

COMGENUSARPAC FT SHAFTER TH

PRIORITY

*293 unk. Solomon Islands (Guadalcanal) X-294*

UNKNOWN GRAVES WW II

FROM QMGMT REURLEP (1) ROGER ROGER ROGER TWO NINE THREE RESOLUTION  
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

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

UNCLASSIFIED

QMGMT 293  
GRS PACIFIC

4 JAN 49

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

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

ERREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 293 GFS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.

3. The remainder that have dental anatomy could possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. QMC Form 1044-1044b  
Bone List-Chemical  
Laboratory Findings-X-46
2. QMC Form 1044-1044a-1044b-  
Bone List-Unknown X-47
3. QMC Form 1044-1044a-1044b-  
Bone List-Unknown X-48
4. QMC Form 1044-1044a-1044b  
Bone List-Fluoroscopical  
Findings for Identification  
Unknown X-57

HORACE MANN  
Captain, QMC  
Chief, RR Div

AIR MAIL

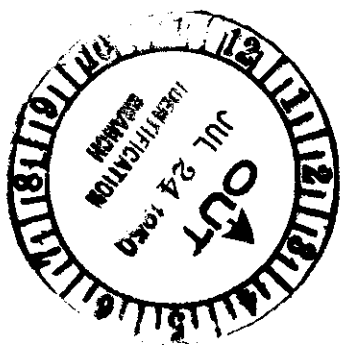
AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
7. QMC Form 1044-1044b-Bone List-Major Discrepancy X-67
8. QMC Form 1044-1044b-Bone List-X-70
9. QMC Form 1044-1044b-Bone List-X-84
10. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
18. QMC Form 1044-1044b-Bone List-Unknown X-176
19. QMC Form 1044-1044b-Bone List- Unknown X-178
20. QMC Form 1044-1044b-Bone List-Unknown X-179
21. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
22. QMC Form 1044-1044b-Bone List-Narrative X-227
23. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC Form 1044-1044b-Bone List-X-230
25. QMC Form 1044-1044b-Bone List-Narrative-X-232
26. QMC Form 1044-1044b-Bone List-X-233
27. QMC Form 1044-1044b-Bone List-X-239
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303



386

low for

1

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC  
Interred 7 February 1949 **DISINTERMENT DIRECTIVE**  
B 1057 - Cemetery Superintendent

SECTION A - *Alton Baker* DIRECTIVE NUMBER **8730 00000** DATE **26 09 47**  
NAME AND BURIAL LOCATION OF DECEASED **UNKNOWN X-000294** DAY MONTH YEAR

NAME **UNKNOWN X-000294** SERIAL NUMBER **0** RANK **0** ARM **0** DATE OF DEATH DAY MONTH YEAR

CEMETERY **GUADALCANA** DISPOSITION OF REMAINS **0492 64**  
CODE DIST. PT.

PLOT **F189** ROW **6** GRAVE **6** COUNTRY **SOLOMON ISLANDS** CAUSE OF DEATH **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE **HONOLULU NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER)** NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-294** SERIAL NUMBER **Unk** RANK **Unk** DATE OF DEATH **Unk** DATE DISINTERRED **12 Dec. '47**

IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION **Unk** RELIGION **Unk** IDENTIFICATION VERIFIED BY **A. J. Robertson Emb.** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Casket** CONDITION OF REMAINS **FILE** **Skeletal**  
**18 MAY 1949**

OTHER MEANS OF IDENTIFICATION **Grave marker**

MINOR DISCREPANCIES **None**

REMAINS PREPARED AND PLACED IN CASKET DATE **2 July 1948** BY **ROBERT W RALSTON, EMBALMER**

CASKET SEALED BY **IRA J. VONK** EMBALMER (Signature) *Robert W. Ralston* **R. W. RALSTON**

CASKET BOXED AND MARKED DATE **7/2/48** BY **IRA J. VONK** SHIPPING ADDRESS VERIFIED BY **A. J. ROBERTSON**

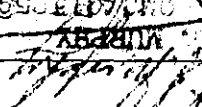
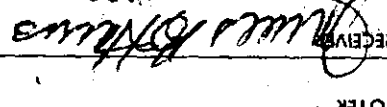
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*J. L. Murphy*  
**J. L. MURPHY CAPT, QMC**  
SIGNATURE OF QMS INSPECTOR

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

Jul 49

RECORD OF CUSTODIAL TRANSFER

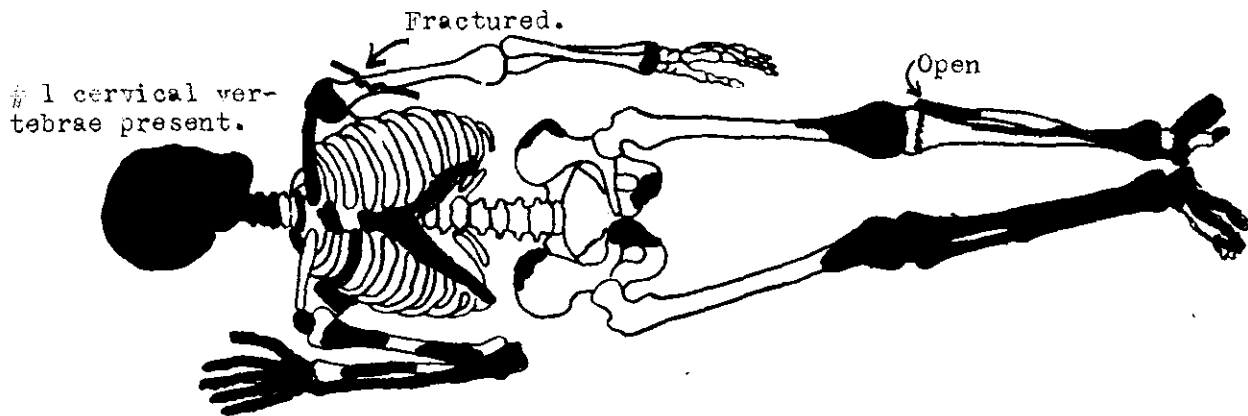
FROM		U S ARMY MAUS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 MURPHY 19	
DATE		MAY 19 1949	
NAME OF CONVOYER		JAMES B HARRIS CAPTAIN Q.M.C.	
SIGNATURE OF RECEIVER		 WILLIAMS	
DATE		MAY 19 1949	
FROM		1. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		2. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		3. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		4. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		5. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		6. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		7. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
FROM		8. SHIPPED	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>Unknown X-294      Guadalcanal</b>				2. DATE OF REPORT <b>19 February 1948</b>			
3. NAME OF CEMETERY <b>Guadalcanal U. S. Army Mausoleum #1.</b>		4. PLOT <b>F</b>	5. ROW <b>189 B</b>	6. GRAVE <b>6 11</b>	7. DATE OF DISINTERMENT      REINTERMENT <b>19 Feb '48      19 Feb '48</b>		
PHYSICAL DESCRIPTION <b>Age 18 to 19 years.</b>							
8. ESTIMATED WEIGHT <b>130 to 140 lbs</b>		9. ESTIMATED HEIGHT <b>68.7 - 5'8 3/4"</b>		10. COLOR OF HAIR <b>U. T. D.</b>		11. RACE <b>U. T. D.</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>One (1) embossed plate reading: Unknown X-294      P-F, R-189, Gr-6. One (1) embossed plate reading: Unidentified.</b>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>None</b>  <i>April C Disney 14 Dec 1948</i>							
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? <b>Upper and lower extremities, ishium, ribs scapulae fractured.</b>					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>None</b>							
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)  <b>None</b>							

*Inc 36*

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 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

One extra left radius.

*Chas. E. Snow*

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized youth with narrow hips.  
 The absence of cranial parts precludes any cranial or facial picture.

The extra part listed under item # 20 has been classified as C.I.L. Unknown X-584.

Fluoroscopical examination unnecessary. No teeth present.

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

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

SIGNATURE  
*O. W. Greenwood*



CENTRAL IDENTIFICATION LABORATORY & SOLEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing
VERTEBRAE	CERVICAL	1		# 7 present only. } Multiple fractures #2, #5, #7 probably missing } of column.
	THORACIC	9		
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 23.7	Fractured.
	LEFT	1		"
RIBS		16		"
STERNUM		1		"
CLAVICLES	RIGHT	1		
	LEFT	0		Missing
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1		"
	LEFT	1		"
RADII	RIGHT	1		"
	LEFT	1	24.3	
ULNAE	RIGHT	0		Missing.
	LEFT	1	27.7	
HANDS	RIGHT	0		Missing
	LEFT	0		"
FEMORA	RIGHT	1		Fractured
	LEFT	1		"
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Fractured.
FIBULAE	RIGHT	0		Missing
	LEFT	1		Fractured
FEET	RIGHT	1		#3, 4, & 5 metatarsal present.
	LEFT	1		1st metatarsal talus.

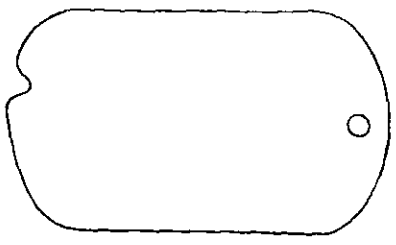
NUMERO-CLAVICULAR RATIO			APPROXIMATE
ESTIMATED HEIGHT	68.7-5'8 3/4"	AGE	18 - 19 YEARS
ESTIMATED WEIGHT	130 - 140 lbs		LEG-HIP BR RATIO

*Chas. E. Snow*

ENCLOSURE TO: Unknown X-294 Guadalcanal

Charles E. Snow  
ANTHROPOLOGIST

<b>WD OMC FORM 1042</b> Rev. 1 February 1945 (Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.)	<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)	DATE REPORT FILLED OUT 17 October 1945
--	--	---

For Imprint of Identification Tag 	NAME (Last, First, Middle Initial)		
	Unknown X-294		
	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, BSI	unknown
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

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

No personal effects found.

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
unknown	unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
26 Sept 45	1606	F	189	6	Wooden cross

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Previous service unknown	<i>F-5 William W. Tussy</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 2 on Reverse)**

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Fuller, William A.	Pfc	38335222	466 AAA BN	5
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Schaeffer, Samuel Jr.	WT 2/c	267-58-36	57th CB	7

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

**OVER FOR BURIAL INSTRUCTIONS**    Previously buried as Unknown X-99, Plot A, Row 1, Grave 6 in the USN & USMC Cemetery #1, Tulagi, B.S.I.

# 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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

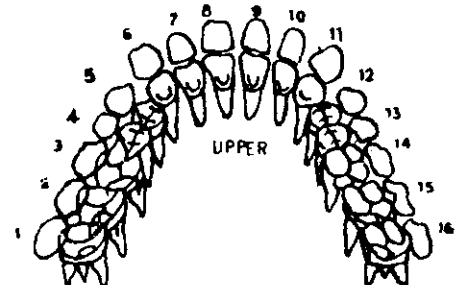
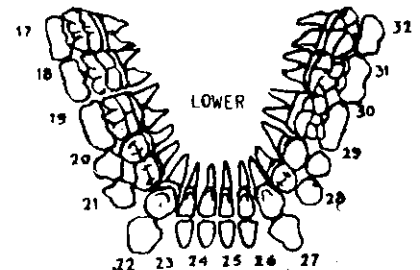
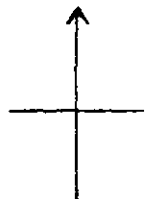


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

6 SEP 1946

Left  
Little Finger

Left  
Ring Finger

Left  
Middle Finger

Left  
Index Finger

Left  
Thumb

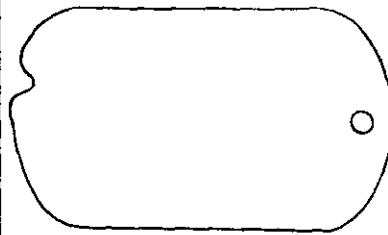
Right  
Thumb

Right  
Index Finger

Right  
Middle Finger

Right  
Ring Finger

Right  
Little Finger

For Inprint of Identification Tag 	NAME (Last, First, Middle Initial)  Unknown X-294		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown		BRANCH Unknown
	RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

PLACE OF DEATH Tulagi, BSI	CAUSE OF DEATH Unknown
-------------------------------	---------------------------

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

DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
---	--

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

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

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

No personal effects found.

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
--	---

NAME, NUMBER AND LOCATION OF CEMETERY.  
 Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL 26 Sept 45 Reburial	HOUR 1606	PLOT NO. F	ROW NO. 189	GRAVE NO. 6	GRAVE MARKER Wooden Cross
--	--------------	---------------	----------------	----------------	------------------------------

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

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)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Fuller, William A.	Pfc.	38335222	466 AAA Bn	5
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Schaeffer, Samuel Jr.	WT 2/c	267-58-36	57th CB	7

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER /s/ Eilsworth Marsha 1st Lt., QMC for /t/ JOHN R. NOLAN, 1st Lt., QMC.
---	--

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

**INSTRUCTIONS FOR FILLING OUT BURIAL REPORT:** PREPARE IN QUADRUPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE 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**

FILE  
NOV 1945

# INSTRUCTIONS FOR BURIAL






**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

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

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

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

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

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

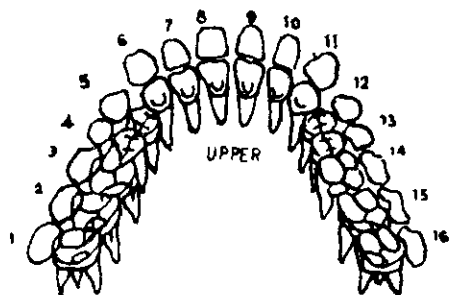
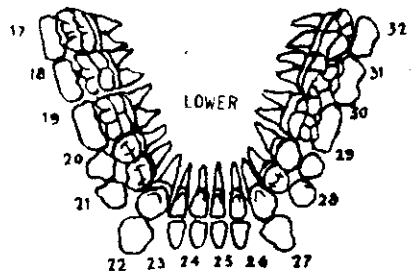
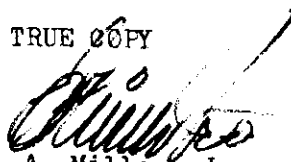


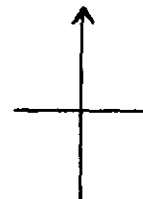
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

  
 E. A. Miller, Jr.  
 1st Lt., QMC.



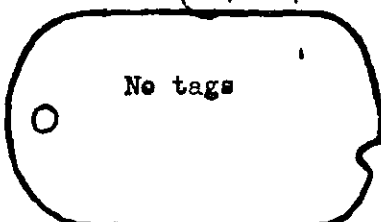
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart

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  
 19 February 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Unidentified Body X-59		
	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
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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
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COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 4 Jan 1945 (REBURIAL)	HOUR 0930	PLOT NO. A	ROW NO. 1	GRAVE NO. 6	GRAVE MARKER Wooden Cross Tulagi, B.S.I.
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TYPE OF RELIGIOUS CEREMONY Previous Services Unknown	PERSON REPORTING BURIAL <i>[Signature]</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
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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) Stapleton, W. L.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial) Zelovsky, M. A.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN Unknown

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

Incl # 59

# 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.

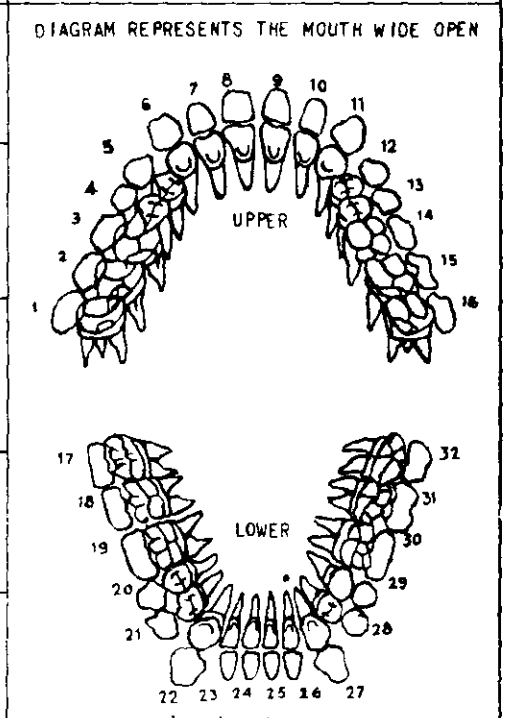
**3. PERSONAL EFFECTS:** LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION 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.**

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

1	
2	
3	
4	
LEFT THUMB	
RIGHT THUMB	
4	
3	
2	
1	

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



SKETCH AND MAP REFERENCE