

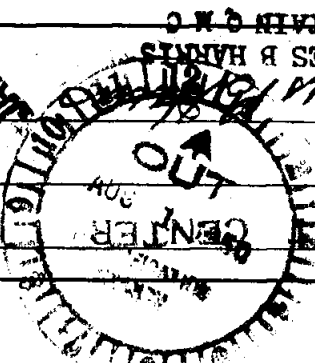
<p>1</p> <p>Interred 4 March 1949 # 1041</p>		<p>DISINTERMENT DIRECTIVE</p> <p>- Cemetery Superintendent</p>					
		<p>SECTION A - NAME AND BURIAL LOCATION OF DECEASED</p>		<p>DIRECTIVE NUMBER 8730 00000</p>		<p>DATE 26 09 47</p> <p>DAY MONTH YEAR</p>	
<p>NAME UNKNOWNX-000067</p>		<p>SERIAL NUMBER 0</p>		<p>RANK 3</p>		<p>ARM 3</p>	
<p>CEMETERY GUADALCANAL</p>						<p>DATE OF DEATH 0492 64</p> <p>DAY MONTH YEAR</p>	
<p>DISPOSITION OF REMAINS 6</p> <p>CODE DIST. PT.</p>						<p>CAUSE OF DEATH 6</p>	
<p>PLOT B 58</p>		<p>ROW 58</p>		<p>GRAVE 6</p>		<p>COUNTRY SOLOMON ISLANDS</p>	
<p>SECTION B - CONSIGNEE AND NEXT OF KIN</p>							
<p>NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)</p>				<p>NAME AND ADDRESS OF NEXT OF KIN</p>			
<p>SECTION C - DISINTERMENT AND IDENTIFICATION</p>							
<p>NAME UNKNOWN X-67</p>		<p>SERIAL NUMBER UNK</p>		<p>RANK UNK</p>		<p>DATE OF DEATH UNK</p>	
<p>DATE DISTINTERRED 8 Dec. '47</p>		<p>IDENTIFICATION TAG ON <input type="radio"/> REMAINS <input type="radio"/> MARKER</p>		<p>ORGANIZATION U S MARINE CORPS</p>		<p>RELIGION UNK</p>	
<p>IDENTIFICATION VERIFIED BY O. D. Campbell Emb.</p>		<p>NAME AND TITLE</p>					
<p>SECTION D - PREPARATION OF REMAINS FOR SHIPMENT</p>							
<p>NATURE OF BURIAL CASKET</p>				<p>CONDITION OF REMAINS SKELETAL</p>			
<p>OTHER MEANS OF IDENTIFICATION GRAVE MARKER AND MORTUARY TAG</p>							
<p>MINOR DISCREPANCIES NONE</p>							
<p>REMAINS PREPARED AND PLACED IN CASKET</p>							
<p>DATE 2 July 1948</p>		<p>BY R.W. RALSTON, EMBALMER</p>		<p>EMBALMER (Signature) ROBERT W. RALSTON</p>			
<p>CASKET SEALED BY IRA J. VONK</p>				<p>SHIPPING ADDRESS VERIFIED BY ALBERT J. ROBERTSON</p>			
<p>CASKET BOXED AND MARKED DATE 2 July 48 BY IRA J. VONK</p>				<p>SIGNATURE OF GRS INSPECTOR J. L. MURPHY, CAPT, QMC</p>			
<p>I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.</p>							
<p>1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</p>							

FILE
26 MAY 1949
REPATRIATION
BRANCH
MEM. DIV.

men
21 of 33

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY WAREHOUSE	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		CAPT OMC	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
1. SHIPPED			
FROM		RECORDS BRANCH	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
2. SHIPPED			
FROM		DISK	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
3. SHIPPED			
FROM		DISK	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
4. SHIPPED			
FROM		DISK	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
5. SHIPPED			
FROM		DISK	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
6. SHIPPED			
FROM		DISK	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	
7. SHIPPED			
FROM		DISK	
KIND OF CONVEYANCE		DISK	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		MAY 19 1948	
NAME OF CONVOYER		JAMES B HARRIS	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		MAY 19 1948	



MAY 19 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-67 GUADALCANAL				2. DATE OF REPORT 2 February 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT B	5. ROW 58	6. GRAVE 19 6	7. DATE OF DISINTERMENT 2 Feb '48		REINTERMENT 2 Feb '48

PHYSICAL DESCRIPTION **Age: 22 - 26 years**

8. ESTIMATED WEIGHT 150 - 160 lbs (?)	9. ESTIMATED HEIGHT 72.1 inches.	10. COLOR OF HAIR Unable to determine.	11. RACE Probably White.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed tag on casket reads: Unknown X-67; USMC; Hq. Btry 11; 14 Oct '42; Plot - B, Row - 58, Grave - 6.

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

None.

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Perforation of the olecranon fossa of the left humerus.
Healed fracture of the midshaft of the left clavicle with the only clue being the lateral posterior widening.

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)

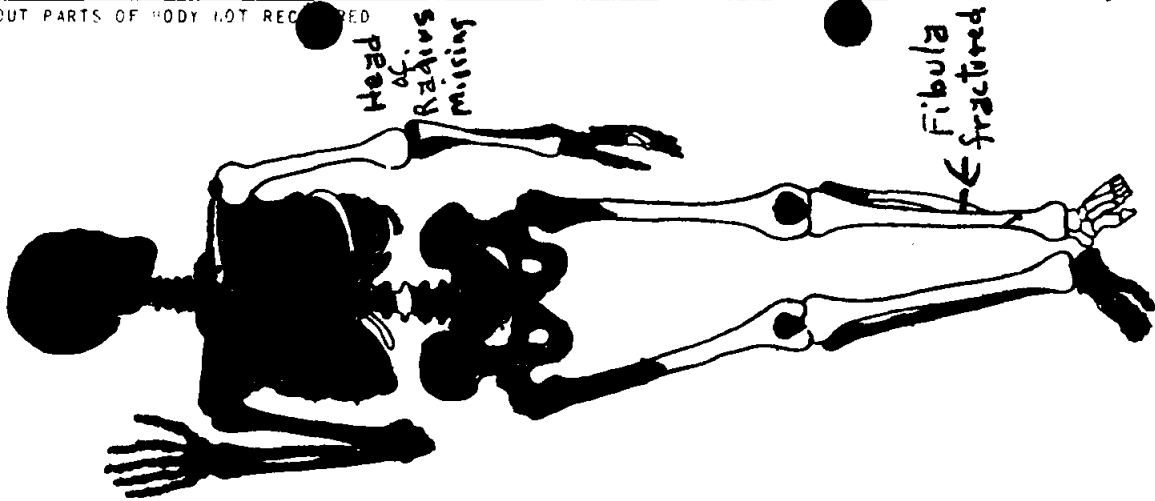
One (1) left shoe size "8 D" USMC rough leather.

UNIDENTIFIABLE

NOV 3 1948

Incl 7

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.

Charles E. Snow

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, very slender young man who wore size "8 D" shoe (left) and who possibly had broken left clavicle.

Fluoroscopic examination negative. 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. OMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE
O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	3		Fragments, nine (9) missing.
	LUMBAR	1		Four (4) missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing.
	LEFT	0		Missing.
RIBS		2		Fragments only.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	approx 14.7	
SCAPULAE	RIGHT	0		Missing.
	LEFT	0		Missing.
HUMERI	RIGHT	0		Missing.
	LEFT	1	34.9	
RADII	RIGHT	0		Missing.
	LEFT	1		Head missing.
ULNAE	RIGHT	0		Missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		Missing.
	LEFT	1		2 phalanges only.
FEMORA	RIGHT	1		Head and 1/2 of shaft missing.
	LEFT	1		Head and 1/3 of shaft missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	41.2	
	LEFT	1	40.7	Fractured.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Fractured. Proximal extremity missing.
FEET	RIGHT	0		Missing.
	LEFT	1		

HUMERO-CLAVICULAR RATIO	42.1	APPROXIMATE	
ESTIMATED HEIGHT 183.0 72.1	AGE	22 - 26	YEARS
ESTIMATED WEIGHT 150 - 160 lbs	(?)	LEG-HIP BR RATIO	

Chas E. Snow

Charles E. Snow
ANTHROPOLOGIST

ENCLOSURE TO: X-67 GUADALCANAL

- MAJOR DISCREPANCY -

GUADALCANAL

Seiden, Bernard
Pfc. 344928 USMC

X Unknown 65) Previously processed
X Unknown 66) Common Grave no. 5.

X Unknown 67
X Unknown 68
X Unknown 69

Kimmel, J. L.)
285308 USMC)--Final Type
"A" T-5-41

The above mentioned cases were processed simultaneously in an effort to associate the many non-articulating skeletal parts that were found with each case.

After a careful examination of each case involved and many skeletal inter-changes, the following named extra non-articulating parts could not be associated with any of these cases and have been removed and classified as CIL X Unknown 538.

One (1) right innominate bone with pubis missing.
One (1) left innominate bone.
One (1) sacrum (fragmentary).
One (1) right femur minus the section of the upper shaft.
One (1) left femur minus the upper 1/2.
One (1) right tibia.
One (1) left tibia.
One (1) right fibula.
One (1) pair feet bones; one (1) pair calcanei, one (1) pair tali,
one (1) pair cuboids, one (1) pair naviculars, one (1) pair nos.,
1, 2, & 3 cuneiforms, one (1) pair nos., 1, 2, 3, 4, & 5 metatarsals.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RX

letter
with
many

Cards made

QAC Form
No. 1-GRS.

REPORT OF INTERMENT

(To be submitted through channels to the Quartermaster General, Washington, DC)
(Par. 21d - TM 10-630)

Unidentified Body #67 Unknown Unknown USMC-Hq Bty 11
(Last Name) (First) (Middle) (Serial No.) (Rank) (Orgn.)

UNIDENTIFIABLE
NOV 3 1949

Guadalcanal, S.I. October 14, 1942 KIA
(Place of Death) (Date of Death) (Cause of Death)

August 7, 1943 Guadalcanal Army-Navy-Marine Cemetery
(Time & Date of Burial) (Place of Burial - Name & No. of Cemetery)

6 58 Standard With Body:
(Grave No.) (Row No.) (Plot No.) (Kind of Grave Marker) (Identification Tags)
Flesh decomposed-no identifying marks on body-impossible to
take fingerprints on tooth chart

GRS Form #1 inclosed within bottle buried in grave

Other pertinent data to enable grave to be located,
(Where necessary sketch to locate grave should be furnished)

Unknown Unknown

(Name and address of Emergency Addressee) (Name and address of legal next of kin)

Program in ~~Continuation~~
Serial Four (4) copies to Army G.S. Office.

reporting burial.

Signature of Officer or other person
witnessed by Army G.S. Officer.

Charles E. Goodwin

Charles E. Goodwin
CHESTER E. GOODWIN
LT. O.M.C.

On left: Unidentified Bodies #65 & #66, USMC-Hq Bty 11
Row 58 Grave 5

On right: Unidentified Body #68, USMC-Hq Bty 11 Row 58 Grave 7

(Name, rank, serial #, organ, grave no. of bodies buried on other side)

List of personal effects and disposition thereof:

Place X mark
below when
prints are of
left hand

Fingerprints (Right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established)
(See Ser (2) M 16-630)

IDENTIFICATION SECTION

~~Received~~
~~NO. 11-11-60~~
~~11-11-60~~