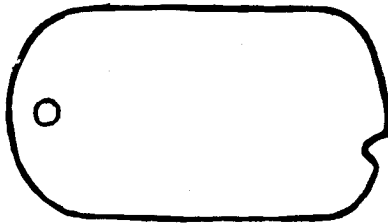


10 Sept. 1945

## REPORT OF INTERMENT

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-197

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

United States

ORGANIZATION

USS Boise

BRANCH

US Navy

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

 1 2 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

 YES NO

COMPLETE TOOTH CHART ON REVERSE

 YES 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	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
31 Aug 45 (Reburial)	1420	"D" 137	137	9	Wooden Cross
Army Navy Marine Cemetery, Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY

Religious Services Unknown

PERSON REPORTING BURIAL

/s/ S/Sgt. Richard J. Moyer

IDENTIFICATION TAGS BURIED WITH BODY  YES  NOATTACHED TO MARKER  YES  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)

Unknown X-196

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

USS Boise USN

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Unknown X-198

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

USS Boise USN

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-1 at Espiritu Santo, Military Cemetery, Plot 55, Row 1, Grave 17

G O P X



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)

<u>Unknown X-1</u>				US Navy	
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
<u>At Sea: U.S.S. Boise</u>		<u>Oct 12, 1942</u>		<u>Killed in Action</u>	
(Place of Death)		(Date of Death)		(Cause of Death)	
<u>1430-Oct 15, 1942</u>			<u>Espiritu Santo Military Cemetery</u>		
(Time & Date of Burial)			(Place of Burial-Name & No. of Cemetery, if in a cemetery)		
			Buried with body <input type="checkbox"/>		
<u>17</u>	<u>1</u>	<u>55</u>	<u>Wooden Cross</u>	Attached to marker <input type="checkbox"/>	
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	(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)

Restricted

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 - Northern, Hollis J. 333 755 PFC USMCR, Grave 16, Row 1, Plot 55.

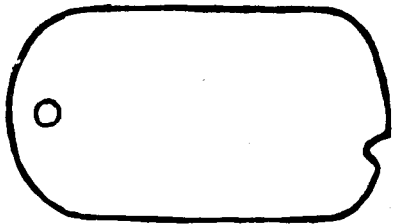
On Left - Unknown X-2, Grave 18, Row 1, Plot 55.

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

*E. K. Clark*  
E. K. CLARK,  
Capt, MC, G.R.O., APO 7

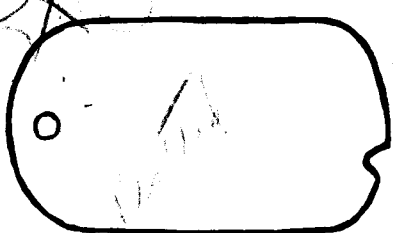
Signature of Officer or other person reporting Burial. Verified by Army G.R.S. Officer

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

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 10 Sept. 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Unknown X-197			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY United States	
ORGANIZATION USS Boise			BRANCH US Navy		
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 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 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 31 Aug 45 (Reburial)	HOUR 1420	PLOT NO. "D"	ROW NO. 137	GRAVE NO. 9	GRAVE MARKER Wooden Cross
Army Navy Marine Cemetery, Guadalcanal B.S.I.					
TYPE OF RELIGIOUS CEREMONY Religious Services 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) Unknown X-196			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USS Boise USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-198			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USS Boise USN
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-1 at Espiritu Santo, Military Cemetery, Plot 55, Row 1, Grave 17		

COPY



WD OMC Form 1042 Rev. 1 November 1942 (GRS dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 10 Sept. 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Unknown X-197			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY United States	
ORGANIZATION USS Boise			BRANCH US Navy		
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 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 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	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
31 Aug 45 (Reburial)	1420	"D"	137	9	Wooden Cross Cemetery Guadalcanal B.S.I.
TYPE OF RELIGIOUS CEREMONY Religious Services Unknown.			PERSON REPORTING BURIAL <i>Sgt. ...</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) Unknown X-196		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USS Boise USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-193		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USS Boise USN	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <i>John R. NCLC</i> 1st. Lt., MC		
<b>INSTRUCTIONS FOR FILLING OUT BURIAL REPORT:</b> 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  <i>Previously buried as X-1 at Espiritu Santo, Military Cemetery, Plot 55, Row 1, Grave 17.</i>					

**UNIDENTIFIABLE**  
**NOV 5 1945**





IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

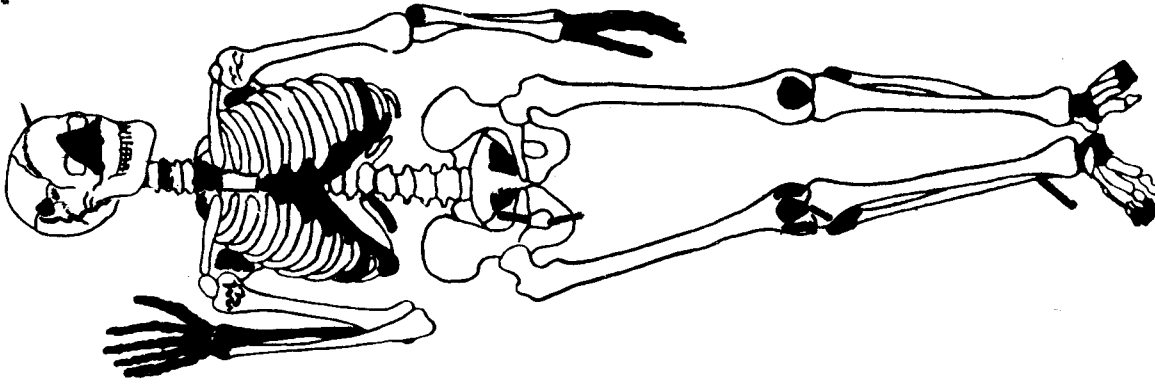
CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

**CENTRAL IDENTIFICATION LABORATORY & M. JSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	approx. 54.8	Badly fractured, some facial parts missing.
VERTEBRAE	CERVICAL	6		#5 missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM approx. 27.7	Fractured pubis.
	LEFT	1		
RIBS		20		Four missing.
STERNUM		1		Portion of body only present.
CLAVICLES	RIGHT	1	14.2	
	LEFT	1	13.4	
SCAPULAE	RIGHT	1		Portion of body missing.
	LEFT	1		Portion of body missing.
HUMERI	RIGHT	1	30.8	Eroded.
	LEFT	1	31.2	Eroded.
RADII	RIGHT	0		Missing.
	LEFT	1	approx. 24.7	Head missing.
ULNAE	RIGHT	1	27.4	Portion of distal end missing.
	LEFT	1	26.8	Portion of distal end missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1	44.0	
	LEFT	1	44.6	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	37.6	Eroded.
	LEFT	1	37.6	Eroded.
FIBULAE	RIGHT	1		Eroded, head missing.
	LEFT	1		Eroded, proximal & distal end.
FEET	RIGHT	1		Calcaneus, talus, & all phalanges missing.
	LEFT	1		Talus, navicular, #1, 2, & 3 cuneiform and all phalanges missing.
HUMERO-CLAVICULAR RATIO			44.4	APPROXIMATE
ESTIMATED HEIGHT		168.0 66.1 5' 6-1/8"	AGE	24-26 YEARS
ESTIMATED WEIGHT		150-155 lbs.	LEG-HIP BR RATIO 62.6	
ENCLOSURE TO:		X-197 GUADALCANAL	Paul L. Gravenor, Lab Supervisor.	
			<i>Paul L. Gravenor</i> ANTHROPOLOGIST	

19. BLACK OUT PARTS OF BODY NOT REC RED

Some of left temporal missing.



197

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.

Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a fairly short, relatively well-muscled man in his late twenties.

Skull is large, average in size, and is ellipitcal in shape, with slightly projecting backhead, has a narrow forehead.

The face was probably long and narrow, with considerable alveolar prognathism to the upper jaw. The palate is narrow and high.

The bone structure of face is eroded, some parts are missing.

The lower jaw is fairly heavy in structure, and rather wide across the jaw angles. It has a smooth rounded chin.

Most all bones present have extensive erosion.

Fluoroscopic examination negative. Teeth charted.

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

O. W. GREENWOOD, CAPT., QMC

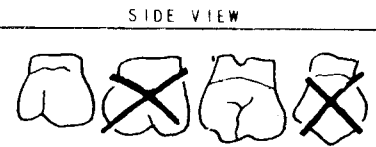
CENTRAL IDENTIFICATION LABORATORY  
AND MUSEUM, APO 957

18.

TOOTH CHART

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

X-197

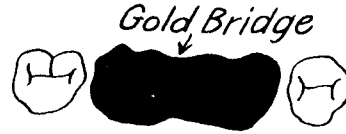


**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:

Guadalcanal



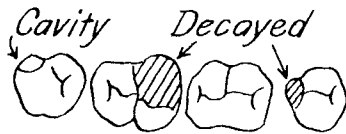
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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								
		7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	8 Section Maxilla of Jaw Missing															⊙		
Side Views		[Side view drawings of teeth with 'X' marks on teeth 2 and 3 of both sides]																Side Views
Top Views		[Top view drawings of teeth]																UPPER
		[Top view drawings of teeth]																LOWER
Side Views		[Side view drawings of teeth with 'X' marks on teeth 2 and 3 of both sides]																Side Views
	Part Imp.														⊙	Part 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. Crowded lower anterior teeth.

706

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-197 (GUADALCANAL)</b>						2. DATE OF REPORT 25 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					Box	83	DISINTERMENT	REINTERMENT
	D	137	9	24 Mar '48	25 Mar '48			
PHYSICAL DESCRIPTION      Age: 24 - 26 years.								
8. ESTIMATED WEIGHT 150-155 lbs.		9. ESTIMATED HEIGHT 168.0 - 66.1 - 5' 6-1/8"			10. COLOR OF HAIR DTD		11. RACE Probably White.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS								
One (1) embossed plate on casket reads: "Unknown X-197, USS Boise, 12 Oct '1942. Plot-D, Row-137, Grave-9".								
Three (3) embossed plates reads: "Unknown X-197".								
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?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
15. WAS BODY MANGLED?		TO WHAT EXTENT?						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Most all bones have extensive erosion, skull & face fractured.						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS								
Evidence of initial arthritis; vertebral column and feet.								
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)								
None.								

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-197 (GUADALCANAL)</b>				2. DATE OF REPORT <b>25 March 1948</b>			
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Formerly of Guadalcanal</b>		4. PLOT <b>D</b>	5. ROW <b>Box 137</b>	6. GRAVE <b>83 9</b>	7. DATE OF DISINTERMENT <b>24 Mar 48</b>		REINTERMENT <b>25 Mar 48</b>
PHYSICAL DESCRIPTION <b>Age: 24 - 26 years.</b>							
8. ESTIMATED WEIGHT <b>150 - 155 lbs.</b>		9. ESTIMATED HEIGHT <b>168.0 - 66.1 - 5'6 1/8"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>Probably White</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <b>One (1) embossed plate on casket reads: "Unknown X-197, USS Boise, 12 Oct. 1942. Plot-D, Row-137, Grave-9".</b>  <b>Three (3) embossed plates reads: "Unknown X-197."</b>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <b>None. BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</b> <b>1st Lt., FA 0-1167395 <i>April E. Driney</i> 16 Feb 1949</b>							
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>Most all bones have extensive erosion, skull &amp; face fractured.</b>					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <b>Evidence of initial arthritis; vertebral column and feet.</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>							

**UNIDENTIFIABLE**

**NOV 3 1948**

1

Interred 21 March 1949  
F 456

**DISINTERMENT DIRECTIVE**

- Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 00000

DATE  
26 09 47  
DAY MONTH YEAR

NAME  
*74* UNKNOWN X-000197 0

SERIAL NUMBER RANK ARM  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
GUADALCANAL

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
D137 9 SOLOMON ISLANDS *MS*

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 SERIAL NUMBER RANK  
UNKNOWN X-197

DATE OF DEATH DATE DISTINTERRED  
12 Oct. '42 8 Dec. '47

IDENTIFICATION TAG ON ORGANIZATION  
 REMAINS  
 MARKER

RELIGION IDENTIFICATION VERIFIED BY  
Unk. Gary L. Matthews  
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 1  
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  
DATE 9 Mar 49 BY R. L. TRASK

SHIPPING ADDRESS VERIFIED BY  
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.

*MS* *Trask 2 Pl*