

1

Interred 11 March 1949

**DISINTERMENT DIRECTIVE**

- Cemetery Superintendent

*Alvan C. Baker*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

ALVAN C. BAKER

8730 00000

26 09 47  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000282

DAY MONTH YEAR

CEMETERY

GUADALCANAL

DISPOSITION OF REMAINS

0492 64

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

E146

1

SOLOMON ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

Unknown X-282

Unk

Unk

Unk

24 November 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

Unk

Unk

George M. Clark,  
1st Lt., INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Casket

Skeletal

OTHER MEANS OF IDENTIFICATION

1 Grave Marker. 1 Mortuary Tag.

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

6 July 1948

LAWRENCE A JONES, EMBALMER

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

G. D. MEEK

LAWRENCE A. JONES

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7-4-1948

BY G. D. MEEK

T. P. MADINE

12 JUL 1948

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. McManamy*  
WILLIAM A. MCNAMAMY

SIGNATURE OF GRS INSPECTOR

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

*ms*

*VLN Fred 60*

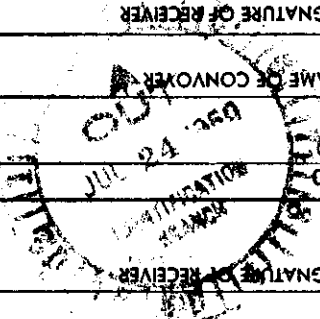
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED TO HAWAII DIST CENTER

23 FEB 1949

2. SHIPPED

REPAIRS  
RECORDS BRANCH  
MEMORIAL DIVISION  
JAN 20 1949



FROM ARMY MAOS NO 4		SIGNATURE OF SHIPPER JOHN L. MORENO		DATE		SIGNATURE OF RECEIVER		NAME OF CONVOYER	
KIND OF CONVEYANCE TRUCK		Dept. OMC 0185844		DATE		SIGNATURE OF RECEIVER		NAME OF CONVOYER	
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
2. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
3. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
4. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
5. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
6. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
7. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
8. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	
9. SHIPPED									
FROM		DATE		SIGNATURE OF SHIPPER		NAME OF CONVOYER		KIND OF CONVEYANCE	

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-282</b> <b>Guadalcanal</b>			2. DATE OF REPORT <b>26 March 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 1</b>  <b>Formerly of Guadalcanal</b>	4. PLOT <b>E</b>	5. ROW <b>146</b>	6. GRAVE <b>1</b>	7. DATE OF DISINTERMENT REINTERMENT <b>26 Mar 48 26 Mar 48</b>	

PHYSICAL DESCRIPTION <b>Age 23 - 25 years</b>				
8. ESTIMATED WEIGHT <b>150 lbs</b>	9. ESTIMATED HEIGHT <b>172.0-67.7-5'7 5/8"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>White</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate on casket reads: Unknown X-282 Plot-E, Row-146, Gr-1.**  
**One (1) embossed plate with remains reads: Unknown X-282 64**  
**One (1) embossed plate with remains reads: Unidentified.**

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

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

**None** **CYRIL G. DINEY**  
**1st. Lt., FA 0-1167395** *Cyril G. Diney* **20 Jan 1949**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**None**

*Incl. 45*

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p><b>Unknown X-282</b></p>	<p>↓ Tooth Missing ↓</p>	
<p><b>Guadalcanal</b></p> <p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

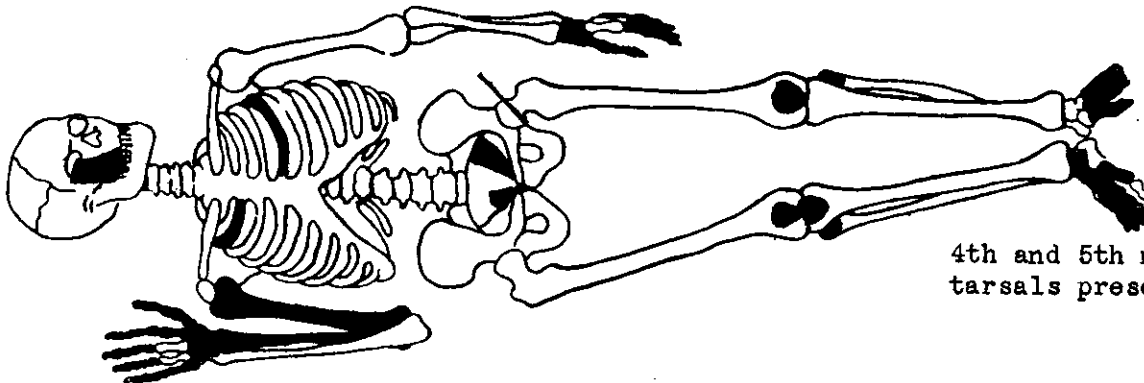
	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	This section maxilla and teeth missing				A								A	← A			
					o								oD	Drift	L		
Side View																	Side View
Top View																	UPPER
																	LOWER
Side View																	
	A	A	K										A	A	A	A	
	o	o	Drift	oD									oD	FoD	oF	oF	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:**

1. The original chart may show R-16 extracted instead of R-14.
2. Erosion on L-14, L-12, R-12 and R-13.

19. BLACK OUT PARTS OF BODY NOT RECORDED



4th and 5th meta-tarsals present.

20.

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

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

No extra parts.

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an individual approximately 22 to 24 years of age and of average size and body build.

The skull is average in size and is of the round oval type with prominent parietal bosses. The forehead is upright and narrow. The nasal root is low. The nasal bridge is very high. The nose is slightly skewed to the right and probably prominent. The lower jaw is very light in structure with prominent gonial flare. The chin is rather deep median in type. Left side of jaw being much larger than the right.

Fluoroscopical examination unnecessary. 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

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

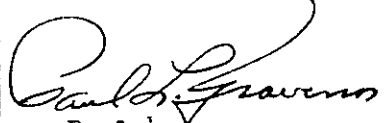
SIGNATURE

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

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.5	Erosion on right side of face, causing loss of right maxilla, right malor and right palate.
VERTEBRAE	CERVICAL	7		
	THORACIC	9		Nos 1, 5, 7 missing.
	LUMBAR	5		
SACRUM		1		Badly eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM U. T. D.	
	LEFT	1		
RIBS		22		2 missing (#2 right and #4 left.)
STERNUM		1		
CLAVICLES	RIGHT	1	15.3	
	LEFT	1	15.4	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	1	32.5	
RADII	RIGHT	0		Missing.
	LEFT	1	24.4	
ULNAE	RIGHT	1	25.4	
	LEFT	1	25.6	
HANDS	RIGHT	1		#'s 2 and 4 metacarpals present.
	LEFT	1		#'s 3, 4, & 5 metacarpals present.
FEMORA	RIGHT	1	47.5	
	LEFT	1		Fractured through head.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	38.5	
	LEFT	1	38.7	
FIBULAE	RIGHT	1		Eroded at head.
	LEFT	1		" " "
FEET	RIGHT	1		Calcaneus, #4 and 5 metatarsal and one (1) phalange present.
	LEFT	1		Calcaneus, talus, 1st cuneiform present.

HUMERO-CLAVICULAR RATIO	45.2		APPROXIMATE
ESTIMATED HEIGHT	172.0 67.7 5'7 5/8"	AGE	23 to 25 YEARS
ESTIMATED WEIGHT	150 lbs.		LEG-HIP BR RATIO U. T. D.

  
 Paul L. Gravenor  
 Lab Supervisor  
 ANTHROPOLOGIST

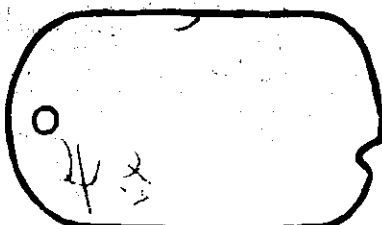
CLOSURE TO: Unknown X-282 Guadalcanal

DD 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-282		
	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, H.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.)
---	--

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
24 Sept 45 (Burial)	1517	146	146	1	Wooden Cross
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous Service Unknown	Sgt. Richard J. Meyer

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
--	--

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
Beginning of Row			

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Gench., John F.	Cpl.	291403	USS NASHVILLE-USMC

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER
Unknown	John R. Nolan 1st Lt., QMC

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

OVER FOR BURIAL INSTRUCTIONS Previously buried as X-37 in Grave 78, 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
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

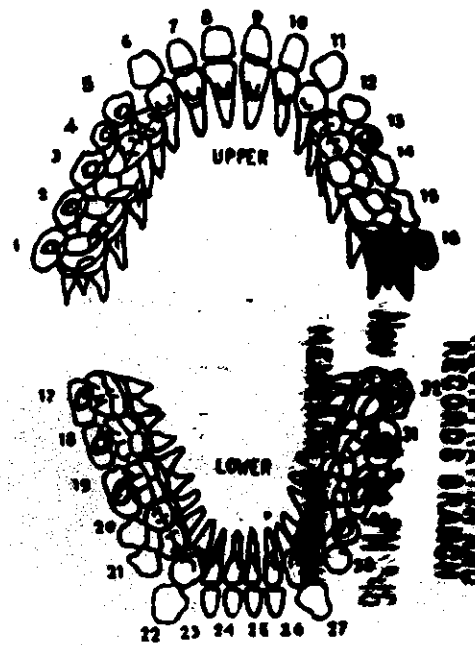
2. **LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE 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 MANOKERCHIEF, 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.

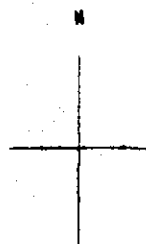
THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

LEFT THUMB	FILLINGS Silver fillings #1, 2, 3, 4, 5, 13, 17, 18, 19, 29, 30, 31, and 32.	SILVER FILLING GOLD FILLING
RIGHT THUMB	CAVITIES None	CAVITY DECAYED
	MISSING TEETH #16	TOOTH MISSING
	CROWNED TEETH None	PORCELAIN CROWN GOLD CROWN
	BRIDGE WORK None	GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

RECORDS SECTION



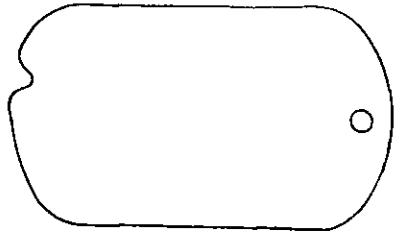
WD OMC FORM 1042  
Rev. 1 February 1945  
(Supersedes form dated  
3 Jan. 1945. Existing stocks  
may be used until exhausted.)

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

DATE REPORT FILLED OUT

27 Sept 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-282

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

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

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  
24 Sept 45  
(Reburial)

HOUR  
1517

PLOT NO.  
"B"

ROW NO.  
146

GRAVE NO.  
1

GRAVE MARKER  
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)

Beginning of Row.

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

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

Gench, John F.

RANK

Cpl.

SERIAL NO.

291403

ORGANIZATION

USS NASHVILLE-USMC

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ John R. Nolan

/t/ JOHN R. NOLAN

1st Lt., OMC

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 buries as X-39 in Grave 98, 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
--------	--------	---------------	---------------	------------------------------

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
--------------------------	---------------	-----------------------

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

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

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

**FILLINGS**  
 Silver filling  SILVER FILLING  
 GOLD FILLING  
 #1, 2, 3, 4, 5, 13, 17, 18, 19, 29, 30, 31, and 32.

**CAVITIES**  
 None  CAVITY  
 DECAYED

**MISSING TEETH**  
 #16  TOOTH MISSING

**CROWNED TEETH**  
 None  PORCELAIN CROWN  
 GOLD CROWN

**BRIDGE WORK**  
 None  GOLD BRIDGE

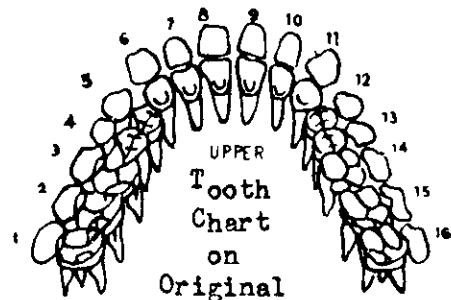
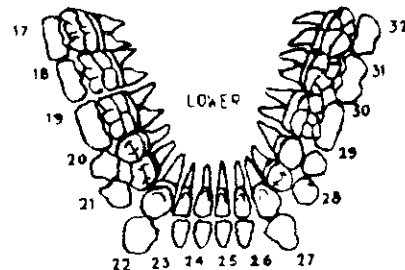


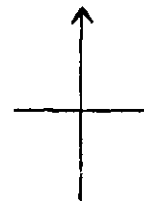
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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-39		
	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input 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 Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 21 Dec. 1944 (Reburial)	HOUR 0930	PLOT NO. B	ROW NO. 5	GRAVE NO. 98	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</i>
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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) TAVERLAT, Dell	RANK Unknown	SERIAL NO. 639-89-72	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) BEADLES, Benjamin H.	RANK Unknown	SERIAL NO. 600-10-09	ORGANIZATION USN
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> 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

*Inc #39*

# 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 ID ENTIFYING 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 A- VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

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

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

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

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

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

LEFT THUMB

RIGHT THUMB






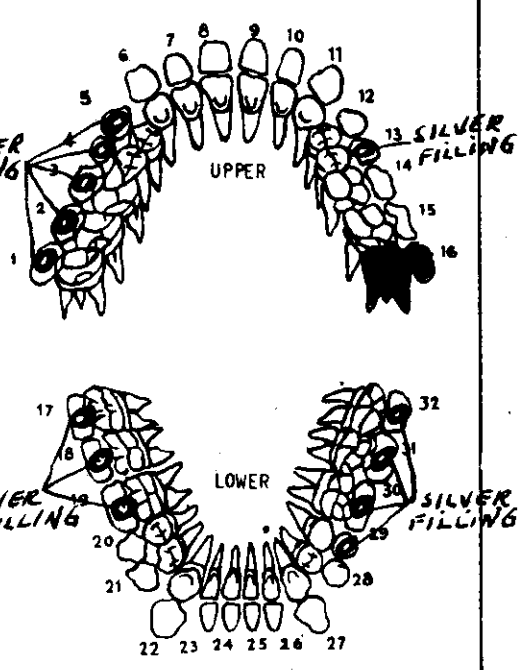
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



IDENTIFICATION SECTION  
PATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME