	į.	REPORT OF	INTERMENT			OF REPORT	
(Supersedes GRS Form 1)		(AR 30-1810 ar		-	}	20 July	7 1949
Imprint Identification T		Section 1.—IDENTIFICATION.					
DO NOT TY	"E"	NAME (Last, first, middle initial)			SERIAL	No.	
		UNKNOWN X-280E	(GUADALO	anal Highle)	Total Control	cnown	
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l(' '	0	GRADE	CAGAMIZATION		Birric	0. 30.	<u></u>
[- 1	Unknown	Unknown		Unl	enown.	
\		RACE	RELIGION		IF OTHER THA	N U. S. DEA	D. GIVE
		Unknown	Unknown				
PLACE OF DEATH		CAUSE OF DEATH	OHEHOWH		DATE (OF DEATH	
Tulagi, BSI		Unknown			Unl	Known	
EMERGENCY ADDRESSEE (No.	me, relationship, an	d address)					
	•	Unknown					
IDENTIFICATION TAGS FOUND	ON BODY	IF NO TAGS FOUND ON BODY, D	DESCRIBE MEANS O	F IDENTIFICATION (I	f unidentified, fill	in section 3	on reserse)
(1, 2, or none)							
None WERE SUBSTITUTE TAGS PRO	VIDEDZ(Zes es ma)						
HERE JOBOTTOTE TROSPINO	*15L5((168 07 NO)		UNIDENT	FIABLE			
Yes							
LIST PERSONAL EFFECTS FOL	IND ON BODY AND	DISPOSITION OF SAME					
,							
		None					
		24-24					
Carller G. BUBLES va ca			· · · · · · · · · · · · · · · · · · ·				
NAME, NUMBER, COORDINATI		lished cometery, furnish sketci	h and map coord	inales on reverse.			
	-	ery of the Pacific,	Honolulu,	T. H.			
					<u> </u>		1
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or m	•	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 June 1949	1000	Permanent Type C	asket	Cross	Q	•	788
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, I	NDICATE NAME, NUMBER, COORD	INATES OF PREVIO	OUS CEMETERY, AND L	OCATION OF GR	AVE	
Yes	A 1671A	Cemetery, Guadales	TRE Ban		PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS		TING BURIAL RITES		ON TAGS NOT USED.	DESCRIBE IDEN	145	DATA AND
CEREMONY Catholic		A Fisher, Chaplain	I CONTAINERS BI	URIED WITH BODY			
Protestant		Click, Chaplain					
IDENTIFICATION TAG BURIED BODY (Yes or no)		TIFICATION TAG ATTACHED TO KER (Yes or no)					
аеY		Yes	:				
BODY BURIED ON DECEASED	LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	N GRAVE	E No.
Cabiamalla Ia	Fvt	77100420	TICACE		750		
Schiavello, Jo		d feel middle initials	RANK	33100428 SERIAL No.	USAGF ORGANIZATION	J CDAV	758
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE NO.							
<u> </u>	·	<i>D</i>					
SIGNATURE OF PERSON PREP	ARING REPORT	ducy 5	SIGNATURE OF G	RS OFFICER VERIFYIN	IG REPORT		ر ر
Margaret F Par	ry. Chief	Clerk, Hoc	James	B Harris,	Capt., Qi	ALC NAC	-
		al for U.S. and allied dead, all					tor General
through Headquarters GI	S Officer. Copie	al for U.S. and abled dead, all es for retention in theater as p	rescribed by the	ster commander.	aced, to the P		General

	
5	Section 3. AIDENTIFIED REMAINS.
LEFT LEFTLE FINGER	instructions: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of air planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each an every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be
RING	accomplished if one or more fingerprints are secured.
EFT CER	HEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	Service (Service)
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LEFT INDEX FINGER	FILLINGS SILVED FILLING
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₩. T	100°
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₩¬	CROWNED TEETH 16 16 16
	PORCELAIN CROWN SOUTH
2	GOLD CROWN LOWER
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GHT (FINGER	GOLD BRIDGE
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	10 9 9 10 11
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES, FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
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NGER	↑
	_
	
RIGHT RING FINGER	
FINGE	
9	REMARKS:
	- Halmana V 2004 2 V 2005 acceptation of S manufacture
RIGHT FINGER	2 caskets. (Guadalcanal, Solomon Is.)
ir Righ	Unknown X-280A - Casket 1 of 2 Sect Q, Grave No
, Med H	Unknown X-280B - Casket 2 of 2 Sect Q, Grave No
	788

RESTRICTED DATE OF REPORT WD QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) 20 auly 1949 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.-IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL No. (OHADALCARAL (UNIDENTIFIABLE) UNKNOVE X-2500 Unknows GRADE ORGANIZATION BRANCH OF SERVICE Unknown Unknown Unknown RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE Hoknews Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Tulegi, BSI Unknown Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) Hane WERE SUBSTITUTE TAGS PROVIDED? (Yes of #0) UBINERTIFIABLE Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME **Jene** Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Entional Membrial Comptery of the Pacific, Eccelulu. T. H. DATE OF BURIAL BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE HOLLB PLOT No. ROW No. GRAVE No 22 June 1949 1000 Permanent Type Casket Cross 788 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A RESURIAL? PLOT No. ROW No. GRAVE NO. Tes ANN Cometery, Condalcanal BSI 145 TYPE OF RELIGIOUS PERSON CONDUCTING BURIAL RITES IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Eugane L A Fisher, Chaplain Catholic Albert F Click, Chaplain **Protestant** IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH BODY (Yes of No.) Tos Tes BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE No. Port 5510042B TERAGE Schiavello, Joseph J. 758 BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE No. SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERUE ING REPORT

RESTRICTED

DISTRIBUTION OF REPORT: Signed original for U. S. and affied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters CRS Officer. Copies for retention in theater as prescribed by theater commander.

Parry, Chief Clerk

B Barris,

Jenes

QHC

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г	Section 3.	IIDENTIFIED	REMAINS	2					
LEFT LITTLE FINGER	mains. Fill social securi planes, vehic (b) A fi	at care will in anatomic ty number; cles, and tar neerprint, o	cal charae position c iks. r prints. a	cteristics (of body for are the mo	below, and and in airp ost valuabl	i any other d Sanes, vehicle le of all clues	dues under " es, and tanks Limprint all	identity of uni Other," such a ; and serial nur I fingers and th I, the condition w. Tooth chai	ns shoe size, mbers of air-
LEFT RING FINGER	accomplished	d if one or n	nore finge	erprints ar	e secured.			SCARS, OR TATT	
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RIGHT RING FINGER	REMARKS:				· · · ·				
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GER						Casket		Sect Q, G	rave Mo 788

WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	CHALENWEA	REPORT OF ANTERWENT STORAGE				
(Supersedes GRS Form 1)		(AR 30-1810 an			1,4	Dec 1	948-	
Imprint Identification Te		Section 1.—IDENTIFICATION.	_		·			
DO NOT TYP	<u>'E</u>	NAME (Last, first, middle initial)			SERIAL	. No.		
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y-280B	()	GRADE	ORGANIZATION		BRANC	CH OF SERVI	CE	
N-7000	' ')	Unknown	Unknow	n	,]	Unknow	n	
\		RACE	RELIGION		IF OTHER THA	AN U. S. DEA	D, GIVE	
		Unknown	Unknow	n	HAME OF CA	, out in		
PLACE OF DEATH		CAUSE OF DEATH	-		DATE	OF DEATH		
		Unkr	nown	•	ט	nknown		
Tolegi. B		1			<u> </u>		<u></u>	
EWEKPENCI ADDRESSEE (AC	me, relationensp, an	nd address) Unkr	TOWN					
IDENTIFICATION TAGS FOUND	ON BODY	IF NO TAGS FOUND ON BODY, D	DESCRIBE MEANS (OF IDENTIFICATION (I)	f unidentified, fil	I in section 3	on reserve)	
([, £, or none)	•							
Иоде		- Unidenti	144 - h) a					
WERE SUBSTITUTE TAGS PROV	VIDED?(Yes or no)	OHTGER 01	IIIBULE					
Yes		1						
LIST PERSONAL EFFECTS FOU	ND ON BODY AND	DISPOSITION OF SAME						
		None						
· ·								
Section 2.—BURIAL. If other	er than in estab	lished cemetery, furnish sketci	h and map coord	inates on reverse.				
NAME, NUMBER, COORDINATE	S, AND LOCATION	OF CEMETERY						
US Army Mausol	enm. Schot	field Barracks, T.	Ħ.			·	Casket	
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no		TYPE OF GRAVE	PLOT NO.		Dancet	
	1155			MARKER		110-11-11-1		
14 Jan 1948	<u> </u>	Metal lined ca	asket		**	G 5	60 A	
WAS THIS A REBURIAL? (Yes or so)	IF A REBURIAL	INDICATE NAME, NUMBER, COORD		OUS CEMETERY, AND LO			<u></u>	
Yes	AN)	M Cemetery, Guadalo	enal B. S.	I.	PLOT No.	ROW No. 145	GRAVE NO.	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED. URIED WITH BODY		ITIFICATION	DATA AND	
		!			Tile		1	
IDENTIFICATION TAG BURIED	WITU IDEN	TIFICATION TAG ATTACHED TO	1.		10-10-H	9		
BODY (Yes or no)		RKER (Yes or no)	ļ		K. M. H	t.		
- -								
BODY BURIED ON DECEASED (LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	N GRAVE	E No.	
Not applicable								
BODY BURIED ON DECEASED			RANK	SERIAL NO.	ORGANIZATIO	N GRAVI	E No.	
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I. K. USHER	· <i>U</i>	!	F-4 17	L B. YANCY, C	MO, USA	7		
*1,			POLICE					
DISTRIBUTION OF REPORT through Headquarters GR	; Signed origin !S Officer. Copi	eaf for U.S. and allied dead, signs for retention in theater as p	ned original and rescribed by the	one copy for enemy ater commander.	deed, to the Q	'uartermaet	ter General	

<u></u>		Section 3.—UNIDENTIFIED REMAINS.	· · · · · · · · · · · · · · · · · · ·
	5	INSTRUCTIONS:	
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And the state of t	골피	(a) Great care will be taken to record the most minute clues for the future idea mains. Fill in anatomical characteristics below, and any other clues under "Oth social security number; position of body found in airplanes, vehicles, and tanks; and	er," such as shoe size,
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		(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fing	gers and thumbs in the
a ការធីនៅវ		(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fing chart at left, or as many as possible. If no fingerprint or prints can be secured, the every tooth will be indicated on the tooth chart in accordance with diagram below, accomplished if one or more fingerprints are secured.	Tooth chart will not be
	골	accomplished if one or more fingerprints are secured.	
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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supercodes GRS Form 1)		REPORT OF THE REPORT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT		
Imprint Identification Ta	# If Possible.	Section 1.—IDENTIFICATION.		<u></u>		72	1230	
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WERE SUBSTITUTE TAGS PROVIDED? (Tee or no)								
Tes								
LIST PERSONAL EFFECTS FOUL	ND ON BODY AND	DISPOSITION OF SAME						
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Section 2.—BURIAL If other	r then in establ	ished cometery, furnish sketc	h and map ooo	rdinates on reverse.				
NAME, NUMBER, COORDINATE	S, AND LOCATION	OF CEMETERY						
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manner of storing casket		l .						
SIGNATURE OF PERSON PREPARING REPORT 1. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT					

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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· •		MIDENTIFIED	REMAINS						-,7
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WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supermedes GRS Form 1)		STORAGE	· _	of REPORT	1948		
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BODY BURIED ON DECEASED	•		RANK	SERIAL No.	ORGANIZATIO	N GRAVI	E No.
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SIGNATURE OF PERSON PREP	ARING REPORT	<u></u>	SIGNATURE OF G	RSOFFICER VERIFYING	REPORT	11-	
I. K. USHER - Clerk EARL B. YANCI, CMO, 1							ļ
DISTRIBUTION OF REPORT	Signed origina RS Officer, Copie	al for U.S. and allied dead, sig-	ined original and prescribed by the	one copy for enchy i			ter General
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	_	Section 3. WINDENTIFIED REI				
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U.	NGE '	social security number; posit	tion of body found in ai	rpłanes, vehicle	es, and tanks; and seri	al numbers of air-
		planes, vehicles, and tanks. (b) A fingerprint, or pri	nts, are the most valual	ble of all clues.	. Imprint all fingers	and thumbs in the
n n		(b) A fingerprint, or pri chart at left, or as many as pevery tooth will be indicated accomplished if one or more	ossible: If no fingerpr	rint or prints ca	in be secured, the con	dition of each and
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SIGNATURE OF PERSON PREPARING REPORT
SINUSPER - Clerk CVO. UΣ DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

manner of storing casket

SIGNATURE OF GRS OFFICER, VERIFYING REPORT

	Section 3.—UNIDENT	(E)ED DENIED				<u> </u>	" ",	
LEFT LITTLE FINGER RII	INSTRUCTIONS: (a) Great care mains. Fill in ana social security num planes, vehicles, an	will be taken tomical charac ber; position o d tanks, ot, or prints, a	to record to steristics to f body four	elow, and ind in airpl st valuable	any other c anes, vehicle	lues under ''Ot s, and tanks ; ar Imprint all fi	aggre and thumbe	e size, of air- in the
LEFT RING FINGER	HEIGHT WEIGHT			COLOR OF			ARS, OR TATTOOS	<u> </u>
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RIGHT RING FINGER	REMARKS:	٠						
RIGHT LITTLE FINGER					,			

DATE REP Rev. 1 November 1942 REPORT OF INTERMENT GRS 1, dated 11 May 1942 may be used until exhausted) (TM 10-639 and AR 30-1815) 26 Sept 1945 FOR IMPRINT OF IDENTIFICATION TAG NAME (Last. First, Middle Initial) Unknown X-280 RANK SERIAL NUMBER COUNTRY Unknown Unknown Unknown ORGANIZATION BRANCH Unknown Unknown RACE DATE OF DEATH REL IGION Unknown Unknown. Unknown: PLACE OF DEATH CAUSE OF DEATH Unknown Tulegi, B.S.I. IDENTIFICATION TAGS FOUND ON BODY IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) □ 2 DISPOSITION OF SUBSTITUTE TAGS. IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE T YES DETE NO T YES CON 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 £ 200 Unknown Unknown IF BURIAL OTHER THAN, IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE DATE ROW NO. 145 GRAVE NO. PLOT NO. GRAVE MARKER Wooden Gross. HOUR 1526 24' Sept 45 Army Navy Marine Cemetery Guedalcanal B.S.J. (Reburial) PERSON REPORTING BURIAL TYPE OF RELIGIOUS CEREMONY Previous Service: Unknown. FEET TELESCATION TAGS BURIED WITH BODY TELES NO ATTACHED TO MARKER 🗅 YES 🗸 🝱 NO IF DENTIFICATION 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 CLEFT, NAME (Last, First, Middle Initial) RANK SERIAL NO. ORGANIZATION Unknown X-220 Unknown Unknown Unknown ORGANIZATION USMCR ON RIGHTG : NAME (Last, First, Middle Initial) McGowan, Paul D. 0-14682 lst Lt PERSON CONDUCTING BURIAL RITES VERIFIED BY G. R. S. OFFICER JOHN R. NOLAN Unknown lat. Lt., QMG

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OME FORM 1; GRS 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 Duried as X-56 in Grave 164 Row 7 Plat B

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,		INSTRUCTIONS FOR BEAL	- 4
	•	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A	MEM-
		- loco oc the menical netarhment ann attach emi 52n. Remove all personal properti. Unt	33
- `		BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET: HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY	_ IN
		TRIAD AND AND DANK IN A COAME. DEMAND ONE IDENTIFICATION TAG AND ATTACH THE GRAVE MA	HKIK.
		LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION ENTIFYING DATA IN DUPLICATE ON FORM: PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR	Or IV
			4 N 18
	· ı	Library Marking The Chave Faster Infritification TAG TO TEMPORARY NAME MEG AND MLACE AL	rit au
	4	OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NO VAILABLE, USE OTHER SUITABLE MEANS TO UNWISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIA	1 A-
,	•	IRONY IS INITERNITIFIED. TAKE FINGERPRINTS OF BOTH HANDS OR THUSE 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	
		E	
		WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	
		EN WEAPON AND SERIAL NUMBER	
		2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW,	AND
o,		ICITIONNE AUGUED TOO SHOW ON CEMETERY MARL FOR ALL OTHER RURIARS PREPARE SKELCH IN STACE	rk v-
		LT LUIDED ARIAGI, AND AINE IMANTION BY MEANS OF MAP WELLHINGS. OR MI KELEKENUE IV FROMING	. 1
		PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC: ACCURATE, COMPLETE. STAND AT FOR GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.	, O
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		12 LOOP FORM TRIACT THESE WITH INCORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGE	NUY.
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	100 300	ADDRESSEE IN THE TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GO MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVE	AGE
•		P COLLECTING POINT.	
		THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDS	MCE
		S WITH DIAGRAM.	
	•	FILLINGS DIAGRAM REPRESENTS THE MOUTH WIDE	OPEN
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		TOOTH MISSING	1
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MD QNC Form 1012 Rev. 1 November 1942 (GRS 1, dated 11 May 1942	REPORT OF 1	INTERMENT	· 1	DATE REPORT FALL	ED OUT
may be used until exhausted)	(TM 10-639 and	AR 30-1815)	-	19 April 19	9/15
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, M	iddle Initial)	=	1 1/ 14/11/1	<u> 742</u>
			_		
\	UNIDENTIFI		X-56	l-a	
\	RANK	SERIAL NUMBER	known	COUNTRY Unknown	
O NO TAGS	Unknown Organization		BRANCH	VIRTIO HI	
(mown		Unknown	
	RACE	RELIGION	,	DATE OF DEATH	
	Unknown		Unknown	Unknown	
PLACE OF DEATH		CAUSE OF DEATH	1		
Tulegi, B.S	S.I.		Unknown		
IDENTIFICATION TAGS FOUND ON BODY			CATION TAGS, OTHER		NTIFY
12	'EXEN NONE	BODY (Identifi	lcation Cards, Lett	ers, etc.	
DISPOSITION OF SUBSTITUTE TAGS, IF	MADE				•
COMPLETE FINGERPRINT CHART OF BOTH	U HANGE ON DEVEDEE	COMPLETE TOOT	CHART ON REVERSE		
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LIST ANATOMICAL CHARACTERISTICS AN		PRINTS CANNOT BE T			-
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LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF	F SAME			
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	**O POT BOM	<u> </u>	unu •		
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EME	ERGENCY ADDRESSEE		
Unknown			Unknown	-	=
	IN ESTABLISHED CEMETERY			N REVERSE	
DATE HOUR	B 7	GRAVE NO. 0	RAVE MARKER Wooden Cross	=	
27 Doc. 1944 1430 (Reburial)	USN & USMC CE		AGI, B.S.I.	,	
TYPE OF RELIGIOUS CEREMONY		PERSON REPORT			
Previous Service Unknow	n `	Shirt	Richard	O O. Ma	yer)
IDENTIFICATION TAGS BURIED WITH BO		ATTACHED TO MA	ARKER	YES / 1550 NO 6	7
IF IDENTIFICATION TAGS NOT PRESENT		ATION DATA BURIED	WITH BODY AND IN W	HAT KIND OF CONTAI	NERS.
	· · · · · · · · · · · · · · · · · · ·		1		
BODY ON LEFT, NAME (Last, First, N	DIES BURIED EITHER SIDE		on Reverse)	ORGANIZATION	
ROGERS J.E.		Unknown	Unknown	ORGANIZATION	USN
BODY ON RIGHT, NAME (Last, First,	Middle Initial)	RANK	SERIAL NO.	ORGAN I ZAT 1 ON	13031
PHILLIPS, W.R.		Unknown	Unknown	<u> </u>	USN
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.	R. S. OFFICER	1202	10
			\mathcal{L}	7777 CM. 74	olan
Unknown	_			OHN R. NOLAN	
INSTRUCTIONS FOR FILLING OUT	BURIAL REPORT: MAKE OF	UT ONC FORM 1 - GRS	LE S IN QUADRUPLICATE		E ADDI -
TIONAL COPY FOR ALLIED AND ENEMY (DEAD. SIGN ALL COPIES.	SUBMIT REPORT TO) NEAREST MEMBER OF	GRAVES REGISTRATI	ION SER -
VICE. GRAVES REGISTRATION SERVICE HEADQUARTERS (TO BE CHECKED AGAINS	E WILL FORWARD THE ORIG ST CASSALTY REPORTS AND	INAL AND TWO COPIE ALLIED PAPERS AND	S THROUGH AT LEAS? ALL COPIES VERIFI	ONE HIGHER ADMINI ED BY THE GRAVES R	STRATIVE
TION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVE	ES REGISTRATION SE	RVICE OFFICER.	···· ···	

Incl# 5-6

OVER FOR BURIAL INSTRUCTIONS

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	INSTRUCTIONS FOR BUTTLE	*
2	1. PREPARATION OF BODY, SURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A BER-OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRE BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; 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 MA LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A HOTATION ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MAR WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NO VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIA BOOY IS UNIDENTIFIED, TAKE FINGERFRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:	IN
	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS	
ω	E WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED 2 LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED-CEMETERIES BY PLOT, ROW, GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE VIDEO BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINE PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOO	PRO-
	GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT. 9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGE ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GO MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALV COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDAL WITH DIAGRAM.	MAT -
THUMB	FILLINGS SILVER FILLING O LAGRAM REPRESENTS THE MOUTH WIDE CAVITIES CAVITIES 10 12 13	OPEN
RIGHT THUMB	DECAYED UPPER WISSING TEETH TOOTH MISSING	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4	CROWNED' TEETH CROWNED' TEETH CROWNED' TEETH CROWNED' TEETH 17 LOWER 19 19) 32 \ 31
ω	BRIDGE WORK GOLD BRIDGE 21 COUNTY 22 23 24 25 26 SKETCH AND MAP REFERENCE	
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IDENTIFICATION SECTION EPATRIATION RECORDS BRANCH DEMORIAL DIVISION

·CATEGORY III CASE NO CLUES IDENTIFICATION IMPOSSIBLE AT PRESENT TIME

DATE REPORT FILLED **OHC FORM 1042** Rev. 1 February 1945 REPORT OF INTERMENT (Supersedes form dated 26 Sept 1945 3 Jan. 1945. Existing stocks (TM 10-630 and AR 30-1815) may be used until exhausted. For Imprint of Identification Tag NAME (Last, First, Middle Initial) Unknown X-280 RANK SERIAL NUMBER COUNTRY Unknown Unknown Unknown 0 ORGANIZATION BRANCH Unknown Unknown . RACE RELIGION DATE OF DEATH Unknown Unknown Unknown PLACE OF DEATH CAUSE OF DEATH Tulagi, B.S.I. Unknown IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY IDENTIFICATION TAGS FOUND ON BODY BODY (Identification Carda, Lettera, etc.) ____ 2 KK NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE NO CXX T YES DOM: NO ___ YES 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 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 24 Sept 45 1526 145 9 Wooden Cross (Reburial)
TYPE OF RELIGIOUS CEREMONY PERSON REPORTING BURIAL Frevious Service Unknown s/S/Sgt. Richard J. Moyer IDENTIFICATION TAGS GURIED WITH BODY YES. KIX NO ATTACHED TO MARKER TYES. XX 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) SERIAL NO. ORGANIZATION GRAVE NO. RANK Unknown X-220 Unknown Unknown Unknown BODY ON RIGHT, NAME (Lost, First, Middle Initial) SERIAL NO. ORGANIZATION GRAVE NO. RANK -McGowan, Paul D. 1st Lt 0-14682 USMCR PERSON CONDUCTING BURIAL RITES VERIFIED BY G. R. S. OFFICER /s/ John R. Nolan Unknown /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 HEADOUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADOUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

PROVIOUSLY DUTIED AS X-56 in Grave 164, Now 3, Plot B.

OVER FOR BURIAL INSTRUCTIONS USN & USMC Cometery, Tulagi

5.	N	INSTRUCTIONS FOR BURLAL
Left Little Finger		I: PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach DMT 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. Leare other tag on body in protected position. If no tag is present
Left Ring Finger	enti	make a notation of identifying data induplicate on form; place in hurial 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 unnistakably 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	fied, take	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
19er	thum	
Left Index Finger	and	a 2. LOCATION OF CRAVE: 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. PERFONAL EFFECTS: List only personal effects taken from body on the Bur-
Left Thumb	rinte	ial 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. Covernment property is not tobe included in personal effects but is to be turned into salvage collection point. The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram. FILLINGS SILVER FILLING
Right Thumab	hends - if thi	CAVITIES CAVITY DECAYED 2 15
Right Index Finger	s is not poss	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 17 (1977)
Right Middle Finger	ible fill in	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 18 LOWER 19 LOWER 20 19 A A A A C 28
Ring Finger	tooth chart.	SKETCH AND MAP REFERENCE
t Right	•	E. A. Miller Jr. 1st Lt., QMC

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