

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

492
Restricted SEP 22 1944

UNKNOWN X-4

Last Name	First	Initial	Serial number	Rank	Organization
Place of death		Date of death		Cause of death	
Time and date of burial		Name of cemetery		Name or coordinates of location	
49	2	A		Wooden Cross	
Grave number	Row number	Plot number	Type of marker - Regulation V-shaped or other		

Disposition of indification tags: Buried with body ~~Yes~~ No Attached to marker ~~Yes~~ No
No record of any attempt to identify body

~~Identification tags that means of identification are buried with the body~~

Names of adjacent deceased are taken from adjoining grave markers

~~Identification tags but identity definitely established give particulars~~

Body buried on RIGHT	Laymon, N.H.	277318	FLDSH	USMC	50
	Name	Serial number	Rank	Organization	Grave number
Body buried on LEFT	Quinn, R.W.			USN	48
	Name	Serial number	Rank	Organization	Grave number

Name and address of EMERGENCY ADDRESSEE

Name and address of LEGAL NEXT OF KIN

List only personal effects FOUND OF BODY and disposition of same:

No record of effects

Restricted

File
11 Aug. 1950
EdK

John L. Stewart
Signature of officer or other person reporting burial

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

In space below, locate and describe any scars, birthmarks, moles, deformities, etc. :

If possible, have medical personnel take a tooth chart

Race : Is tooth chart attached ?

Color of hair : Wear glasses ?

Color of eyes : Number of ribs :

Weight : Laundry marks :

Height : Apparent nationality :

you are able.

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 : 3/19/43). If unable to obtain a complete set of fingerprints TAKE THOSE YOU CAN, and fill in as many of the following as

IF DECEASED UNIDENTIFIED

THUMB

1

2

3

4

LEFT HAND

THUMB

1

2

3

4


RIGHT HAND

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

9 April 1944

FOR IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial)			
		UNIDENTIFIED BODY X-4			
		RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown	
		ORGANIZATION Unknown	BRANCH Unknown		
		RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown	
PLACE OF DEATH Tulagi, B.S.I.		CAUSE OF DEATH Unknown			
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 personal effects found.					
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 14 Dec. 1944 (Reburial)	HOUR 1030	PLOT NO. B	ROW NO. 1	GRAVE NO. 9	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown		PERSON REPORTING BURIAL Sgt. Richard J. Mayer			
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) PAGE, J.W.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) MAFFETT, W.J.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan 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					

Incl #4

0-351

WD OMC Form 1042 I 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 9 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG NO TAGS		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-4			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Unknown	
ORGANIZATION Unknown			BRANCH Unknown		
RACE Unknown		RELIGION Unknown		DATE OF DEATH Unknown	
PLACE OF DEATH Tulagi, B.S.I.			CAUSE OF DEATH Unknown		
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 personal effects found.					
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 14 Dec. 1944 (Reburial)	HOUR 1030	PLOT NO. B	ROW NO. 1	GRAVE NO. 9	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</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) PAGE, J.W.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) MAFFETT, W.J.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		
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					

Incl #4

INSTRUCTIONS FOR BURIAL


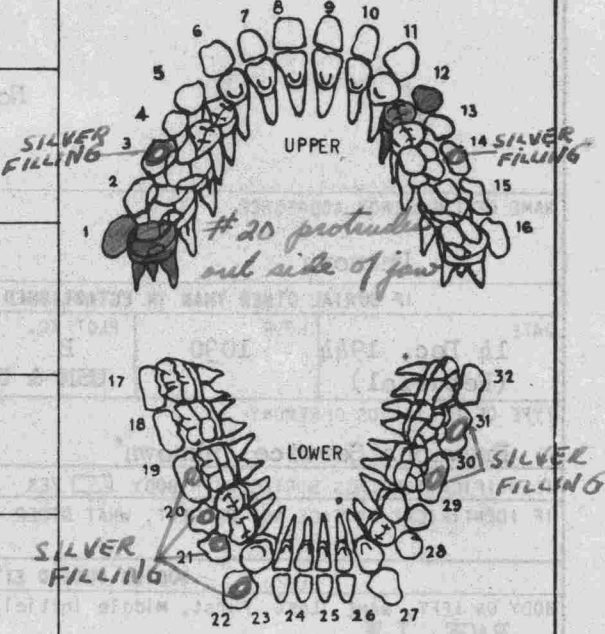




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION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

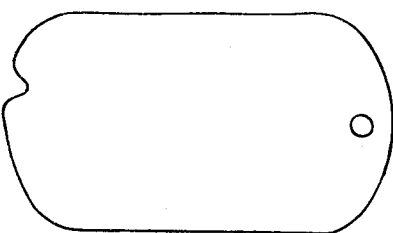
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
4	MISSING TEETH  TOOTH MISSING	
4	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
3	BRIDGE WORK  GOLD BRIDGE	

SKETCH AND MAP REFERENCE



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

1
2
3
4
4
3
2
1

WD- QMC FORM 1082 Rev. 1 February 1945 (Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.)		REPORT OF INTERMENT (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 12 October 1945		
For Imprint of Identification Tag 		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-222				
		RANK Unknown	SERIAL NUMBER Unknown		COUNTRY Unknown	
		ORGANIZATION unknown		BRANCH unknown		
		RACE unknown	RELIGION unknown		DATE OF DEATH unknown	
PLACE OF DEATH Tulagi, B.S.I.		CAUSE OF DEATH unknown				
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 personal effects found						
NAME OF EMERGENCY ADDRESSEE unknown			ADDRESS OF EMERGENCY ADDRESSEE unknown			
NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal BSI						
DATE OF BURIAL 17 Sept 45 Reburial	HOUR 0900	PLOT NO. E	ROW NO. 165	GRAVE NO. 8	GRAVE MARKER Wooden Cross	
TYPE OF RELIGIOUS CEREMONY Previous service unknown			PERSON REPORTING BURIAL /s/ T-5 William H. Tussey			
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 2 on Reverse)						
BODY ON LEFT, NAME (Last, First, Middle Initial) Weber, William A.		RANK Sgt	SERIAL NO. 20501308	ORGANIZATION US Army	GRAVE NO.	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Wollam, Talbert		RANK 1st Lt	SERIAL NO. 0432571	ORGANIZATION USAAC	GRAVE NO.	
PERSON CONDUCTING BURIAL RITES unknown			VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall, 1st Lt., QMC for /t/ JOHN R. NOJAN, 1st Lt., QMC			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE						
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE 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 Unknown X-4 Plot B, Row 1, Grave 9, USN & USMC Cemetery #1, Tulagi, BSI						

INSTRUCTIONS FOR BURIAL

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
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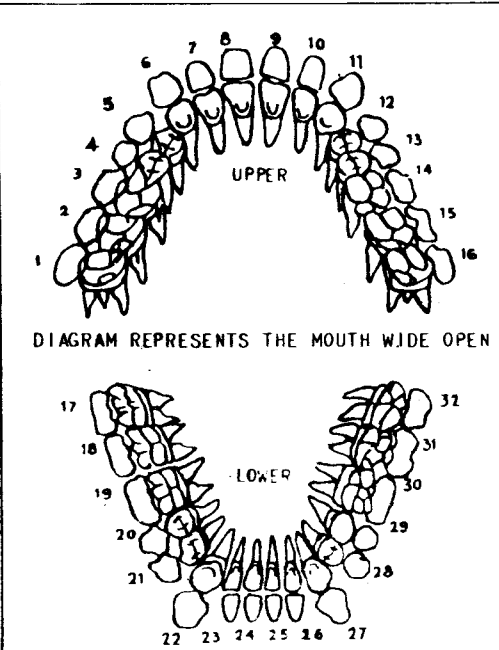
WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and 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 collection point.


The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

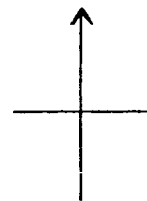
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE

A TRUE COPY:


 C. M. ISELEY
 Lt. Col., G.S.C.



When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Left Little Finger	
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

NO CMC FORM 1042 Rev. 1 November 1942 (GWS 1, dated 11 May 1942 may be used until exhausted)		REPORT OF INTERMENT (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 12 October 1945	
FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) Unknown X-222					
RANK		SERIAL NUMBER		COUNTRY	
ORGANIZATION		BRANCH		Unknown	
RACE		RELIGION		DATE OF DEATH	
Unknown		Unknown		Unknown	
PLACE OF DEATH Tule, BSI CAUSE OF DEATH Unknown					
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input checked="" 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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 personal effects found					
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		ROW NO.	
17 Sep 45		0900		B	
REBURIED		ARMY NEWY MARINE		Cemetery	
TYPE OF RELIGIOUS CEREMONY		PERSON REPORTING BURIAL			
Reburial		I-5 of Unknown G. Unknown			
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 8 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial)		RANK		SERIAL NO.	
Weber, William A		Sgt		20501308	
ORGANIZATION		US Army		Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK		SERIAL NO.	
Wollem, Albert		1st Lt		0432571	
ORGANIZATION		USAAC		Unknown	
PERSON CONDUCTING BURIAL RITES Unknown VERIFIED BY G. R. S. OFFICER JOHN R. NOJAN 1st Lt., CMC.					
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT ONE FORM 1042 IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDI- TIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SER- VICE. 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 REGISTRA- TION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS Previously buried as Unknown X-4 Plot B, Row 1, Grave 9. USN & USMC Cemetery #1, Tule, BSI					

INSTRUCTIONS FOR FINAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. 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 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.






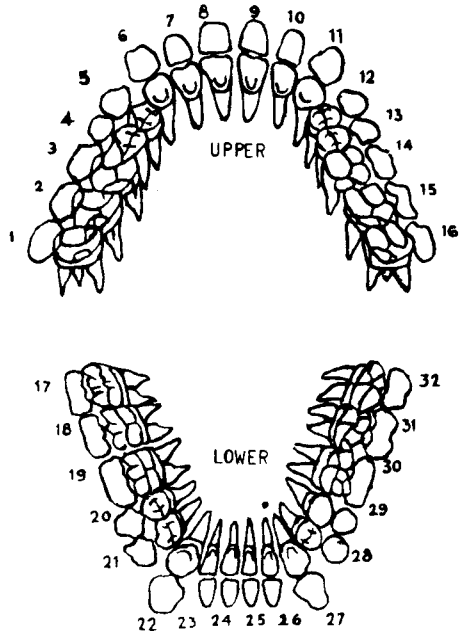
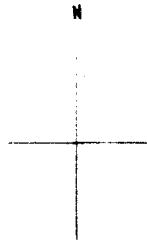
FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

RECORDS BRANCH

NON 7 NOV 71

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

NARRATIVE

Robert M. Bonds

3827038

USN

Final Type

Unknown X-222

Guadalcanal

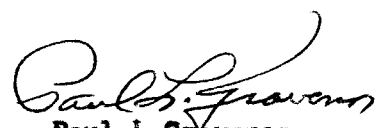
P-F, R-165, Gr-8

Box #127

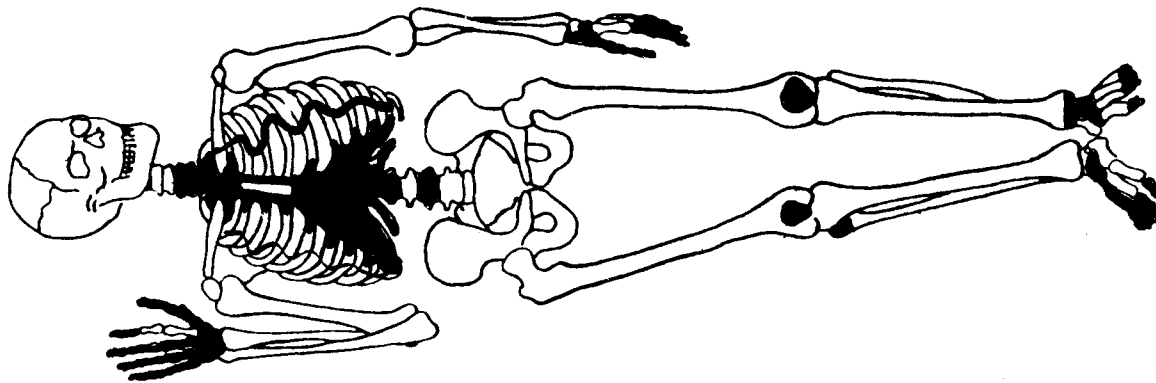
Unknown X-222 was completely processed and during the processing was compared with Robert M. Bonds. The comparison was made due to the small variation of length of right arm bones. It is thought the difference is accounted for due to the abnormality in structure of the proximal end of the left radius. No changes were made during the comparison and the remains have been placed in their respective caskets.

CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.2	
VERTEBRAE	CERVICAL	4		#2, 5 and 6 missing
	THORACIC	9		#3, 7, and 8 missing
	LUMBAR	3		#1 and 3 missing
SACRUM		1		Complete
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 27.3	Eroded
	LEFT	1		"
RIBS		22		2 missing
STERNUM		1		Manubrium missing
CLAVICLES	RIGHT	1	14.9	Eroded
	LEFT	1	Approx 14.7	Distal end missing
SCAPULAE	RIGHT	1		Body eroded
	LEFT	1		Complete
HUMERI	RIGHT	1	34.5	Eroded
	LEFT	1	33.4	"
RADII	RIGHT	1	25.5	"
	LEFT	1	24.6	"
ULNAE	RIGHT	1	27.5	"
	LEFT	1	26.0	" distal end missing
HANDS	RIGHT	1		No 2 metacarpal present
	LEFT	1		Nos 2 and 3 metacarpal and navicular present
FEMORA	RIGHT	1	48.9	Eroded medial condyle
	LEFT	1	48.7	Eroded
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	38.0	Extensive erosion distal end
	LEFT	1	Approx 38.0	Distal end missing (eroded)
FIBULAE	RIGHT	1	" 38.0	Proximal end eroded
	LEFT	1	38.5	" " "
FEET	RIGHT	1		Calcaneus #3 cuneiform Nos 1,2,4 and 5 metacarpal present
	LEFT	1		Calcaneus, cuboid #3 cuneiform and all 5 metatarsals present
HUMERO-CLAVICULAR RATIO		43.5	APPROXIMATE	
ESTIMATED HEIGHT		176.3-69.3-5'9 1/2	AGE	23 - 25 YEARS
ESTIMATED WEIGHT		160 - 165	LEG-HIP BR RATIO	56.2
ENCLOSURE TO: Unknown X-222 Guadalcanal				


 Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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. Cravenor

SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a well-muscled young man of average height in his middle twenties, with reddish brown hair. The skull is oval in shape and average in size and has moderate backhead projection and rather prominent parietal bosses. The forehead is fairly upright. The face is average in proportion. The mouth parts protrude slightly and there is noticeable overbite. The palate is fairly high and narrow. The jaw is rugged and quite wide across the angles. The chin is prominent and presents a wide, well-rounded 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

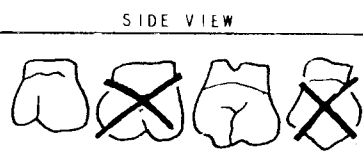
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

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-222

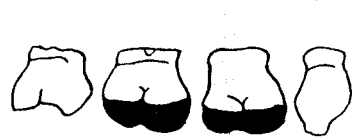


Guadalcanal

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



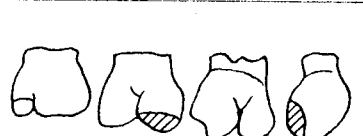
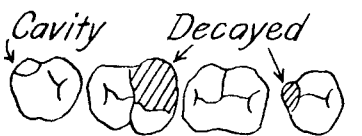
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
	⊙	A OO										⊙	A FOO			
Side Views																
Top Views																
Side Views																
	⊙	A O	A FOM	A OO									A O	A O	⊙	
	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. L-13 is in facial version.
2. R-12 is in lingual version.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-222				(Guadalcanal)		2. DATE OF REPORT 8 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 1 Formerly of Guadalcanal			4. PLOT E	5. ROW B	6. GRAVE 127 8	7. DATE OF DISINTERMENT REINTERMENT 8 Apr 48 8 Apr 48	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT 160 - 165		9. ESTIMATED HEIGHT 176.3-69.3-5'9 1/2"		10. COLOR OF HAIR Reddish brown med to fine		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
<p>One (1) embossed plate on casket reads: "Unidentified X-222, Died: P-E, R-165, Gr-8.</p> <p>One (1) embossed plate with remains reads: "Unknown X-222, 64."</p> <p>One (1) duplicate I. D. tag with remains reads: "Unknown X-222."</p>							
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS							
<p>Abnormality in the structure of the proximal head of the left radius is probably responsible for the differences in arm bone measurements.</p> <p>Olecranon fossa of the right humerus.</p>							
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							

GENERAL IDENTIFICATION LABORATORY
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.5	Portion of left coracoid process of mandible fractured and missing; distal 1/4 of rt. nasal bone missing.
VERTEBRAE	CERVICAL	4		#2, 5 and 6 missing.
	THORACIC	9		#5, 11 and 12 missing.
	LUMBAR	3		#1 and 3 missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	
	LEFT	1	27.1	Pubic symphysis eroded.
RIBS		22		Two (2) missing.
STERNUM		1		Manubrium missing.
CLAVICLES	RIGHT	1	14.8	Acromial end eroded.
	LEFT	1		Acromial end eroded.
SCAPULAE	RIGHT	1		Portion of wing eroded and missing.
	LEFT	1		
HUMERI	RIGHT	1	34.5	
	LEFT	1	33.2	
RADII	RIGHT	1	25.5	
	LEFT	1	24.6	
ULNAE	RIGHT	1	27.4	
	LEFT	1		Eroded, distal end-styloid process missing.
HANDS	RIGHT	1		1 carpal, 2 metacarpals, 1 phalanx present only.
	LEFT	1		1 metacarpal present only.
FEMORA	RIGHT	1	48.7-49.0	Eroded, distal and proximal ends.
	LEFT	1	48.5-48.9	Eroded, greater trochanter.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	39.2	Eroded-proximal and distal ends.
	LEFT	1		Eroded-portion of medial malleolus missing.
FIBULAE	RIGHT	1		Eroded, portion of proximal head missing.
	LEFT	1	38.5	Eroded, proximal and distal ends.
FEET	RIGHT	1		2 tarsals, 4 metatarsals, 2 phalanges present.
	LEFT	1		3 tarsals, and 5 metatarsals present.

HUMERO-CLAVICULAR RATIO	APPROXIMATE AGE (in years) 23 to 25 years.
ESTIMATED HEIGHT See Item 21.	LEG-HIP BR RATIO
ESTIMATED WEIGHT 140 to 165 lbs.	

ENCLOSURE TO: Unknown X-222 Guadalupe

W. Trotter
M. Trotter
ANTHROPOLOGIST

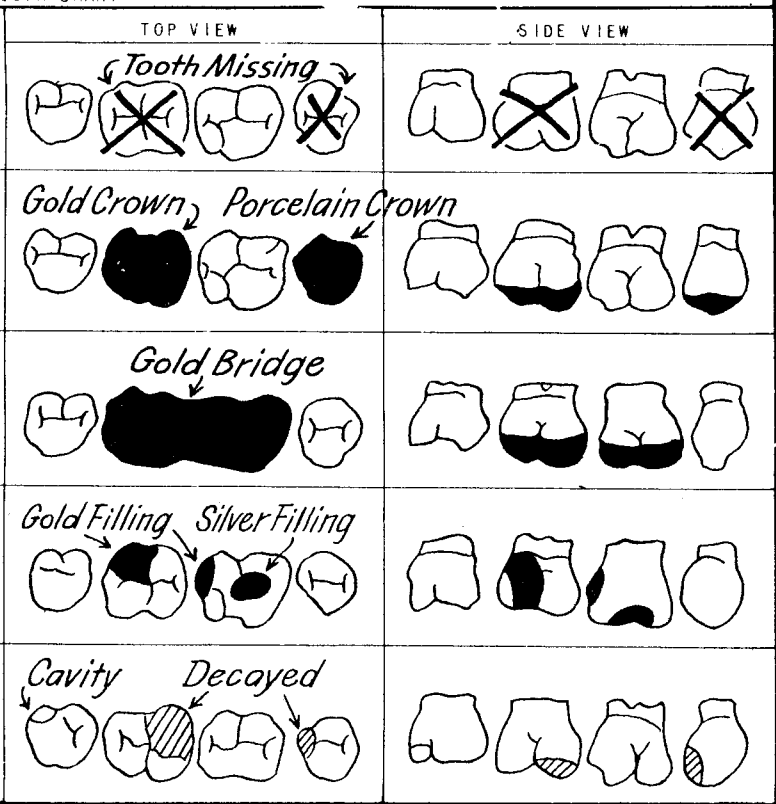
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:
UNK. X-222

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:

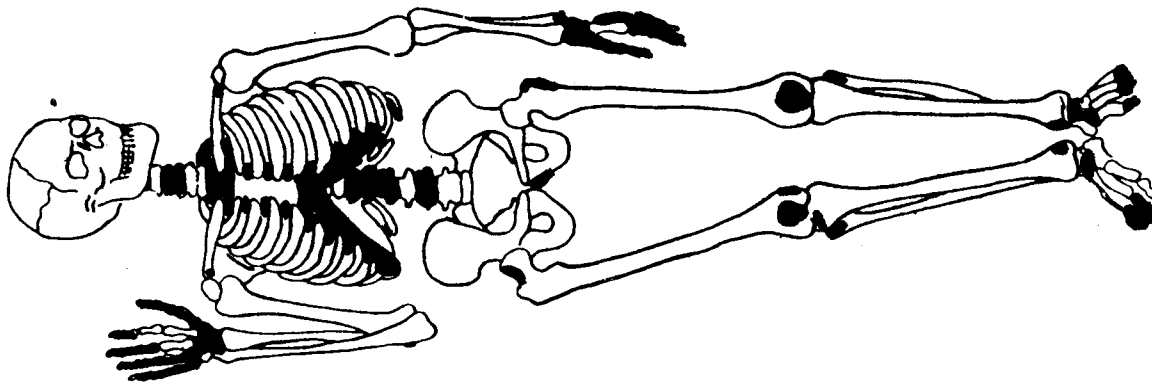
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	⊙	A OO									DRIFT ⊙	A OFO			
Side Views															
Top Views															
Side Views															
	⊙	A O	⊙ A FOO	A OO									A O (F)	A O (F)	
	16	15	14	13	12	11	10	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-12 is in a lingual version.
 2. L-13 is in a facial version.



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.

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This is the remains of a man, 23 to 25 years of age, of average height and muscularity.

The skull is ovoid in shape, medium in type, and with fairly prominent parietal and frontal bosses. The browridges are medium. The glabella region is slightly depressed. The vault is medium. The forehead is medium with a marked vertical form. The backhead is moderately convex. The external occipital protuberance is moderate. The nasal bones are medium and indicate the possibility of a fairly prominent nose., with possible left asymmetry.

The lower borders of the nasal aperture are sharp. The palate is of average height with an ovoid shape.

The lower jaw is of medium size and strength. The chin is rounded with a slightly protruding form.

Inquiry has been made concerning ^ahealed fracture of ^{the}nose in this case! Other than a possible slight left asymmetry of the nasal bones, there is no evidence of a healed fracture of the nose. (However, it should be noted that the distal 1/4 of the right nasal bone is missing.)

Height estimate: R-173-70.08-5'10"
 K-175-68.90-5'8 7/8"
 P-171-67.32-5'7 3/8"

Fluoroscopic examination unnecessary.

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

O. W. GREENWOOD, CAPT., QMC.

SIGNATURE

O. W. Greenwood

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-222				2. DATE OF REPORT 21 January 1949			
3. NAME OF CEMETERY U.S. Army Mausoleum #2 Formerly of Guadalcanal			4. PLOT	5. ROW L	6. GRAVE 79	7. DATE OF DISINTERMENT REINTERMENT 21 Jan '49 21 Jan '49	

PHYSICAL DESCRIPTION Age: 23 to 25 years.			
8. ESTIMATED WEIGHT 140 to 165 lbs.	9. ESTIMATED HEIGHT 5'7 3/8" - 5'10"	10. COLOR OF HAIR Possibly light brown.	11. RACE White.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) embossed tags on box reads: 1). X-222, Guadalcanal.
2). X-222.

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

None.

U N I D E N T I F I A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CLARENCE B. WATTS
Capt. OMC 0353911 *Clarence B. Watts* | *31 Jan 1949*

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

1. Palatine torus.
2. The anterior border of the articular surface of the left radius (for the radial notch of the ulna) shows a crescentic-shaped deficiency which gives the appearance of an injury acquired some time before death.

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.

Interred 15 March 1949 **DISINTERMENT DIRECTIVE**

F 194

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME
UNKNOWNX-000222

SERIAL NUMBER
UNKNOWNX-000222

RANK
ARM 1

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
GUADALCANAL

DISPOSITION OF REMAINS
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
E165 8 SOLOMON ISLANDS

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 DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-222 Unk Unk Unk 21 November 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION
Unk

IDENTIFICATION VERIFIED BY
George W. Clark,
1st Lt., INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Uncasketed Skeletal

OTHER MEANS OF IDENTIFICATION
Grave Marker and Cemetery Record

MINOR DISCREPANCIES 1
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 17 February 49
CASKET SEALED BY

BY J. N. Robinson, Embalmer
EMBALMER (Signature)

J. N. Robinson
CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY
A. J. ROBERTSON

DATE 17 Feb 49 J. N. Robinson

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
SIGNATURE OF GRS INSPECTOR

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

10 October 1950

N A R R A T I V E


UNKNOWN X-4 - USN & USMC CEMETERY #1, TULAGI, BRITISH SOLOMON ISLANDS

Plot map indicates that the remains of Unknown X-4 were buried in Plot A, Row 2, Grave 49 and were reinterred in Plot B, Row 1, Grave 9, USN & USMC Cemetery #1, Tulagi.

At the time remains were concentrated into the Guadalcanal Cemetery, Unknown X-4, Tulagi, was redesignated as Unknown X-222 and buried in Plot E, Row 165, Grave 8.

These remains were interred in Section F, Grave 194, NMCP by Administrative Order, Disinterment Directive No. 8730-00000.

1 Incl
Cy, Rpt of Interment


STEWART W. ABEL
Major QMC
Hawaiian Distribution
Center

5539.5



FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. GUADALCANAL, X-222

SUBJECT

(formerly X-4, USN & USMC CEM #1, Tulagi, BSI.)

QMC FORM 1121
1 Aug 45

51 12256