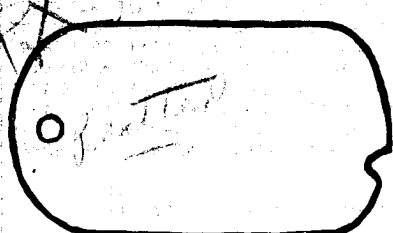


WD OMC Form 1042
 Rev. 1 November 1942
 GRS 1, dated 11 May 1942
 may be used until exhausted

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

DATE REPORT FILLED OUT
 7 Sept. 1945

	FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) Unknown X-186		
	RANK <u>Unknown</u>	SERIAL NUMBER <u>Unknown</u>	COUNTRY United States
	ORGANIZATION USS Boise		BRANCH USN
	RACE <u>Unknown</u>	RELIGION <u>Unknown</u>	DATE OF DEATH 12 Oct. 1942

PLACE OF DEATH At Sea, USS Boise	CAUSE OF DEATH Killed in Action.
-------------------------------------	-------------------------------------

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
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
 No Record of Personal Effects.

UNIDENTIFIABLE
 NOV 2 1949

NAME OF EMERGENCY ADDRESSEE <u>Unknown</u>	ADDRESS OF EMERGENCY ADDRESSEE <u>Unknown</u>
---	--

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

DATE 28 Aug 45 (Reburial)	HOUR 1436	PLOT NO. B#	ROW NO. 126	GRAVE NO. 4	GRAVE MARKER Wooden Cross
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Religious Ceremony Unknown.	PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</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 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Look, Chew H	RANK Porter	SERIAL NO. None	ORGANIZATION U.S. Merchant Marine
BODY ON RIGHT, NAME (Last, First, Middle Initial) Frament, Paul S.	RANK PhM 3c	SERIAL NO. 6000465	ORGANIZATION USNR Hq. 1st Bn. 2nd Mar Regt.

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John A. Nolan</i> JOHN R. NOLAN 1st. Lt., OMC
---	--

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-11 at Espirito Santo, Military Cemetery, Plot 55, Row 2, Grave 22.

INSTRUCTIONS FOR F IAL




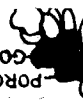

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52B. REMOVE ALL PERSONAL PROPERTY, DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION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

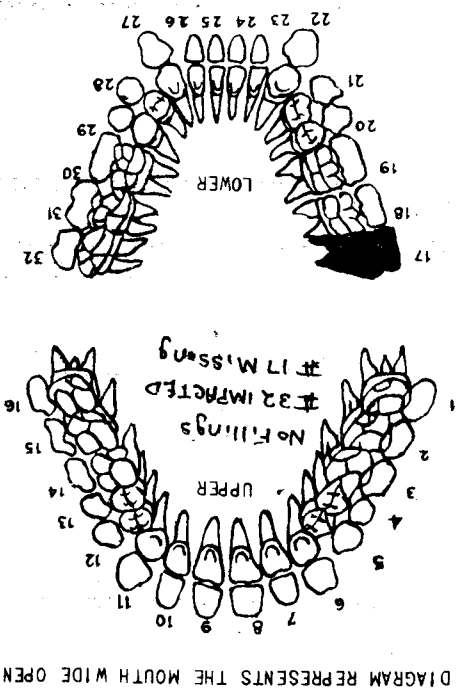
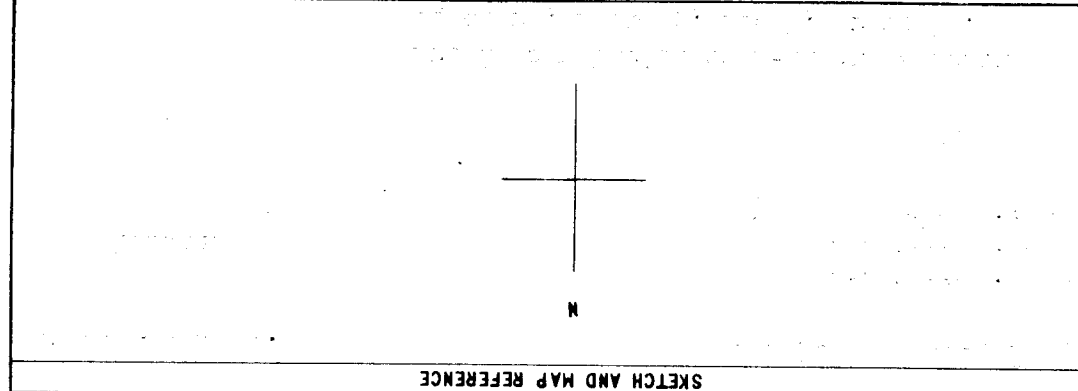
2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC,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

FILLINGS		SILVER FILLING
CAVITIES		CAVITY
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN
BRIDGE WORK		GOLD BRIDGE

SKETCH AND MAP REFERENCE

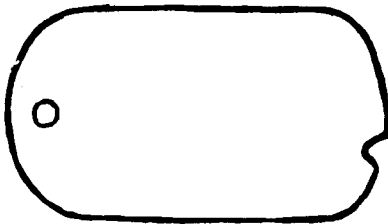
1	LEFT THUMB	3	4	2	1
2	RIGHT THUMB	4	3	1	2

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

REPORT OF INTERMENT

DATE REPORT FILLED OUT

7 Sept. 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
				Unknown X-186		
	RANK	SERIAL NUMBER		COUNTRY		
	Unknown	Unknown		United States		
ORGANIZATION			BRANCH			
USS Boise			USN			
RACE		RELIGION		DATE OF DEATH		
Unknown		Unknown		12 Oct 1942		

PLACE OF DEATH At Sea, USS Boise	CAUSE OF DEATH Killed in Action.
-------------------------------------	-------------------------------------

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 record of Personal Effects

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 28 Aug 45 (Reburial)	HOUR 1436	PLOT NO. "DH"	ROW NO. 126	GRAVE NO. 4	GRAVE MARKER Wooden Cross
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Army Navy Marine Cemetery, Guadalcanal, B.S.I.

TYPE OF RELIGIOUS CEREMONY Previous Religious Ceremony 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.

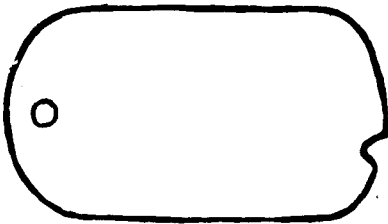
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Look, Chew H.	RANK Porter	SERIAL NO. None	ORGANIZATION U.S. Merchant Marine
BODY ON RIGHT, NAME (Last, First, Middle Initial) Frament, Paul S.	RANK PhM 3c	SERIAL NO. 6000465	ORGANIZATION USNR Hq. 1st Bn. 2nd Mar Regt.

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

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC 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-11 at Espiritu Santo, Military Cemetery, Plot 55, Row 2, Grave 22.

WD QMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted) (TM 10 630) () and AR 30-1815)		REPORT OF INTERMENT		DATE REPORT FILLED OUT 7 Sept. 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Unknown X-186			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY United States	
ORGANIZATION USS Boise			BRANCH USN		
RACE Unknown		RELIGION Unknown		DATE OF DEATH 12 Oct 1942	
PLACE OF DEATH At Sea, USS Boise			CAUSE OF DEATH Killed in Action.		
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 ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
COMPLETE FINGERPRINT CHART 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 record of Personal Effects					
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 28 Aug 45 (Reburial)	HOUR 1436	PLOT NO. "D"	ROW NO. 126	GRAVE NO. 4	GRAVE MARKER Wooden Cross
TYPE OF RELIGIOUS CEREMONY Previous Religious Ceremony Unknown.			PERSON REPORTING BURIAL /s/ S/Sgt. Richard J. Moyer		
IDENTIFICATION TAGS BURIED WITH BODY <input checked="" type="checkbox"/> YES <input 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 4 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Look, Chew H.			RANK Porter	SERIAL NO. None	ORGANIZATION U.S. Merchant Marine
BODY ON RIGHT, NAME (Last, First, Middle Initial) Frament, Paul S.			RANK PhM 3c	SERIAL NO. 6000465	ORGANIZATION USMC Hq. 1st Bn. 2nd Mar Regt.
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER /s/ John R. Nolan /t/ JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC 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 I-11 at Espiritu Santo, Military Cemetery, Plot 55, Row 2, Grave 22.		

602X

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACHED 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. 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	






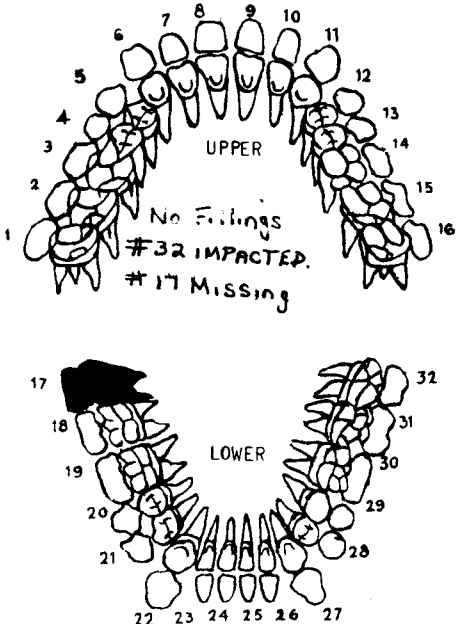
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



UPPER

LOWER

SKETCH AND MAP REFERENCE



N

QMC FORM
No. 1-GRS

REPORT OF INTERMENT

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

Unknown X-11

U. S. Navy

(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
At Sea: U.S.S. Boise			Oct 12, 1942		Killed in Action
(Place of Death)			(Date of Death)		(Cause of Death)
1430-Oct 15, 1942					Espiritu Santo Military Cemetery
(Time & Date of Burial)					(Place of Burial-Name & No. of Cemetery, if in a cemetery)
22	2		55 Wooden Cross	Buried with body	<input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	Attached to marker	<input type="checkbox"/>
				(Identification Tags)	

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

Unknown:

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

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

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right - Unknown X-10, Grave 21, Row 2, Plot 55.

On Left - Unknown X-12, Grave 23, Row 2, Plot 55.

s/ Benjamin B. Brown,
Lt. Chc, USNR, G.R.O., Base Button.

E. K. Clark
E. K. CLARK,
Capt, QMG, G.R.O., APO 708.

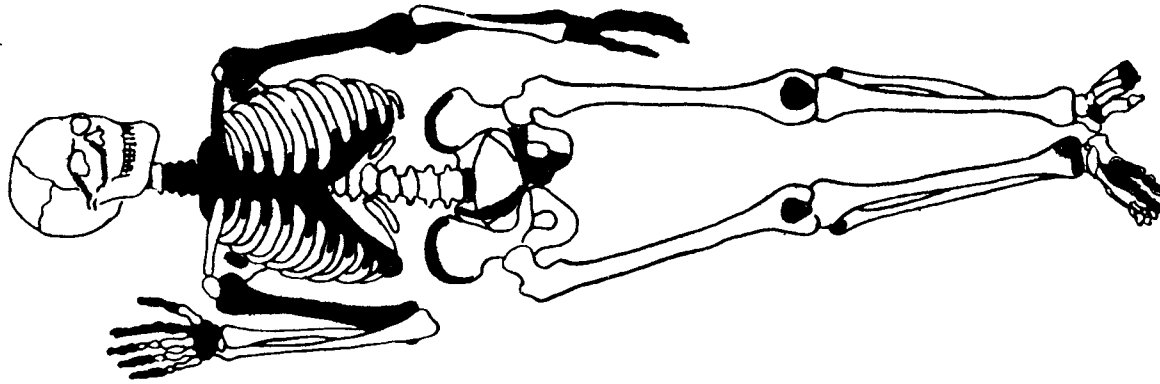
Signature of Officer or other person reporting Burial. Verified by Army G.R.S. Officer

Prepare in triplicate - 1 copy to Army GRS Officer-1 copy to Chief,GRS-
Original to the QMG

CENTRAL IDENTIFICATION LABORATORY & JDSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.0	
VERTEBRAE	CERVICAL	3		4,5,6,7 missing
	THORACIC	10		2 missing
	LUMBAR	4		1 missing
SACRUM		1		eroded
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.0	eroded
	LEFT	1		Eroded and pubis missing
RIBS		22		2 missing
STERNUM		0		Missing
CLAVICLES	RIGHT	1		
	LEFT	0		
SCAPULAE	RIGHT	1		Eroded
	LEFT	1		"
HUMERI	RIGHT	0		Missing
	LEFT	0		"
RADII	RIGHT	1	24.3	
	LEFT	1		Eroded
ULNAE	RIGHT	1		"
	LEFT	0		Missing
HANDS	RIGHT	1		3 metacarpals 2 phalanges present
	LEFT	0		Missing
FEMORA	RIGHT	1	45.2	
	LEFT	1	45.5	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1		Distal end eroded
	LEFT	1	37.0	
FIBULAE	RIGHT	1		Proximal head eroded
	LEFT	1		" " "
FEET	RIGHT	1		All missing except calcaneus talus 3,4 metatars- 8&1
	LEFT	1		All present except #5 metatarsal and terminal phalanges
HUMERO-CLAVICULAR RATIO			APPROXIMATE	
ESTIMATED HEIGHT 168-66.14-5*6 1/8 IN			23 - 25	YEARS
ESTIMATED WEIGHT 140 - 150			LEG-HIP BR	RATIO
ENCLOSURE TO: Unknown X-186		Guadalcanal		Paul B Gravenor Lab Supervisor ANTHROPOLOGIST

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 1 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 OFFICE Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short, young man of average build and muscularity. The skull is average in size and oval in shape. The vault is average in height. There is a small palpable external occipital protuberance. The face is fairly long and wider in the upper portions, than in the lower. The nose was long and convex in profile and was probably prominent. The mouth parts present alveolar prognathism. The lower jaw is rugged, fairly deep and the chin forms a narrow bi-lateral eminence.

Teeth Charted

Fluoroscopic Examination Unnecessary

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

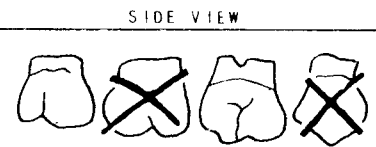
SIGNATURE

OW GREENWOOD Capt., GMC
CENTRAL LABORATORY
AND MASSACHUSETTS, APO 951

OW Greenwood

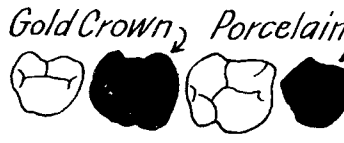
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:

Unknown X-186

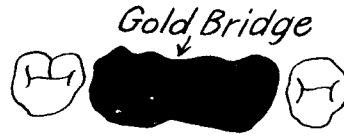


CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Guadalcanal



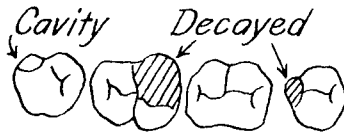
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		0															
Side Views																	
Top Views																	
Side Views																	
																	IMP.
		16	15	14	13	12	11	10	9	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."

Remarks:

1. R-13 and L-13 are in torsi version.
2. L-10 is in torsi version.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-186			Guadalcanal			USS Boise			2. DATE OF REPORT 24 March 1948							
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2				4. PLOT D	5. ROW B	6. GRAVE 34	7. DATE OF DISINTERMENT REINTERMENT									
Guadalcanal					126	4	24 Mar 48		24 Mar 48							
PHYSICAL DESCRIPTION Age 23 - 25																
8. ESTIMATED WEIGHT 140 - 150		9. ESTIMATED HEIGHT 168 - 66.14 - 5'6 1/8"			10. COLOR OF HAIR U.T.D.			11. RACE Probably White								
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Duplicate embossed tags: Unknown X-186 Embossed plate on box reading Unknown X-186 USS Boise Died: 12 Oct 1942																
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None																
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">CORRIG O. LISHER</td> <td style="width:30%;"><i>April B. Drivney</i></td> <td style="width:40%;"><i>16 Feb 1949</i></td> </tr> <tr> <td>1st. Lt., FA 0-1167395</td> <td></td> <td></td> </tr> </table>											CORRIG O. LISHER	<i>April B. Drivney</i>	<i>16 Feb 1949</i>	1st. Lt., FA 0-1167395		
CORRIG O. LISHER	<i>April B. Drivney</i>	<i>16 Feb 1949</i>														
1st. Lt., FA 0-1167395																
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?														
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) Two (2) bladed bone handled Jack knife, rusted and corroded; placed back in container with remains.																

UNIDENTIFIABLE

NOV 3 1949

DISINTERMENT DIRECTIVE

**SECTION A —
NAME AND BURIAL LOCATION OF DECEASED**

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME: UNKNOWN X-000186 RANK: 0 ARM: Q
 CEMETERY: GUADALCANAL
 PLOT: D126 ROW: 4 GRAVE: 4 COUNTRY: SOLOMON ISLANDS
 DATE OF DEATH: DAY MONTH YEAR
 DISPOSITION OF REMAINS: 0492 64
 CODE DIST. PT.
 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-186 SERIAL NUMBER: RANK: DATE OF DEATH: 12 Oct. '42 DATE DISTINTERRED: 12 Dec. '47
 IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: RELIGION: Unk. IDENTIFICATION VERIFIED BY: P. I. Logan
 NAME AND TITLE:

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Temporary casket CONDITION OF REMAINS: Skeletal
 OTHER MEANS OF IDENTIFICATION: Cemetery record
 MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET
 DATE 9 March 1949 BY R. L. TRASK, EMBALMER
 CASKET SEALED BY R. L. TRASK EMBALMER (Signature) R. L. TRASK
 CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
 DATE 9 Mar 49 BY R. L. TRASK A. J. ROBERTSON, EMBALMER

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

A. J. Robertson
 A. J. ROBERTSON, EMBALMER
 SIGNATURE OF GRS INSPECTOR

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

11211 incl 199

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S. ARMY AMMUNITION NO. 3		TO CHIEF HAVEN CO	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER C. J. SURINE CWO USA	DATE MAR 15 1948	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE MAR 15 1948

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 (WILLIAM GIBSON)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HARRY I HOMER D WILLOW COMPANY	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

CGM 293
Unknown X-186
(ARM Cem) Guadalcanal, BSI

4 May 1948

SUBJECT: Identification of Unknown Deceased

To: Commanding General
U. S. Army, Pacific
APO 958, c/o Postmaster
San Francisco, California

1. The Dental Chart on the reverse side of QMC Form 1042, Report of Interment, for Unknown X-186, Army, Navy, Marine Cemetery, Guadalcanal, S. S. I., Plot D, Row 126, Grave 4 has been checked and found to compare favorably with the navy dental records of Jose Manuel MEDINA, 383 13 39, S2c, USMC and Jess Willard WHITE, 287 28 50, S1c, USN.

2. It is requested that the remains formerly interred as Unknown X-186, Army, Navy, Marine Cemetery, Guadalcanal be reprocessed for identification with the inclosed navy dental records with physical description entered thereon, and this office be advised of the findings.

FOR THE QUARTERMASTER GENERAL:

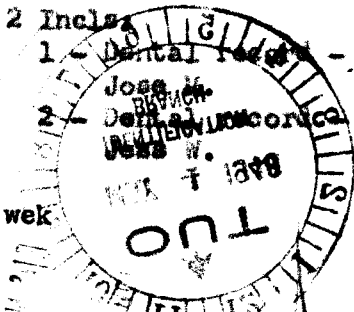
T. H. MATTHEWS
Lt. Colonel, QMC
Memorial Division

JCM

JW
JKW

- 2 Incls
- 1 - Dental Record - MEDINA, Jose M.
- 1 - Dental Record - WHITE, Jess W.

wek



X 293 White, Jess Willard 287-28-50
X 293 Medina, Jose Manuel
383-13-39

MAY 4 1 23 PM '48
 MAIL ROOM
 U.S. ARMY
 SAN FRANCISCO

DEPARTMENT OF THE ARMY

~~CONFIDENTIAL~~

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMN 293

Unknown X-186
(ANM Cem) Guadalcanal, BSI

4 May 1948

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U. S. Army, Pacific
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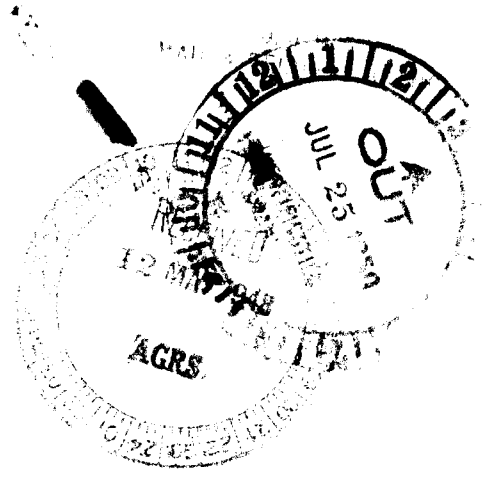
FOR THE QUARTERMASTER GENERAL:

T. H. Metz
T. H. METZ
Lt. Colonel, QMC
Memorial Division

- 2 Incls:
1 - Dental record - MEDINA,
Jose M.
2 - Dental record - WHITE,
Jess W.

FILE *J. K. White*
JUN 1948

May 11 1950



[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

AIR MAIL

Ltr, Dept of the Army, OQMG, QMGMN 293, Unknown X-186, (ANM Cem)
Guadalcanal, BSI, 4 May 48, Subj: Identification of Unknown Deceased

RRREC 293 (4 May 48)

1st Ind

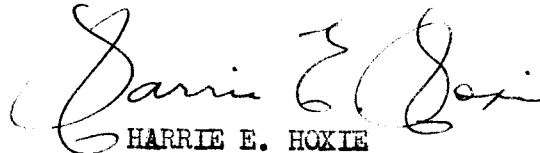
American Graves Registration Service, (Pacific Zone), APO 958 MAY 17 1948

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

1. It is advised that the case of the USS Boise, which included above named decedents, has been considered and resolved by the Board of Review AGRS-PAZ. Case papers are now being assembled for forwarding. It is further advised that due to the fact that so little difference in physical and dental characteristics existed between the two that Unknown X-186 could not be identified as an individual, but was made part of a group burial.

2. It is requested that action required in Paragraph 2 be deferred pending administrative approval of board proceedings.

FOR THE COMMANDING OFFICER:



HARRIE E. HOXIE
Lt. Colonel, QMC
Deputy Chief

2 Incls
n/c

721
J. K. Miller
30 JUN 1948

AIR MAIL

3
300 2000 5-11-48
Hoxie
Miller

