

A I R M A I L

QUIGHT 293
GRS Pacific 1st Ind.
SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-196, X-217, X-219, X-220, X-225, X-226, X-235, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-282, X-285, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-868, X-872, X-875, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Ennylabegan; X-30, formerly Lunning; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-233, X-238, formerly Barrackpore.

3. Further reference is made to inclosures 82 and 83, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/a

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

S. Morgan:lvc
Salsor
JW
cc--Administrative Section

A I R M A I L

X 293
with
Salsor
JW
J. Morgan (Administrative) X 291

REB

FJS

C O P Y

A I R M A I L

THE QUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

IEWEC 288

JAN 24 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Enclosed herewith eighty-three (83) QMG Forms 1041 for Kuning, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Enghelabgan Cemeteries, stamped and signed in accordance with letter, RA QMG, QMHSU 288 QRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Mann
s/ HORACE MANN
Captain, QMG
Chief, RR Div

83 Incls

1. QMG Form 1041-1041a-1041b-
Bone List X-6-Guadalcanal
2. QMG Form 1041-1041a-1041b-
Bone List X-12-Guadalcanal
3. QMG Form 1041-1041a-1041b-Bone List-
Fluoresceopical Findings X-14-
Guadalcanal
4. QMG Form 1041-1041a-1041b-Bone List-
X-16-Guadalcanal
5. QMG Form 1041-1041a-1041b-Bone List-
X-19 Guadalcanal
6. QMG Form 1041-1041a-1041b-Bone List-
X-25 Guadalcanal
7. QMG Form 1041-1041a-1041b-Bone List-
X-27 Guadalcanal
8. QMG Form 1041-1041a-1041b-Bone List-
X-32 Guadalcanal

A I R M A I L

SUBJECT: Resoluiti of Unidentified Remains

83 Incls

9. QMC Form 1044-1044a-1044b-Bone List
X-53 Guadalcanal
10. QMC Form 1044-1044a-1044b- Bone List
X-55 Guadalcanal
11. QMC Form 1044-1044a-1044b- Bone List
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluoroscopic Findings
X-61 Guadalcanal
13. QMC Form 1044-1044a-1044b-Bone List
X-52-Guadalcanal
14. QMC Form 1044-1044a-1044b-Bone List
X-53-Guadalcanal
15. QMC Form 1044-1044a-1044b-Bone List
X-54 Guadalcanal
16. QMC Form 1044-1044a-1044b-Bone List
X-61 Guadalcanal
17. QMC Form 1044-1044a-1044b- Bone List
X-90 Guadalcanal
18. QMC Form 1044-1044a-1044b-Bone List
X-91 "A" Guadalcanal
19. QMC Form 1044-1044a-1044b-Bone List
X-91 "B" Guadalcanal
20. QMC Form 1044-1044a-1044b-Bone List
X-104 Guadalcanal
21. QMC Form 1044-1044a-1044b-Bone List
X-117-Guadalcanal
22. QMC Form 1044-1044a-1044b-Bone List
X-177 Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List
X-182-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List
X-183 Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List
X-190 Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List
X-195 Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List
X-96 Guadalcanal
28. QMC Form 1044-1044a-1044b- Bone List
X-217 Guadalcanal
29. QMC Form 1044-1044a-1044b-Bone List
X-219-Guadalcanal
30. QMC Form 1044-1044a-1044b-Bone List
X-220 Guadalcanal
31. QMC Form 1044-1044a-1044b-Bone Lis t-
X-225 Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadalcanal
- 33. QMC Form 1044-1044a-1044b-Bone List-
X-235-Guadalcanal
- 34. QMC Form 1044-1044a-1044b-Bone List-
X-237-Guadalcanal
- 35. QMC Form 1044-1044a-1044b-Bone List-
X-242-Guadalcanal
- 36. QMC Form 1044-1044a-1044b-Bone List-
X-243-Guadalcanal
- 37. QMC Form 1044-1044a-1044b-Bone List-
X-244-Guadalcanal
- 38. QMC Form 1044-1044a-1044b-Bone List-
X-245-Guadalcanal
- 39. QMC Form 1044-1044a-1044b-Bone List-
X-247-Guadalcanal
- 40. QMC Form 1044-1044a-1044b-Bone List-
X-249-Guadalcanal
- 41. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadalcanal
- 42. QMC Form 1044-1044a-1044b-Bone List-
X-255-Guadalcanal
- 43. QMC Form 1044-1044a-1044b-Bone List-
X-277-Guadalcanal
- 44. QMC Form 1044-1044a-1044b-Bone List-
X-281-Guadalcanal
- 45. QMC Form 1044-1044a-1044b-Bone List-
X-282-Guadalcanal
- 46. QMC Form 1044-1044a-1044b-Bone List-
X-285-Guadalcanal
- 47. QMC Form 1044-1044a-1044b-Bone List-
X-287-Guadalcanal
- 48. QMC Form 1044-1044a-1044b-Bone List-
X-288-Guadalcanal
- 49. QMC Form 1044-1044a-1044b-Bone List-
X-290-Guadalcanal
- 50. QMC Form 1044-1044a-1044b-Bone List-
X-291-Guadalcanal
- 51. QMC Form 1044-1044a-1044b-Bone List-
X-293-Guadalcanal
- 52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadalcanal
- 53. QMC Form 1044-1044a-1044b-Bone List-
X-296-Guadalcanal

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83 Incls

- 54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadalucaanal
- 55. QMC Form 1044-1044a-1044b- Bone List-
X-298 Guadalucaanal
- 56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadalucaanal
- 57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadalucaanal
- 58. QMC Form 1044-1044a-1044b-Bone List-
X-302-Guadalucaanal
- 59. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadalucaanal
- 60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadalucaanal
- 61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadalucaanal
- 62. QMC Form 1044-1044a-1044c-Bone List-
X-743 Remains Depot
- 63. QMC Form 1044-1044a-1044b-Bone List-
X-744-Remains Depot
- 64. QMC Form 1044-1044a-1044b-Bone List-
X-858-Remains Depot
- 65. QMC Form 1044-1044a-1044b-Bone List-
X-372-Remains Depot
- 66. QMC Form 1044-1044a-1044b-Bone List-
X-873-Remains Depot
- 67. QMC Form 1044-1044a-1044b-Bone List-
X-874-Remains Depot
- 68. QMC Form 1044-1044a-1044b-Bone List-
X-875-Remains Depot
- 69. QMC Form 1044-1044b-Bone List X-902-
Remains Depot.
- 70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Enlabegan
- 71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kuming
- 72. QMC Form 1044-1044a-1044b-Bone List-
X-893 Shanghai
- 73. QMC Form 1044-1044a-1044b-Bone List-
X-125-Barrackpore
- 74. QMC Form 1044-1044a-1044b-Bone List-
X-143-Barrackpore
- 75. QMC Form 1044-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

RRREC 293

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83 Incls

76. QMC Forms 1044-1044b-Some List X-149 "B"-
Barrackpore
77. QMC Form 1044-1044b-Some List X-149 "C"-
Barrackpore
78. QMC Form 1044-1044b-Some List X-150
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Some List-
X-150 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Some List-
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Some List-
X-233-Barrackpore
82. QMC Form 1044-1044b-Some List X-315 "A"
Barrackpore
83. QMC Form 1044-1044b-Some List X-315 "B"
Barrackpore

AIR MAIL

- 5 -

1. EW

HTP 141

TDH

Brace

Interred 11 March 1949 **DISINTERMENT DIRECTIVE**
N 441 -Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED *Alvan* DIRECTIVE NUMBER 8730 00000 DATE 26 09 47
ALVAN O. BARR DAY MONTH YEAR

NAME UNKNOWN X-000281 SERIAL NUMBER RANK ARM 0 DATE OF DEATH

CEMETERY GUADALCANAL DISPOSITION OF REMAINS 0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
E 146 3 SOLOMON ISLANDS 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-281 SERIAL NUMBER Unk RANK Unk DATE OF DEATH Unk DATE DISINTERRED 24 November 47

IDENTIFICATION TAG ON REMAINS ORGANIZATION Unk RELIGION Unk IDENTIFICATION VERIFIED BY George M. Clark, 1st Lt., INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket CONDITION OF REMAINS Skeletal

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

MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 July 1948 BY LAWRENCE A JONES, EMBALMER
CASKET SEALED BY G. D. MEEK EMBALMER (Signature) LAWRENCE A. JONES

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY T. P. MADON
DATE 7-6-1948 BY G. D. MEEK

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

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

FILE
17 JUL 1949
BRANCH
MEMPHIS

1 Prepare Discrepancy Report QMG Form 1194a for major discrepancies.
Inspected for identification only per paragraph 2, 1st Ind, OQMG, file QMGMO 293 (Pacific), dated 5 May 1948.

RECORD OF CUSTODIAL TRANSFER

FROM **U S ARMY MAUS NO 3** TO **HAWN DIST CENTER**

1. SHIPPED

DATE **24 FEB 1949**

SIGNATURE OF SHIPPER **TRUCKER JOHN I. MORPHY**
 Capt. OMC 01585944
~~WILSON CAPT OMC~~

NAME OF CONVOYER
 SIGNATURE OF RECEIVER

2. SHIPPED

GENERAL DIVISION
RECORDS BRANCH
CAPTAIN O.M.G.
JAMES BARRETT
RECEIVED

FROM
 KIND OF CONVEYANCE
 SIGNATURE OF SHIPPER
 DATE

3. SHIPPED

FROM
 KIND OF CONVEYANCE
 SIGNATURE OF SHIPPER
 DATE

4. SHIPPED

FROM
 KIND OF CONVEYANCE
 SIGNATURE OF SHIPPER
 DATE

5. SHIPPED

FROM
 KIND OF CONVEYANCE
 SIGNATURE OF SHIPPER
 DATE

6. SHIPPED

FROM
 KIND OF CONVEYANCE
 SIGNATURE OF SHIPPER
 DATE

7. SHIPPED

FROM
 KIND OF CONVEYANCE
 SIGNATURE OF SHIPPER
 DATE

SIGNATURE OF SHIPPER
 DATE

SIGNATURE OF RECEIVER
 DATE

NAME OF CONVOYER
 NAME OF CONVOYER

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (X-281) Guadalcanal				2. DATE OF REPORT 26 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of Guadalcanal		4. PLOT E	5. ROW B 146	6. GRAVE 80 3	7. DATE OF DISINTERMENT 26 Mar '48	REINTERMENT 26 Mar '48

PHYSICAL DESCRIPTION Approx. Age 21 to 23 years.

8. ESTIMATED WEIGHT 150 to 155 lbs.	9. ESTIMATED HEIGHT 174-68.51-5'8 1/2"	10. COLOR OF HAIR U.T.D.	11. RACE Probably white
--	---	-----------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(A) One (1) embossed plate reading: Unknown X-281 - Plot-L, R-146, Gr. #3.

(B) One (1) embossed plate reading: Unknown X-281
64

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

U N I D E N T I F I C A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
1st. Lt., FA O-1167395 *Cyril C. Disney 20 Jan 1949*

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Fracture of scapulae, arm bones, innominates and ribs.
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

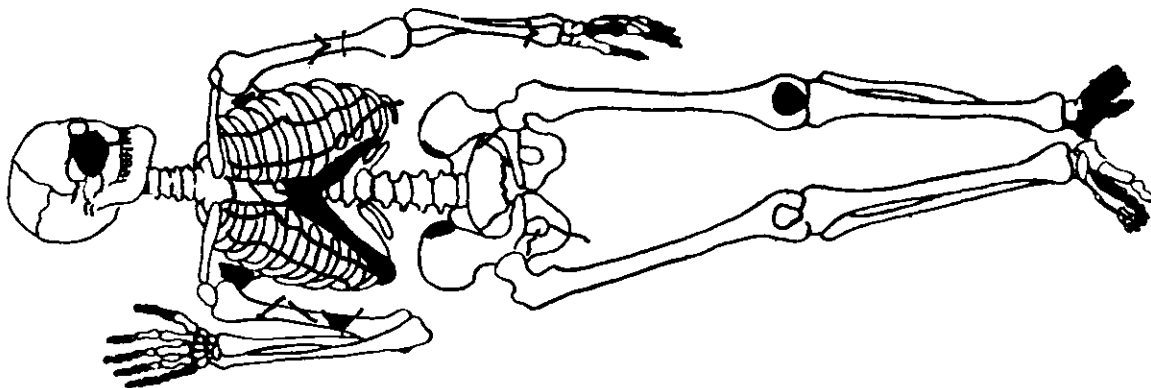
None

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

Incr 4/4

19. BLACK OUT PARTS OF BODY NOT REQUIRED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

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

No extra parts.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a muscular young man of average height. The skull is oval in outline, large average in size and has a left asymmetry. The vault is high with prominent parietal bosses. The backhead is round and projecting. The forehead is narrow and relatively high. The jaw is moderately wide with flat sides and forms a narrow, rounded and slightly projecting chin.

Fluoroscopic examination positive. Teeth charted.

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


TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
 O. W. GREENWOOD, CAPT., MC
**CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957**

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.8	Nasal bones missing.
VERTEBRAE	CERVICAL	7		
	THORACIC	11		1st missing.
	LUMBAR	5		
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.5	Fractured ischium.
	LEFT	1		" "
RIBS		24		Fractured.
STERNUM		1		
CLAVICLES	RIGHT	1	15.8	
	LEFT	1	15.6	
SCAPULAE	RIGHT	1		Shattered parts missing.
	LEFT	1		Shattered, parts missing.
HUMERI	RIGHT	1	Approx. 33.8	Fractured midshaft & lower third part miss.
	LEFT	1	Approx. 34.0	Fractured below midshaft.
RADII	RIGHT	1	26.2	
	LEFT	1	25.4	Fractured lower end.
ULNAE	RIGHT	1	27.2	
	LEFT	1	27.3	
HANDS	RIGHT	1		1-2-3-4 metacarpals and sesamoid present.
	LEFT	1		1-3-4 metacarpals present.
FEMORA	RIGHT	1	46.7	
	LEFT	1	46.4	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	37.9	
	LEFT	1	38.0	
FIBULAE	RIGHT	1	37.8	
	LEFT	1		Head missing.
FEET	RIGHT	1		Cuboid, 2-3 cuneiforms and 2nd metatarsal missing.
	LEFT	1		Talus present only.

HUMERO-CLAVICULAR RATIO 46.2	APPROXIMATE
ESTIMATED HEIGHT 174-68.51-5'8 ¹ / ₂ " AGE	21 to 23 YEARS
ESTIMATED WEIGHT 150 to 155 lbs.	LEG-HIP BR RATIO 57.0


 Paul L. Gravenor
 Lab. Supervisor
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-281

CENTRAL IDENTIFICATION LABORATORY

FLUOROSCOPICAL FINDINGS

for

IDENTIFICATION

26 March 1948

Date

Unknown X- 281 Guadalcanal

U. S. Army Mausoleum #1 R-B, Gr.-80

Location in Mausoleum

Organization

Guadalcanal

E

146

3

Place of Death

Place of Burial

Plot

Row

Grave

Findings:

One tooth
1-R-11

C.I.L. Case No.

William M. Linehan
Fluoroscope Technician's Signature
William M. Linehan

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

27 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

Unknown X-281

Dech

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

24 Sept 45
(Reburial)

HOUR

1518

PLOT NO.

"E"

ROW NO.

146

GRAVE NO.

3

GRAVE MARKER

Wooden Cross.

Army Navy Marine

Cemetery Guadalcanal B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown.

PERSON REPORTING BURIAL

Sgt. 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)

Gench, John F.

RANK

Cpl.

SERIAL NO.

291403

ORGANIZATION

USS NASHVILLE-USMC

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

Unknown X-214

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

Jm R. Nolan
 JOHN R. NOLAN
 1st Lt., QMC

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 X-40 in Grave 100 Row 3
 U.N. + USMC Cemetery Tulagi*

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:

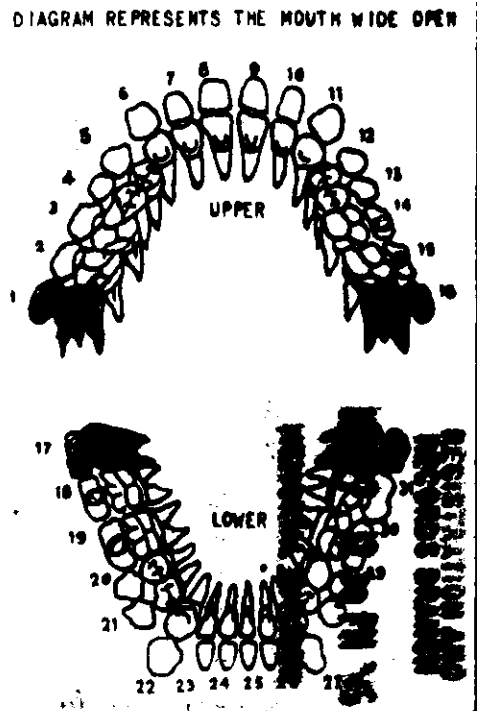
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

LEFT THUMB	FILLINGS Silver fillings. #15, 14, 18, 19, and 30.	SILVER FILLING GOLD FILLING 
RIGHT THUMB	CAVITIES None	CAVITY DECAYED 
	MISSING TEETH # 1, 16, 17, and 32.	TOOTH MISSING 
	CROWNED TEETH None	PORCELAIN CROWN GOLD CROWN 
	BRIDGE WORK None	GOLD BRIDGE 



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

SKETCH AND MAP REFERENCE

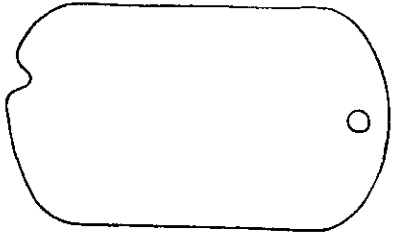
WD QMC FORM 1082

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
 27 Sept 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-281

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 B.S.I.

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
24 Sept 45 (Reburial)	1518	"E"	146	3	Wooden Cross

TYPE OF RELIGIOUS CEREMONY
 Previous Service Unknown.

PERSON REPORTING BURIAL
 /s/ S/Sgt. Richard J. Moyer

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.
Gench, John F.	Cpl.	291403	USS NASHVILLE-USMC	

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unknown X-214	Unknown	Unknown	Unknown	

PERSON CONDUCTING BURIAL RITES
 Unknown

VERIFIED BY G. R. S. OFFICER
 /s/ John R. Nolan
 /t/ JOHN R. NOLAN
 1st Lt., QMC

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

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

OVER FOR BURIAL INSTRUCTIONS Previously buried as X-40 in Grave 100, Row 5, Plot B.
 USN & USMC Cemetery, Tulagi

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
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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 collection point.

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

FILLINGS
 Silver fillings #15, #14, #18, #19 and #30.  SILVER FILLING
 GOLD FILLING

CAVITIES
 None  CAVITY
 DECAYED

MISSING TEETH
 #1, #16, #17, and #32.  TOOTH MISSING

CROWNED TEETH
 None  PORCELAIN CROWN
 GOLD CROWN

BRIDGE WORK
 None  GOLD BRIDGE

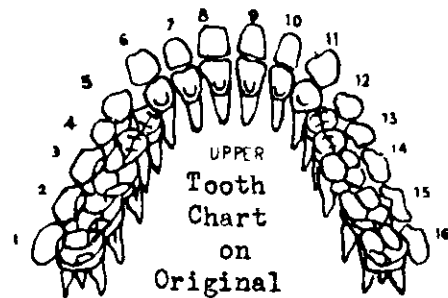
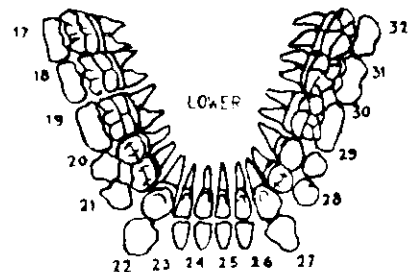


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

E. A. Miller, Jr.
 E. A. Miller, Jr.

1st Lt., QMC



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

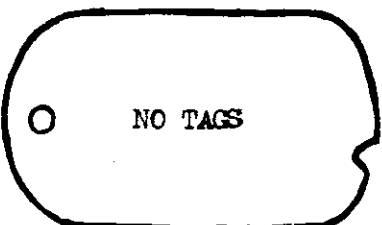
Right
Little Finger

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

15 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-40		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH
Tulagi, B.S.I.	Unknown

IDENTIFICATION TAGS FOUND ON BODY <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.)
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DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
---	--

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

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

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

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
21 Dec. 1944 (Reburial)	0930			100	Wooden Cross

USMC & USMC CEMETERY AT TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	<i>Sgt. Richard J. Mayes</i>

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

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

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
BEADLES, Donald H.	Unknown	610-10-09	USMC
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
POWELL, Norman A.	Unknown	360-26-58	USMC

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER
Unknown	<i>John R. Nolan</i> 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

Handwritten: 40

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
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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.

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

LEFT THUMB

RIGHT THUMB

FILLINGS



CAVITIES



MISSING TEETH



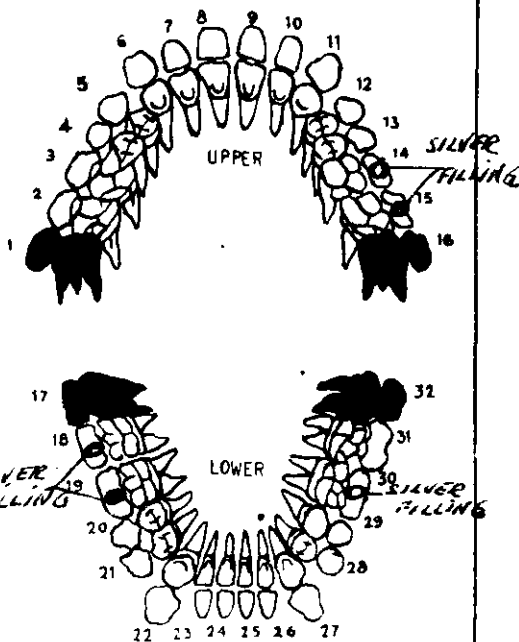
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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