

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.

	Thumb	1	2	3	4

List of personal effects and disposition thereof:

Not listed

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

On right: Joseph H. Colopy, USS JOHN PENN-USNR Grave 7 Row 62

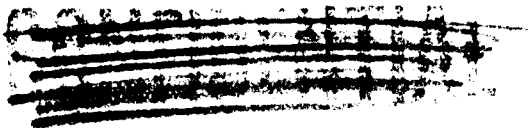
On left: John Adolph Rosek, 379-02-38, 73d CB-USN Grave 5 Row 62

Chester E. Goodwin
CHESTER E. GOODWIN
LT. J.M.C.

W.A. Maloney, Lt. Comdr. MC USNR
Signature of officer or other person
responsible for burial.

Verified by Army G.R.S. Officer.

Impress in duplicate.
Signature (4) copies to Army G.R.S. Officer.



QMC Form
No. 1-GRS.

REPORT OF INTERMENT

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d - FM 11-330)

Plotted

UNKNOWN # 70	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
(Last Name)	(First)	(Middle)	(Serial No.)	(Rank)	(Organization)

Guadalcanal, Solomons.	8-19-43	Serial - 60111
(Place of Death)	(Date of Death)	(Cause of Death)

8-19-43	Army, Navy, and Marine Cemetery
(Time & Date of Burial)	(Place of Burial - Name & No. of Cemetery)

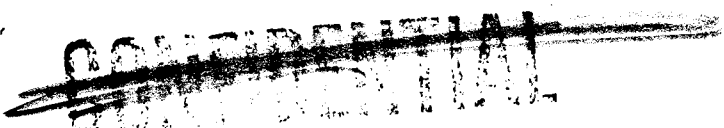
6	62	Standard	On Marker:
(Grave No.)	(Row No.)	(Plot No.)	(Identification Page)

GRS form #1 inclosed within bottle buried in grave

inspected
Body ~~examined~~ **by J. D. MARRY, Lt Comdr, (MC) USNR**

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)



~~CONFIDENTIAL~~

19

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 # 76	UNKNOWN	UNKNOWN	UNKNOWN	Probably USS JOHN PENN
(Last Name)	(First)	(Middle)	(Serial No.)	(Rank) (Organization)

Guadalcanal, Solomons.	8-13-43	Aerial Bombing
(Place of Death)	(Date of Death)	(Cause of Death)

8-19-43	Army, Navy, and Marine Cemetery
(Time & Date of Burial)	(Place of Burial - Name & No. of Cemetery)

6	62	Standard	On Marker:
(Grave No.)	(Row No.)	(Plot No.)	(Identification Tags)

GRS form #1 inclosed within bottle buried in grave

inspected
Body ~~examined~~ by J. D. MARRY, Lt Comdr, (MC) USNR

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)

87

CONFIDENTIAL

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(Par. 25e (2) TM 10-630)

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Thumb	1	2	3	4

List of personal effects and disposition thereof:

Not listed

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

On right: **Joseph H. Celopy, USS JOHN PENN-USNR** **Grave 7 Row 62**

On left: **John Adolph Rosek, 379-02-38, 73d CB-USN** **Grave 5 Row 62**

J. Maber
Signature of Officer or other person reporting burial.

Chester E. Goodwin
CHESTER E. GOODWIN
LT. Q.M.C.

Verified by Army G.R.S. Officer.

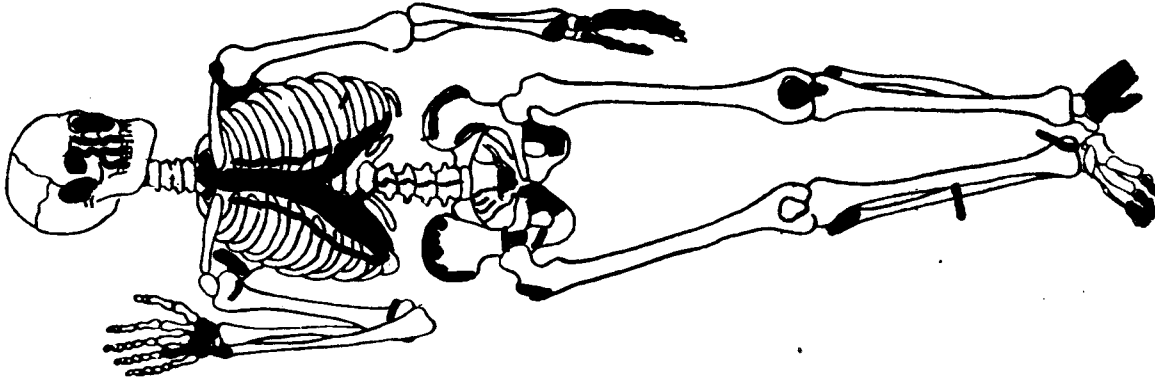
Prepare in Quadruplicate.
Send four (4) copies to Army G.R.S. Officer.

**CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		(Portion rt. frontal & maxilla) missing. Fractured (Portion lt. frontal & temporal)
VERTEBRAE	CERVICAL	3		5, 6, 7 present.
	THORACIC	10		6, 7 missing.
	LUMBAR	5		All eroded.
SACRUM		1		Fractured, lower 2 segments missing.
INNOMINATES	RIGHT	1	approx BI-ILIAC DIAM	Part of ilium eroded away.
	LEFT	1	27.2	Part of ilium, ischium & pubis eroded away.
RIBS		24		Eroded.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	14.0	
	LEFT	1	approx. 14.0	Tip missing.
SCAPULAE	RIGHT	1		Part of body missing.
	LEFT	0		Missing.
HUMERI	RIGHT	1	33.9	
	LEFT	1	32.0	
RADII	RIGHT	1	25.0	
	LEFT	1		Lower end missing.
ULNAE	RIGHT	1		Lower tip missing.
	LEFT	1		
HANDS	RIGHT	1		Navicular, 1-2-3-5 metacarpals present, & phalanges.
	LEFT	1		All missing except navicular, capitate, and great multangular.
FEMORA	RIGHT	1	45.7	Part of trochanter missing.
	LEFT	1	46.4	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	37.8	
	LEFT	1	37.5	
FIBULAE	RIGHT	1		Fractured at midshaft, head missing.
	LEFT	1		Head missing.
FEET	RIGHT	1		Calcaneus, talus & 1,2,3,4,5 metatarsals present.
	LEFT	1		Calcaneus, talus present only.
HUMERO-CLAVICULAR RATIO			42.5	APPROXIMATE
ESTIMATED HEIGHT	170 - 66.93 5' 6-7/8"	AGE	21-22	YEARS
ESTIMATED WEIGHT	135-145 lbs.	LEG-HIP BR RATIO	59.2	
ENCLOSURE TO:	Unknown X-76 GUADALCANAL		Paul L. Gravenor, Lab Supervisor.	

Paul L. Gravenor
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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.

Paul L. Cravenor
 Paul L. Cravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture: A slender, young man of average height and muscularity, with the left arm about one (1) inch shorter than the right.

The skull is a narrow oval in outline, with prominent parietal bosses.

The vault is of medium height and rather flat.

The backhead presents a narrow, rounded protrusion, with a marked left asymmetry. It has a small palpable external occipital protuberance.

The forehead is narrow and receding.

The fragmentary facial bones present, suggest a narrow face and nose.

The jaw is average and rugged, with a slight gonial flare.

The chin is deep and appears rather square.

The palate is narrow and quite high.

Teeth charted. Fluoroscopic examination negative.

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

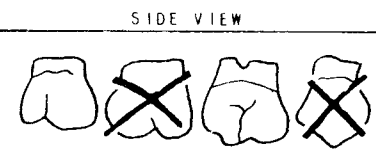
SIGNATURE

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

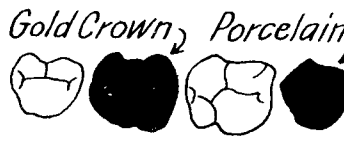
O. W. Greenwood

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

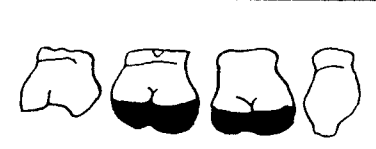
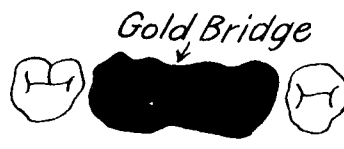
Unknown X-76



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



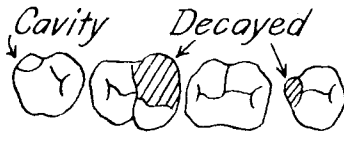
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
		<i>Section of max. and teeth missing</i>								<i>Section of max. and teeth missing</i>								
Side Views																		Side Views
Top Views																		
Side Views																		
		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-16 is in facial version.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-76 GUADALCANAL				2. DATE OF REPORT 22 March 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal			4. PLOT B	5. ROW 62	6. GRAVE 31 6	7. DATE OF DISINTERMENT REINTERMENT 22 Mar '48 22 Mar '48	
PHYSICAL DESCRIPTION Approx. Age: 22-24							
8. ESTIMATED WEIGHT 135-145 lb.s		9. ESTIMATED HEIGHT 170-66.93 - 5' 6-7/8"		10. COLOR OF HAIR UTD		11. RACE Probably White.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed plate reading: Unknown X-76, USS John Penn, 13 Aug 1943, P-B, R-62, Gr-62. Two (2) embossed plates reading: Unknown X-76, DP 64. One (1) QMC Interment report No. 1: Unidentified # 76, USS John Penn, Guadalcanal, S.I., Aug 13 1943.							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None.							
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? Advanced stage of erosion.					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Healed fracture of right tibia.							
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 X-76 GUADALCANAL			2. DATE OF REPORT 22 March 1948		
3. NAME OF CEMETERY U.S. Army Mausoleum # 1 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	B	62	31	DISINTERMENT	REINTERMENT
				22 Mar 48	22 Mar 48

PHYSICAL DESCRIPTION **Approx. Age: 22-24**

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

None

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

FA 0-1107395 *April G. Drury* 7 Feb 1949

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

Advanced stage of erosion.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Healed fracture of right tibia.

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.

UNIDENTIFIABLE
NOV 8 1948

HT /W

NATIONAL HONOLULU CEMETERY DISTRICT OF THE PACIFIC

Boys JS
X

1

Interred 15 March 1949 **DISINTERMENT DIRECTIVE**
C 1496
John C. B. - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER **8730 00000** DATE **26 09 47**
DAY MONTH YEAR

NAME **UNKNOWN X-000076 0** SERIAL NUMBER **0** RANK **0** ARM **2** DATE OF DEATH
DAY MONTH YEAR

CEMETERY **GUADALCANAL** DISPOSITION OF REMAINS **0492 64**
CODE DIST. PT.

PLOT **B** ROW **62** GRAVE **6** COUNTRY **SOLOMON ISLANDS** CAUSE OF DEATH **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE **HONOLULU NATIONAL CEMETERY
TERRITORY OF HAWAII
(BY ADMINISTRATIVE ORDER)** NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-76** SERIAL NUMBER **Unk** RANK **Unk** DATE OF DEATH **13 August 43** DATE DISINTERRED **28 November 47**

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION **U. S. N.** RELIGION **Unk** IDENTIFICATION VERIFIED BY **R. I. Shannon,
Embalmer** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Uncasketed** CONDITION OF REMAINS **Skeletal**

OTHER MEANS OF IDENTIFICATION **Grave Marker, Cemetery Record and GRS Form #1**

MINOR DISCREPANCIES **None**

REMAINS PREPARED AND PLACED IN CASKET DATE **17 February 49** BY **J. N. Robinson, Embalmer**

CASKET SEALED BY **J. N. Robinson** EMBALMER (Signature) **J. N. Robinson**

CASKET BOXED AND MARKED DATE **17 Feb 49** BY **J. N. Robinson** SHIPPING ADDRESS VERIFIED BY **C. J. SURINE, CWO, USA-1949**

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

C. J. Surine
C. J. SURINE, CWO, USA
SIGNATURE OF GRS INSPECTOR

REPAIRING RECORDS BRANCH
JUN 14 4 39 PM '49

FILE
REPAIRING RECORDS BRANCH
JUN 14 1949

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

Handwritten notes and signatures at bottom right.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief Hawn D C
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., OMC 01585944	DATE FEB 25 1949	SIGNATURE OF RECEIVER JAMES H. HARRIS CAPTAIN, O. M. [unclear] FEB 25 1949

2. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER

3. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER

4. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER

5. SHIPPED

FROM		TO
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER
SIGNATURE OF SHIPPER [unclear]	DATE	SIGNATURE OF RECEIVER

6. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER

7. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. GUADALCANAL, X-76

SUBJECT

QMC FORM 1121
1 Aug 45

51 12256