

COMGENUSARPAC FT SHAFTER TH

PRIORITY

*293 unk. Solomon Islands (Guadalcanal) X-84*

CHARGE GRAVES WW II

FROM QMGM REURLET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION  
 OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWNNS XRAY FOUR SIX 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 ABE CMA BAKER AND 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 ABE AND BAKER XRAY TWO NINE TWO ABE  
 AND BAKER XRAY TWO NINE FOUR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL  
 PD THIS OFFICE CONCERS IN THE CLASSIFICATION OF ALL UNKNOWNNS AS UNIDENTIFIABLE

UNCLASSIFIED

QMGM 293  
GCS PACIFIC

4 JAN 49

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

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

RRREC 295

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 QMGU 295 GRS (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-67

HORACE MANN  
Captain, QMC  
Chief, RR Div

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Encls: (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

OF THE PACIFIC

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**

B 74

- Cemetery Superintendent

SECTION A - **ALVAN C. BAKER**  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**8730 00000**

DATE  
**26 09 47**  
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	<b>UNKNOWNX0000084</b>		<b>Q</b>	

CEMETERY	DISPOSITION OF REMAINS
<b>GUADALCANAL</b>	<b>0492 64</b>
	CODE DIST. PT.

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
<b>B</b>	<b>66</b>	<b>10</b>	<b>SOLOMON ISLANDS</b>	<b>6</b>

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII</b>  <b>(BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
<b>UNKNOWN X-84</b>	<b>UNK</b>	<b>UNK</b>	<b>UNK</b>	<b>9 Dec. '47</b>
IDENTIFICATION TAG ON <input checked="" type="radio"/> REMAINS <input type="radio"/> MARKER	ORGANIZATION <b>UNK</b>	RELIGION <b>UNK</b>	IDENTIFICATION VERIFIED BY <b>W. A. McNanamy</b> Emb. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>CASKET</b>	CONDITION OF REMAINS <b>SKELETAL</b>
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OTHER MEANS OF IDENTIFICATION  
**1 GRAVE MARKER, 1 MORTUARY TAG**  
**FILE**

MINOR DISCREPANCIES  
**NONE** **18 MAY 1949**

REMAINS PREPARED AND PLACED IN CASKET  
DATE **2 July 1948** BY **L.A. JONES, EMBALMER**

CASKET SEALED BY <b>G. D. MEEK</b>	EMBALMER (Signature) <b>LAWRENCE A. JONES</b>
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CASKET BOXED AND MARKED DATE <b>2 July 48</b> BY <b>G. D. MEEK</b>	SHIPPING ADDRESS VERIFIED BY <b>T. P. MADINE</b>
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*William A. McNanamy*  
**WILLIAM A. McNANAMY**

SIGNATURE OF GRS INSPECTOR

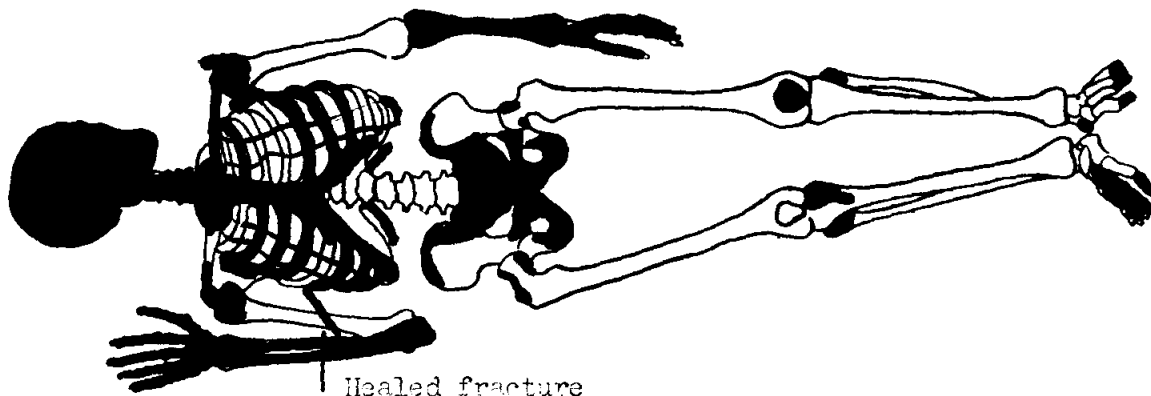
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		<i>John M. ...</i>	
DATE		1947 JAN 19	
TO		144th DIST CENTER	
NAME OF CONVOYER		<i>James B Harris</i>	
SIGNATURE OF RECEIVER		<i>James B Harris</i>	
DATE		JAN 19 1948	
FROM		E WILSON CAPT OMC	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
3. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
4. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
5. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
6. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
7. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			



19. BLACK OUT PARTS OF BODY NOT RECORDED



Healed fracture

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, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather small ~~slight~~ <sup>slender</sup> man perhaps in his middle twenties with slender body build.

Fluoroscopic 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  
 C. W. GREENWOOD, CAPT., MC

SIGNATURE

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

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing (entire face and skull).
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	3		Fractured.
	LUMBAR	2 ?		Fractured (multiple).
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured.
	LEFT	1		"
RIBS		12		Multiple fractures.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Fractured.
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1		Fractured - also healed fracture.
	LEFT	1		Fractured.
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	45.8	
	LEFT	1	45.9	
PATELLAE	RIGHT	1		Fractured.
	LEFT	0		Missing.
TIBIAE	RIGHT	1		Fractured.
	LEFT	1	37.1	
FIBULAE	RIGHT	1		Fractured.
	LEFT	1		"
FEET	RIGHT	1		All missing except calcaneus, talus, 1st & 2nd cuneiforms & Nos. 1-4-5 metatarsals.
	LEFT	1		All missing except calcaneus, talus, navicular, and 1-2-3-4-5 metatarsals.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	66.23 - 5'6 7/8" AGE	22 to 25 YEARS	
ESTIMATED WEIGHT	130 lbs.	LEG-HIP BR RATIO	

*Charles E. Snow*

ENCLOSURE TO: X-84 (Guadalcanal) Charles E. Snow  
ANTHROPOLOGIST



QMC Form  
 No. 1-GRS.

REPORT OF INTERMENT

CATEGORY III CASE  
 NO CLUES  
 IDENTIFICATION IMPOSSIBLE  
 AT PRESENT TIME

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

Unidentified Body #84	Unknown	Unknown	Unknown
(Last Name)	(First)	(Middle)	(Serial No.) (Rank) (Orgn.)

Guadalcanal, S.I.	Unknown	Unkn wn
(Place of Death)	(Date of Death)	(Cause of Death)

September 9, 1943	Guadalcanal Army-Navy-Marine Cemetery
(Time & Date of Burial)	(Place of Burial - Name & No. of Cemetery)

10	66	Standard	With Body: On Marker:
(Grave No.)	(Row No.)	(Plot No.)	(Kind of Grave Marker) (Identification Tags)

Flesh decomposed-impossible to take fingerprints or tooth chart  
 No identifying marks

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)

57

Fingerprints (Right Hand) if right hand missing furnish prints of left hand (Required when positive identity cannot otherwise be established) (Par. 25e (2) TM 10-630)

Place X mark below when prints are of left hand	<input type="checkbox"/>	List of personal effects and disposition thereof:			
		4	3	2	1

(Name, rank, serial #, orgn., grave No.'s of bodies buried on either side:)

On right: \_\_\_\_\_  
 On left: David McGehey, CPL., USA-E-172 Inf Row 66 Grave 9

Signature of Officer or other person reporting burial. \_\_\_\_\_  
 Verified by Army G.R.S. Officer. \_\_\_\_\_  
 CHESTER F. GOBMAN  
 LT. COL. *[Signature]*

Prepare in quadruplicate, Send four (4) copies to Army G.R.S. Officer.