

**INTRAOFFICE REFERENCE SHEET**

X 347

DOE, HOUR AND DATE

| 1<br>NO. | 2<br>FROM—                       | 3<br>TO—   | 4<br>DATE      | 5<br>MESSAGE  |
|----------|----------------------------------|--|----------------|---|
| 1.       | Id. Br.<br>Id. Sec.<br>Mem. Div. | Repat. Br.<br>Rec. Sec.<br>Mem. Div.                   | 3 Aug.<br>1950 | <p>SUBJECT: BURIAL REPORTS</p> <p>Attached Reports of Burial forwarded for any action deemed necessary and return to Identification Section.</p> <p style="text-align: right;"><i>Berrens</i><br/>BERRENS</p> <p>NEFF<br/>52462</p> <p>8 Incls.<br/>X-347 &amp; X-343 - ANM Guadalcanal<br/>X-655 thru X-660 - Barrackpore</p>                              |
| 2.       | Rec Sec<br>Repat Br<br>Mem Div   | Id Sec<br>Id Br<br>Mem Div                             | 4 Aug.<br>1950 | <p>Necessary action has been taken in this section.</p> <p>8 Incls:<br/>n/c</p> <p style="text-align: right;"><i>Odenwalder</i><br/>ODENWALDER<br/>73836</p> <p style="text-align: right;"><i>Fresgraves</i><br/>Fresgraves<br/>53975</p>   |
| 3.       | Id Br<br>Id Sec<br>Mem Div       | Repat Br<br>Rec Sec<br>Mem Div<br>ATT:<br>Mr. Kerscher | 4<br>Aug<br>50 | <p>1. Reports of Burial not properly annotated to indicate action taken.</p> <p>2. Request that subject reports be returned to Identification Section.</p> <p style="text-align: right;">NEFF<br/>52462</p> <p style="text-align: right;"><i>Berrens</i><br/>BERRENS<br/>76128</p> <p style="text-align: right;">jb</p>                                     |
| 4.       | Rec Sec<br>Repat Br<br>Mem Div   | Id Sec<br>Id Br<br>Mem Div<br><i>MR. KAZUP</i>         | 6 Aug<br>1950  | <p>Comment # 3. complied with.</p> <p style="text-align: right;"><i>Odenwalder</i><br/>ODENWALDER<br/>73836</p> <p style="text-align: right;">Fresgraves<br/>53975</p>  |
| 5        | Id Br<br>Screening<br>Section    | Id Br<br>Id Sec<br>ATTN: - LT.<br>Windsor              | 18 Aug<br>50   | <p>Forwarded as a matter pertaining to your section.</p> <p>7 Incl:<br/>X-347 Guadalcanal w/d</p> <p style="text-align: right;"><i>Newbaker</i><br/>NEWBAKER<br/>75926</p> <p style="text-align: center;">THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE</p> <p style="text-align: center;"><small>U. S. GOVERNMENT PRINTING OFFICE 16-40050-6</small></p> |

*FILE  
Incl  
Below Sec  
20 Rep 50*



AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

In reply refer to:  
HREEC 293

24 July 1950

**SUBJECT:** Transmittal of Reports of Storage

**TO:** The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
**ATTENTION:** Memorial Division

**Reference:** Letter OQMG, OQSMO 293 dated 12 July 50, subject:  
Movement of Remains

Reports of storage for Unknowns X-655, X-656, X-657, X-658, X-659 and X-660 (Barrackpore), as authorized in paragraph 2 of above reference, are furnished herewith. See Unit Roster C, pages 002 and 003 and Unit Roster A, pages 8 and 9.

**FOR THE CHIEF:**

6 Incls (in dup)

1. WD QMG Form 1042 (X-655)
2. " " " " (X-656)
3. " " " " (X-657)
4. " " " " (X-658)
5. " " " " (X-659)
6. " " " " (X-660)

STANLEY E. MAY  
Captain, QMG  
Administrative Officer

AIR MAIL

1. FILE UNDER NO. 293 - Unk. Guadalcanal X-347

### SYNOPSIS

2. TYPE OF DOCUMENT: Ltr 3. DATE: 21 July 50  
4. FROM: National Memorial Cemetery of the Pacific, Honolulu, Hawaii  
5. TO: TMIG, Dept of the Army, Wash., D. C.  
6. SUBJECT: Transmittal of QMC Form 1194 and QMC Forms 1042.

7. DOCUMENT FILED UNDER NO. 293 - MORRIS, John Francis 6999571

mfs

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

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

1

DISINTERMENT DIRECTIVE

GMA

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8730 03445

DATE 26 07 50 DAY MONTH YEAR

NAME UNKNOWN X-347 SERIAL NUMBER GRADE ARM 8 RACE 0 RELIGION 6

CEMETERY GUADALCANAL SOLOMON ISLANDS PLOT FMC ROW 31 GRAVE 7 DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. REMAINS FORMERLY DESIGNATED AS BECKETT, MERVIN E., PVT., 327025. REDESIGNATED AS X-347 PER 1042 DATED 29 NOV 49.

FILE

NMCP = SEC P QR 344

8 AUG 1950

REPATRIATION

Handwritten signatures and notes at the bottom of the page.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 2. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 3. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 4. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 5. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 6. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 7. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

1. FILE UNDER NO. 293 - Unk X-347 (ANM Cemetery, Guadalcanal)

**SYNOPSIS**

2. TYPE OF DOCUMENT: Letter  
3. DATE: 7 Aug. 50  
4. FROM: National Memorial Cemetery of the Pacific Honolulu, Hawaii  
5. TO: OMC  
6. SUBJECT: Transmittal of Corrected OMC Forms 14

7. DOCUMENT FILED UNDER NO. 314.6 - Hawaii Nat'l Cem.

eb

**INSTRUCTIONS.**—Enter after the above headings information as follows:

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

# DISINTERMENT DIRECTIVE

|   |                      |                         |                                     |                      |
|---|----------------------|-------------------------|-------------------------------------|----------------------|
| <b>SECTION A —</b>                          |                      | <b>DIRECTIVE NUMBER</b> | <b>DATE</b>                         |                      |
| <b>NAME AND BURIAL LOCATION OF DECEASED</b> |                      | 8730 00000              | 11   7   50<br>DAY   MONTH   YEAR   |                      |
| <b>NAME</b>                                 | <b>SERIAL NUMBER</b> | <b>RANK</b>             | <b>ARM</b>                          | <b>DATE OF DEATH</b> |
| UNKNOWN X-347                               | SHIPPED              | ---                     | Q                                   | DAY   MONTH   YEAR   |
| <b>CEMETERY</b>                             |                      |                         | <b>DISPOSITION OF REMAINS</b>       |                      |
| ANM CEMETERY, GUADALCANAL, B.S.I.           |                      |                         | 0<br>*0492   64<br>CODE   DIST. PT. |                      |
| <b>PLOT</b>                                 | <b>ROW</b>           | <b>GRAVE</b>            | <b>CAUSE OF DEATH</b>               |                      |
| FMC   | 31                   | 7                       | 6                                   |                      |

| SECTION B — CONSIGNEE AND NEXT OF KIN   |  |
|---|--|
| <b>NAME AND ADDRESS OF CONSIGNEE</b>  | <b>NAME AND ADDRESS OF NEXT OF KIN</b> |
| NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII<br>(BY ADMINISTRATIVE ORDER) |  |

| SECTION C — DISINTERMENT AND IDENTIFICATION                         |                      |                 |   |                         |
|---|----------------------|-----------------|---|-------------------------|
| <b>NAME</b>   | <b>SERIAL NUMBER</b> | <b>RANK</b>     | <b>DATE OF DEATH</b>                        | <b>DATE DISINTERRED</b> |
| UNKNOWN X-347   | Unk                  | Unk             | Unk   | 19 May '49              |
| <b>IDENTIFICATION TAG ON</b>  | <b>ORGANIZATION</b>  | <b>RELIGION</b> | <b>IDENTIFICATION VERIFIED BY</b>           |                         |
| <input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER | UNKNOWN              | Unk             | EARL B. YANCY<br>CWO, USA<br>NAME AND TITLE |                         |

| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT |                                     |
|---|-------------------------------------|
| <b>NATURE OF BURIAL</b>                         | <b>CONDITION OF REMAINS</b>         |
| Casketed  | Skeletal                            |
| <b>OTHER MEANS OF IDENTIFICATION</b>            |                                     |
| QMC Form 1042 & Cemetery Record                 |                                     |
| <b>MINOR DISCREPANCIES</b>                      |                                     |
| None  |                                     |
| <b>REMAINS PREPARED AND PLACED IN CASKET</b>    |                                     |
| DATE 19 May '49                                 | BY M. C. DUNMAN                     |
| <b>CASKET SEALED BY</b>                         | <b>EMBALMER (Signature)</b>         |
| DONALD C. HERR                                  | <i>Donald C. Herr</i>               |
| <b>CASKET BOXED AND MARKED</b>                  | <b>SHIPPING ADDRESS VERIFIED BY</b> |
| DATE 18 Jul 50 BY DONALD C. HERR                | STANLEY E. MAY, Capt, QMC           |

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

*Stanley E. May*  
STANLEY E. MAY, Capt, QMC  
SIGNATURE OF GRS INSPECTOR

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

RECORD OF ORIGINAL TRANSFER



## RECORD OF CUSTODIAL TRANSFER

| 1. SHIPPED  |               |   |                 |
|---|---------------|---|-----------------|
| FROM<br>U. S. Army Mausoleum  |               | TO<br>Hawaiian Distribution Center  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER<br><i>Stanley E. May</i><br>STANLEY E. MAY, Capt., QMC | DATE<br>19 50 | SIGNATURE OF RECEIVER<br><i>Leroy F. Turner</i><br>LEROY F. TURNER, Adm. Asst., HDC | DATE<br>4/11/50 |
| 2. SHIPPED  |               |   |                 |
| FROM  |               | TO  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER  | DATE          | SIGNATURE OF RECEIVER   | DATE            |
| 3. SHIPPED  |               |   |                 |
| FROM  |               | TO  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER  | DATE          | SIGNATURE OF RECEIVER   | DATE            |
| 4. SHIPPED  |               |   |                 |
| FROM  |               | TO  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER  | DATE          | SIGNATURE OF RECEIVER   | DATE            |
| 5. SHIPPED  |               |   |                 |
| FROM  |               | TO  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER  | DATE          | SIGNATURE OF RECEIVER   | DATE            |
| 6. SHIPPED  |               |   |                 |
| FROM  |               | TO  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER  | DATE          | SIGNATURE OF RECEIVER   | DATE            |
| 7. SHIPPED  |               |   |                 |
| FROM  |               | TO  |                 |
| KIND OF CONVEYANCE  |               | NAME OF CONVOYER  |                 |
| SIGNATURE OF SHIPPER  | DATE          | SIGNATURE OF RECEIVER   | DATE            |

2

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 03445

DATE  
26 07 50  
DAY MONTH YEAR

NAME  
UNKNOWN X-347

SERIAL NUMBER

GRADE

ARM  
8

RACE  
0

RELIGION  
6

CEMETERY  
GUADALCANAL SOLOMON ISLANDS

PLOT  
FMC

ROW  
31

GRAVE  
7

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE. REMAINS FORMERLY DESIGNATED AS BECKETT, MERVIN E., PVT., 327025. REDESIGNATED AS X-347 PER 1042 DATED 29 NO

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

### 2. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

### 3. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

### 4. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

### 5. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

### 6. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM ..              |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

### 7. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

1. FILE UNDER NO. 293 - Unknown Guadalcanal X-347

### SYNOPSIS

2. TYPE OF DOCUMENT: Ltr. 3. DATE: 3 July 50  
4. FROM: OQMG  
5. TO: CO, AGRS Pacific Zone  
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED  
UNDER NO. 293 - Unknown Guadalcanal X-343

mep

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

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

1. FILE UNDER NO.

293 - Unk., Solomon Islands (Guadalcanal Cem) X-347

### SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

23 May 1950

4. FROM:

OCMG, Mem Div

5. TO:

CO, San Fran FOR, Ft. Mason, Calif

6. SUBJECT:

7. DOCUMENT FILED  
UNDER NO.

293 - Unk. - Solomon Islands (Guadalcanal Cem) (X-347)

rtb

(Classified)

Similar Letter Sent To:

CO, AGCS, Pac. Zone, APO 958, c/o PW, San Fran., Calif

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