

A I R M A I L

QMGR 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 Reference is made to basic communication and inclosures, withdrawn.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-195, 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 Kunning; 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 62 and 63, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/g

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

S. Morgansiro  
Salser  
JW  
cc-Administrative Section

A I R M A I L

*Handwritten notes on the right margin:*  
1949  
S. Morgansiro  
Salser  
JW  
cc-Administrative Section  
X-288

REB  
HJS



C O P Y

A I R M A I L

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

NRREC 293

JAN 24 1949

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 1044 for Kanning, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Emuylabegan Cemeteries, stamped and signed in accordance with letter, DA QMG, QRMMU 293 GRS (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

85 Incls

1. QMG Form 1044-1044a-1044b-  
Bone List X-8-Guadalcanal
2. QMG Form 1044-1044a-1044b-  
Bone List X-12-Guadalcanal
3. QMG Form 1044-1044a-1044b-Bone List-  
Fluorescopolical Findings X-14-  
Guadalcanal
4. QMG Form 1044-1044a-1044b-Bone List-  
X-16-Guadalcanal
5. QMG Form 1044-1044a-1044b-Bone List-  
X-19 Guadalcanal
6. QMG Form 1044-1044a-1044b-Bone List-  
X-25 Guadalcanal
7. QMG Form 1044-1044a-1044b-Bone List-  
X-27 Guadalcanal
8. QMG Form 1044-1044a-1044b-Bone List-  
X-52 Guadalcanal

A I R M A I L

RRREC 293

SUBJECT: Resolutions of Unidentified Remains

25 Incls

9. QMC Form 1044-1044a-1044b-Bone List  
X-33 Guadalcanal
10. QMC Form 1044-1044a-1044b-Bone List  
X-35 Guadalcanal
11. QMC Form 1044-1044a-1044b-Bone List  
X-40 Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-Fluorocopyical Findings  
X-61 Guadalcanal
13. QMC Form 1044b-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-94 Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List  
X-217 Guadalcanal
29. QMC Form 1044-1044a-1044b-Bone List  
X-218-Guadalcanal
30. QMC Form 1044-1044a-1044b-Bone List  
X-220 Guadalcanal
31. QMC Form 1044-1044a-1044b-Bone List  
X-225 Guadalcanal

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SUBJECT: Resolution of Unidentified Remains

83 Incls

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

RRREC 293

SUBJECT: Resolution of Unidentified Remains

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-308-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-763 Remains Depot
63. QMC Form 1044-1044a-1044b-Bone List-  
X-741-Remains Depot
64. QMC Form 1044-1044a-1044b-Bone List-  
X-868-Remains Depot
65. QMC Form 1044-1044a-1044b-Bone List-  
X-872-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-393 Shanghai
73. QMC Form 1044-1044a-1044b-Bone List-  
X-125-Barrackpore
74. QMC Form 1044-1044a-1044b-Bone List-  
X-226-Barrackpore
75. QMC Form 1044-1044a-1044b-Bone List X-149-  
"A" Barrackpore.

AIR MAIL

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SUBJECT: Resolution of Unidentified Remains

83 Incls

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

AIR MAIL

-- E--

*Bevel*  
X

1

Interred 11 March 1949  
F 171

**DISINTERMENT DIRECTIVE**

Cemetery Superintendent

*Alvin C. Baker*  
BAKER

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

AT V. N. N.

DIRECTIVE NUMBER

8730 00000

DATE

26 | 09 | 47  
DAY | MONTH | YEAR

NAME

UNKNOWN X-000288

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY | MONTH | YEAR

DISPOSITION OF REMAINS

0492 | 64

CODE | DIST. PT.

CEMETERY

GUADALCANAL

PLOT ROW GRAVE COUNTRY

E 148 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

Unknown X-288

SERIAL NUMBER

Unk

RANK

Unk

DATE OF DEATH

Unk

DATE DISINTERRED

22 November 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

Unk

Unk

C. M. Works,  
Embalmer

MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

One (1) Grave Marker and One (1) Mortuary Plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 July 1948

BY

W J WILLIS, EMBALMER

CASKET SEALED BY

J. N. ROBINSON

EMBALMER (Signature)

*W. J. Willis*  
W. J. WILLIS  
12 JUL 1948

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

J. TERADA

DATE 7-6-1948

BY

J. N. ROBINSON

REPAIRATION  
BRANCH  
MESA DIV.

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

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

SIGNATURE OF GRS INSPECTOR

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

*ms*

*NLN 2nd 77*



# RECORD OF CUSTODIAL TRANSFER

<b>1. SHIPPED</b>	
FROM <b>U S ARMY MAUS NO</b>	TO <b>HAWN DIST CENTER</b>
KIND OF CONVEYANCE <b>TRUCK</b>	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murphy</i> <b>JOHN L. MURPHY</b> Capt. QMC 41585644	SIGNATURE OF RECEIVER <i>James B. ...</i> <b>JAMES B. ...</b>
DATE <b>FEB 1949</b>	DATE <b>92</b>

<b>2. SHIPPED</b>	
FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

<b>3. SHIPPED</b>	
FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

<b>4. SHIPPED</b>	
FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

<b>5. SHIPPED</b>	
FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

<b>6. SHIPPED</b>	
FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

<b>7. SHIPPED</b>	
FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-288 Guadalcanal</b>				2. DATE OF REPORT <b>26 March 1948</b>	
3. NAME OF CEMETERY <b>Guadalcanal</b>		4. PLOT <b>E</b>	5. ROW <b>148</b>	6. GRAVE <b>1</b>	7. DATE OF DISINTERMENT <b>26 Mar '48</b>
<b>U. S. Army Mausoleum # 1</b>			<b>C</b>	<b>34</b>	REINTERMENT <b>26 Mar '48</b>

**PHYSICAL DESCRIPTION Age 24 to 26 years.**

8. ESTIMATED WEIGHT <b>160 to 170 lbs.</b>	9. ESTIMATED HEIGHT <b>174-68.51-5'8 1/2"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>Probably White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) embossed plate reads: Unknown X-288, P-E, R-148, Gr-1.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
**None**

**U N I D E N T I F I A B L E**  
**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

**CYRIL C. DISNEY**  
 1st Lt. FA 0-1167395 *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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <b>Bones eroded.</b>
--	---

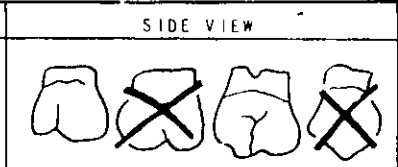
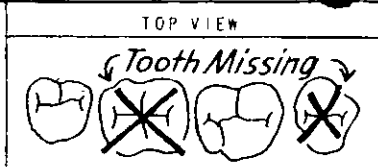
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
**None**

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)

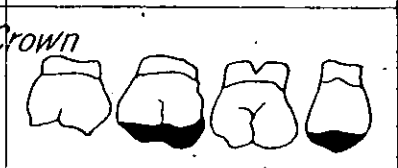
**None**

*Incl 48*

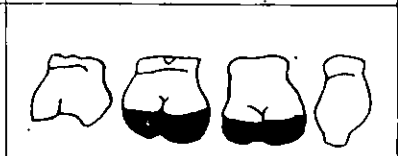
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:  
 Unknown X-288



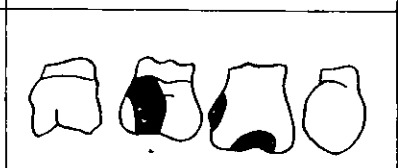
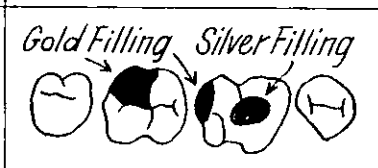
**Guadalcanal**  
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



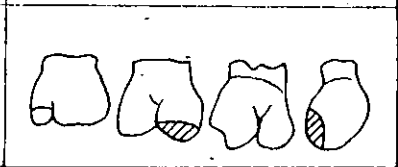
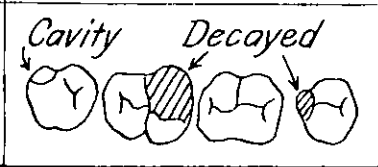
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



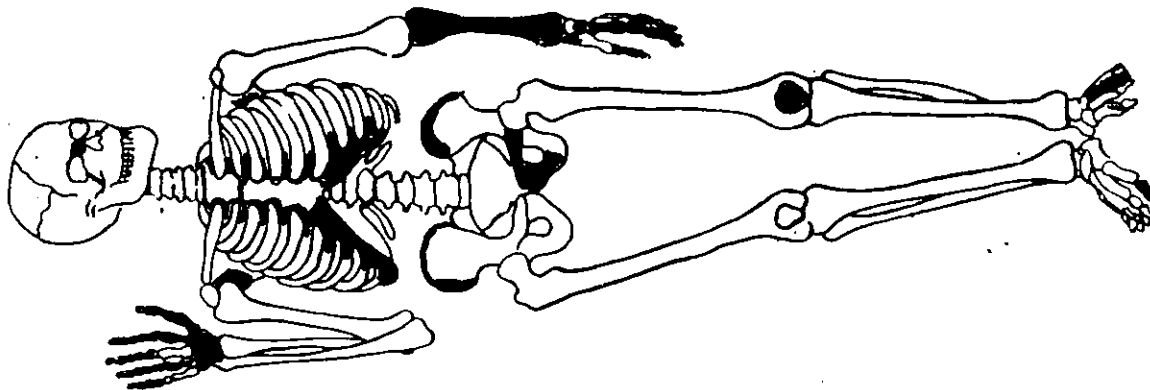
**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



		RIGHT								LEFT							
		7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	8 Section Maxilla + teeth missing		A O, OM	A FOD				DM	M			O				(section maxilla and teeth missing)	
Side Views																	
Top Views																	
Side Views																	
		O	A FO	A FOM									A LOD	A OM	A O		
		16	15	14	13	12	11	10	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."

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

No extra parts.

*Paul L. Gravenor*  
 Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER/Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average size young man of average build and muscularity. The skull is average in size and a long oval in shape. The mouth parts present alveolar prognathism and the upper jaw presents an over-bite. The angle of the lower jaw is rather long and the chin is average in proportion and presents a narrow bilateral chin eminence and lower on the right than on the left.

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

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

SIGNATURE


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

*C. W. Greenwood*

CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.0	Eroded and nasal bones missing.
VERTEBRAE	CERVICAL	6		#1 missing.
	THORACIC	10		2 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM (28.0)	Eroded
	LEFT	1		"
RIBS		24		"
STERNUM		1		
CLAVICLES	RIGHT	1	14.0	
	LEFT	1	14.0	
SCAPULAE	RIGHT	1		Eroded
	LEFT	1		"
HUMERI	RIGHT	1	32.7	
	LEFT	1	32.0	
RADII	RIGHT	1	25.1	
	LEFT	0		Missing.
ULNAE	RIGHT	1	27.1	
	LEFT	0		Missing.
HANDS	RIGHT	1		2 metacarpals present.
	LEFT	1		2 metacarpals and capitate present.
FEMORA	RIGHT	1	47.6	
	LEFT	1	47.6	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	39.0	
	LEFT	1	38.9	
FIBULAE	RIGHT	1	38.0	
	LEFT	1	38.0	
FEET	RIGHT	1		Few terminal phalanges missing. Talus, calcaneus, navicular, #1, 2, and 5 metatarsals. present.
	LEFT	1		

HUMERO-CLAVICULAR RATIO 43.2		APPROXIMATE
174 68.51 ESTIMATED HEIGHT 5' 8 1/2"	AGE	24 to 26 YEARS
ESTIMATED WEIGHT 160 to 170 lbs.		LEG-HIP BR RATIO 58.9

  
 Paul L. Gravenor  
 Lab Supervisor  
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-288 Guadalcanal

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

	NAME (Last, First, Middle Initial) Unknown X-288		
	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
--	---

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

DATE OF BURIAL 24 Sept 45 (reburial)	HOUR 1507	PLOT NO. "E"	ROW NO. 148	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 <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 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) Brown, Lee C.	RANK Matt lc	SERIAL NO. 3467548	ORGANIZATION USN USS Pensacola	GRAVE NO.

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-45 in Row 5, Grave 110, Plot B

## 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 Fillings: #3, #4, #19, #20, #29, #30 and #31  
 SILVER FILLING  
 GOLD FILLING



**CAVITIES**  
 None  
 CAVITY DECAYED



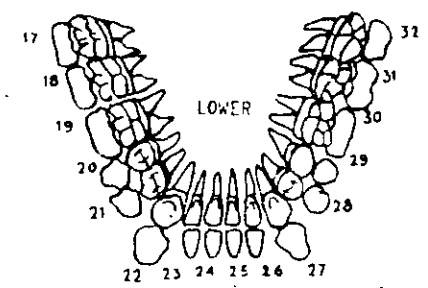
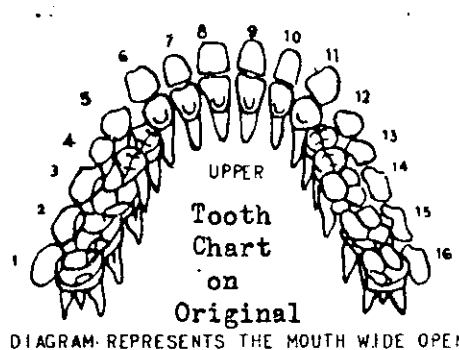
**MISSING TEETH**  
 #1, #14, #15, #16, #20, and #32  
 TOOTH MISSING



**CROWNED TEETH**  
 None  
 PORCELAIN CROWN  
 GOLD CROWN



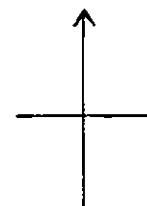
**BRIDGE WORK**  
 None  
 GOLD BRIDGE

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

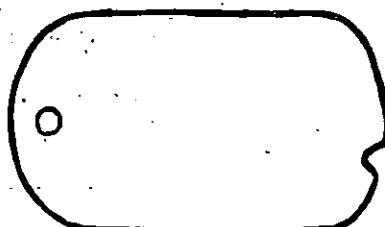
WD OMC Form 1042  
 Rev. 1 November 1942  
 (GRS 1, dated 11 May 1942  
 may be used until exhausted)

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

DATE REPORT FILLED OUT

27 Sept. 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-288;

*Duh*

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  
1507

PLOT NO.  
E-1

ROW NO.  
148

GRAVE NO.  
1

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. Mayer*

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)

Beginning of Row.

RANK

SERIAL NO.

ORGANIZATION

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

Brown, Lee C.

RANK

Matt 1c

SERIAL NO.

3467548

ORGANIZATION USN.  
USS PENSOCOLA

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

*John 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 as X-45 in Row 5, Grave 112 Plot B  
 USN & USMC Cemetery Tulagi



# INSTRUCTIONS FOR BURIAL


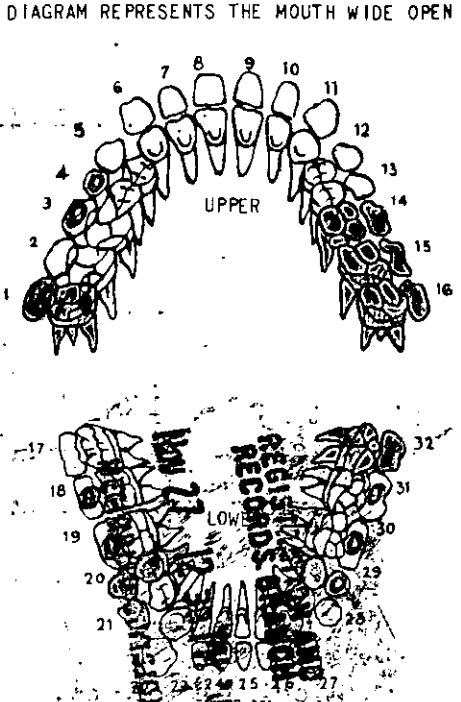




**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT 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

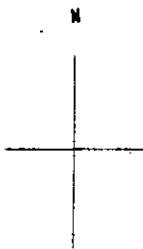
**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE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

<p><b>FILLINGS</b> Silver fillings #3, #4, #19, #20, #29, #30, and #31.</p>  <p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 
<p><b>CAVITIES</b> None</p>  <p>CAVITY DECAYED</p>	
<p><b>MISSING TEETH</b> #1, #14, #15 #16, #20, and #32</p>  <p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH</b> None</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p><b>BRIDGE WORK</b> None</p>  <p>GOLD BRIDGE</p>	

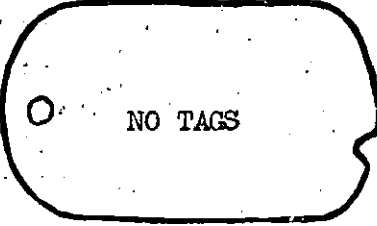
SKETCH AND MAP REFERENCE



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

LEFT THUMB

RIGHT THUMB

WD OMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted).		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT:  15 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG  		NAME (Last, First, Middle Initial)  <b>UNIDENTIFIED BODY X-45</b>			
RANK <b>Unknown</b>		SERIAL NUMBER <b>Unknown</b>		COUNTRY <b>Unknown</b>	
ORGANIZATION <b>Unknown</b>			BRANCH <b>Unknown</b>		
RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		DATE OF DEATH <b>Unknown</b>	
PLACE OF DEATH  <b>Tulagi, B.S.I.</b>			CAUSE OF DEATH  <b>Unknown</b>		
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  <p style="text-align: center;">No personal effects found.</p>					
NAME OF EMERGENCY ADDRESSEE  <b>Unknown</b>			ADDRESS OF EMERGENCY ADDRESSEE  <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE <b>21 Dec. 1944</b> (Reburial)	HOUR <b>0930</b>	PLOT NO. <b>B</b>	ROW NO. <b>5</b>	GRAVE NO. <b>110</b>	GRAVE MARKER <b>Wooden Cross</b>
<b>USN &amp; USMC CEMETERY #1 TULAGI, B.S.I.</b>					
TYPE OF RELIGIOUS CEREMONY  <b>Previous Service Unknown</b>			PERSON REPORTING BURIAL  <i>Sgt. Richard J. Mues</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.					
<b>BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)</b>					
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>CRANDALL, Anthony J.</b>		RANK <b>Unknown</b>	SERIAL NO. <b>663-58-13</b>	ORGANIZATION <b>USNR</b>	
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>CRAM, Alvin L.</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>USN</b>	
PERSON CONDUCTING BURIAL RITES  <b>Unknown</b>			VERIFIED BY G. R. S. OFFICER  <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., OMC</b>		
<b>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.</b>					
<b>OVER FOR BURIAL INSTRUCTIONS</b>					

Incl # 45

## 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 HANKERCHIEF, 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






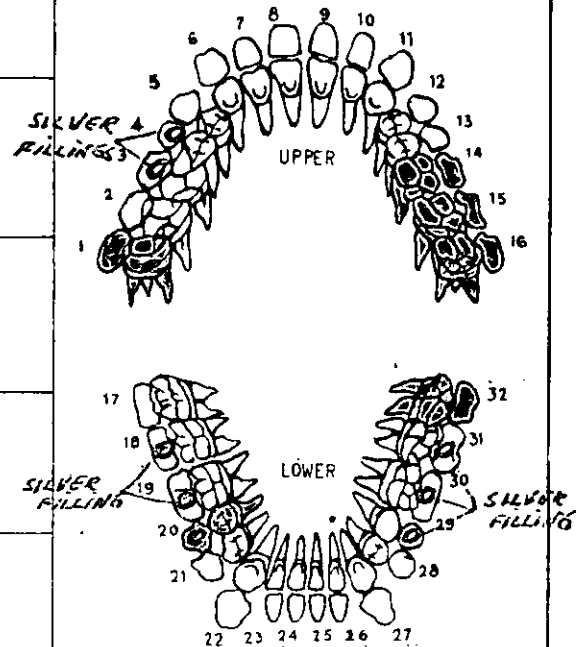
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



### SKETCH AND MAP REFERENCE

