

293-

SOLOMON IS.

UNK SAIPAN ~~XXXX~~, X-112A (GUADALCANAL)

1. FILE UNDER NO.

SYNOPSIS

FORM

2. TYPE OF DOCUMENT:

3. DATE: 11-9-49

4. FROM:

5. TO:

6. SUBJECT:

6. -Disint. Dir. 8730 CG 130 covering Group or
Mass Burial from Guadalcanal to Hawaii
National Cemetery.

7. DOCUMENT FILED UNDER NO.

293-

HAWAII N/c

(Disint. Dir.-Group Burial)

mb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

MAJOR DISCREPANCY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-112 "A" GUADALCANAL				2. DATE OF REPORT 24 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT C	5. ROW 100	6. GRAVE 154 1	7. DATE OF DISINTERMENT 24 Mar '48	REINTERMENT 24 Mar '48

PHYSICAL DESCRIPTION Age: 22 - 24 years.

8. ESTIMATED WEIGHT about 135 - 145 lbs.	9. ESTIMATED HEIGHT 182.0 71.7 5' 11-5/8"	10. COLOR OF HAIR UTD	11. RACE Probably White.
--	--	--------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) embossed plate on casket reads: "Unknown X-112, Plot-C, Row-100, Grave-1".
 One (1) embossed plate with remains reads: "Unknown X-112".

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES,
 None.

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL G. DISNEY
 1st. Lt. RA O-1167395 Cyril G. Disney | 17 Dec 1948

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

15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES NO Left femur fractured.

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)

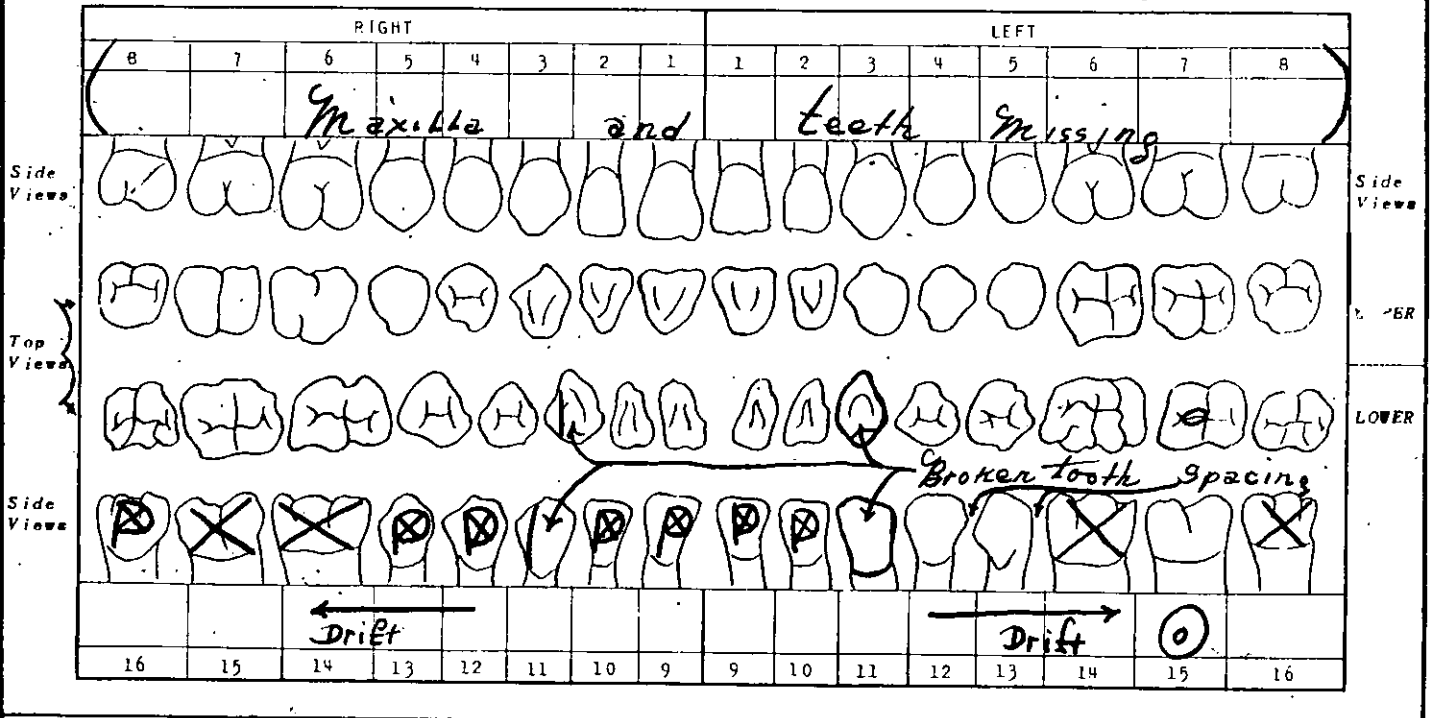
One (1) shoe (service) 9 1/2 EE.

UNIDENTIFIABLE

NOV 3 1948

And 35

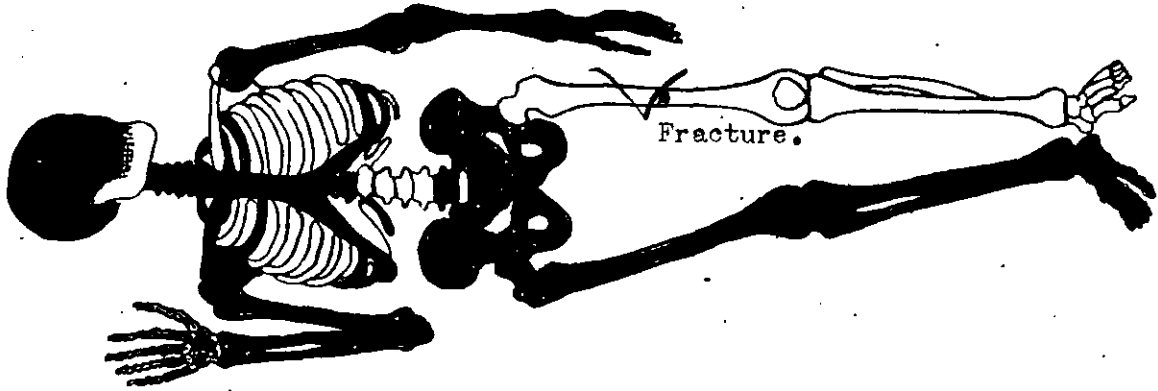
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>X-112 "A"</p>		<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Guadalcanal</p>		<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity, Decayed</i></p>	



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."

glo

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. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor.

21. REMARKS AND ADDITIONAL INFORMATION

Picture a medium sized man 22-24 years of age.

No description of the face or skull can be given since the only part present is the mandible.

The only two (2) complete measurable bones are the right and left tibia and fibula.

The mandible is rather light in structure, with wide jaw angles. There is a degree of gonial flare.

The chin comes to a rather pointed, flat bilateral eminence.

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

SIGNATURE

D. W. GREENWOOD, CAPT., QMC
 CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Mandible present.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	1		# 12 present only.
	LUMBAR	4		#4 missing.
SACRUM		0		
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	
	LEFT	0		
RIBS		14		10 Missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	approx. 16.0	Distal end missing.
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		Eroded.
HUMERI	RIGHT	0		Missing.
	LEFT	0		Missing.
RADII	RIGHT	0		Missing.
	LEFT	0		Missing.
ULNAE	RIGHT	0		Missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	0		Missing.
	LEFT	1		Fractured midshaft.
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	0		Missing.
	LEFT	1	40.1	
FIBULAE	RIGHT	0		Missing.
	LEFT	1	39.5	
FEET	RIGHT	0		Missing.
	LEFT	1		

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	182.0 71.7 5' 11-5/8"	AGE	22 - 24 YEARS
ESTIMATED WEIGHT	About 135 - 145 lbs.	LEG-HIP BR RATIO	

ENCLOSURE TO: X-112 "A" GUADALCANAL Paul L. Gravenor,
Lab Supervisor.

Paul L. Gravenor
ANTHROPOLOGIST

NARRATIVE

Unknown X-112, formerly of Guadalcanal,
Plot-C, Row-100, Grave -1.

Upon processing the remains of Unknown X-112, it was found to be remains involving two (2) young men. The cases were segregated and marked X-112 and X-112 "A". There were two (2) shoes, sizes $9\frac{1}{2}$ EE and 10 EE, inclosed were bones of two (2) complete feet. The foot bones from shoe $9\frac{1}{2}$ EE were associated with X-112 "A". The foot bones from shoe 10EE could not be associated with either X-112 or X-112 A; therefore, they have been removed and classified as C.I.L. X-625.

The remains of Unknown X-108, Guadalcanal was compared with X-112 and X-112 A, no associations could be made and Unknown X-108 was replaced in the casket. X-108 had been previously processed completely.

RESTRICTED

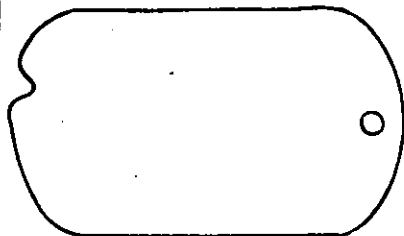
WD QMC FORM 1042-1
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
~~INTERMENT~~ STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

17 Dec 1948

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-112 "A"		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guadalcanal	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	Unidentifiable
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 1948		Metal lined casket			Box	154 A

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	ANM Cemetery, Guadalcanal

PLOT No.	ROW No.	GRAVE No.
G	100	1

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	


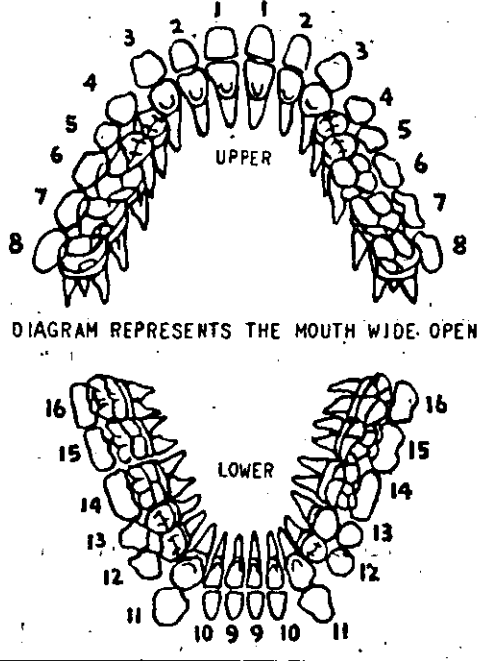




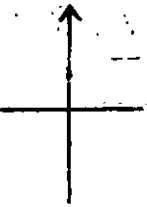

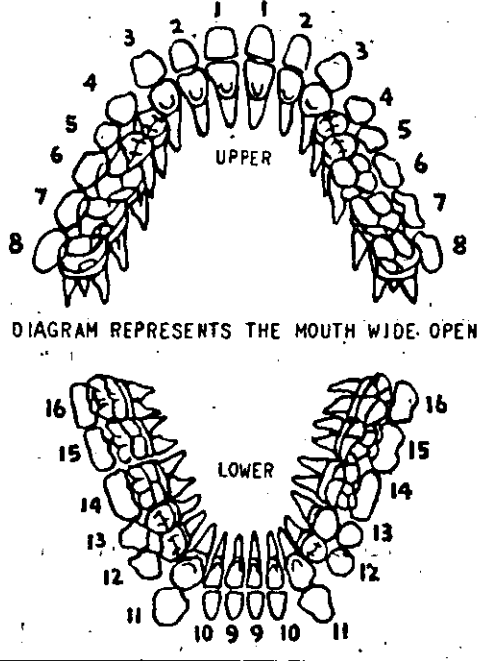




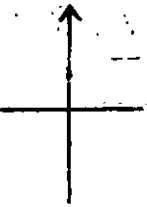

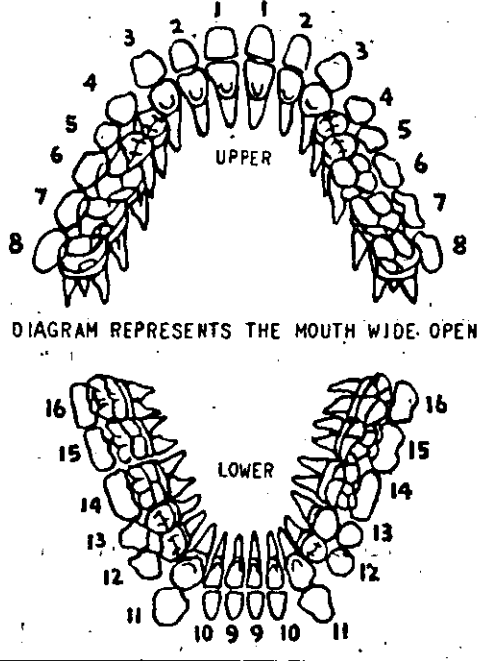




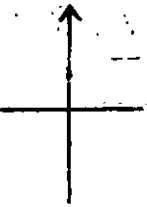
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to	--	--	--	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
manner of storing caskets.	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT EARL B. YANCY, CWO, USA
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

	<p>Section 3 UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>																									
LEFT LITTLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS																					
LEFT RING FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND																						
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES																									
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%; text-align:center;">  SILVER FILLING GOLD FILLING </td> <td rowspan="7" style="width:40%; text-align:center; vertical-align:middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td style="text-align:center;">  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td style="text-align:center;">  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td style="text-align:center;">  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td style="text-align:center;">  GOLD BRIDGE </td> </tr> <tr> <td colspan="5" style="text-align:center;"> FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY </td> </tr> <tr> <td colspan="5" style="text-align:center;">  </td> </tr> </table>					FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY									
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LEFT THUMB	REMARKS:																									
RIGHT THUMB																										
RIGHT INDEX FINGER																										
RIGHT MIDDLE FINGER																										
RIGHT RING FINGER																										
RIGHT LITTLE FINGER																										

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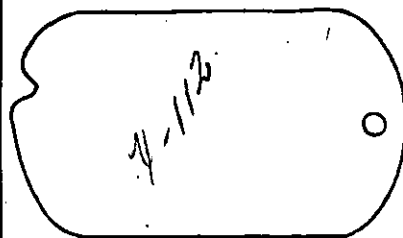
WD OMC FC 2M, 10-22,
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF ~~INTERMENT~~ STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

17 Dec 1948

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-112 "A"		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guadalcanal	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	Unidentifiable
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None **UNIDENTIFIABLE**
NOV 3 1949

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	Casket GRAVE No.
14 Jan 1948		Metal lined casket			Box	154A

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	ANM Cemetery, Guadalcanal

PLOT No.	ROW No.	GRAVE No.
0	100	1

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to	--	--	--	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
manner of storing caskets.	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Earl B. Yancy</i> EARL B. YANCY, CWO, USA
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

LEFT LITTLE FINGER	Section 3 UNIDENTIFIED REMAINS		
LEFT RING FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.		
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES
LEFT INDEX FINGER			COLOR OF HAIR
LEFT THUMB	WEAPON AND SERIAL No.		BIRTHMARKS, SCARS, OR TATTOOS
RIGHT THUMB	LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
RIGHT INDEX FINGER	OTHER IDENTIFICATION CLUES		
RIGHT MIDDLE FINGER	FILLINGS	CAVITIES	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
RIGHT RING FINGER	<p>SILVER FILLING GOLD FILLING</p>	<p>CAVITY DECAYED</p>	
RIGHT LITTLE FINGER	<p>TOOTH MISSING</p>	<p>PORCELAIN CROWN GOLD CROWN</p>	
	<p>GOLD BRIDGE</p>		
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
REMARKS:			

RESTRICTED

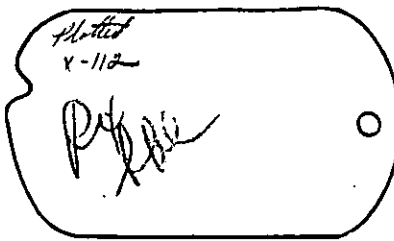
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

20 July 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-112A (UNIDENTIFIABLE)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guadalcanal	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
--------------------------------------	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) UNIDENTIFIABLE
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL 22 June 1949	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. Q	ROW No.	GRAVE No. 950
---------------------------------------	---------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal BSI	PLOT No. C	ROW No. 100	GRAVE No. 1
--	---	----------------------	-----------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L A Fisher, Chaplain Albert F Click, Chaplain	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
--	---	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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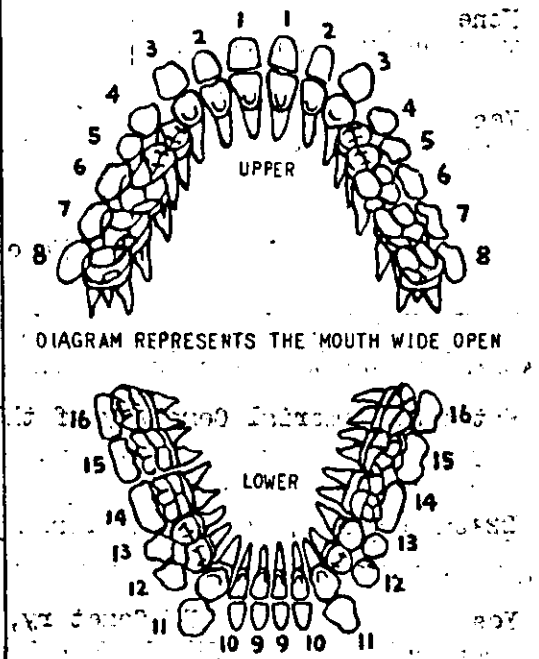





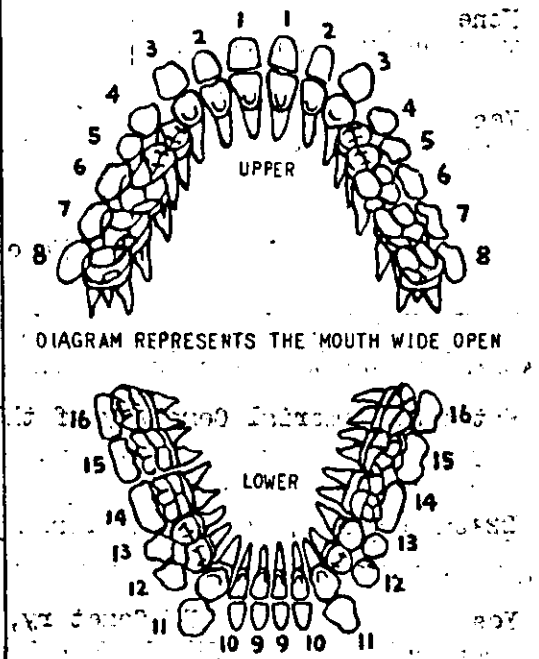





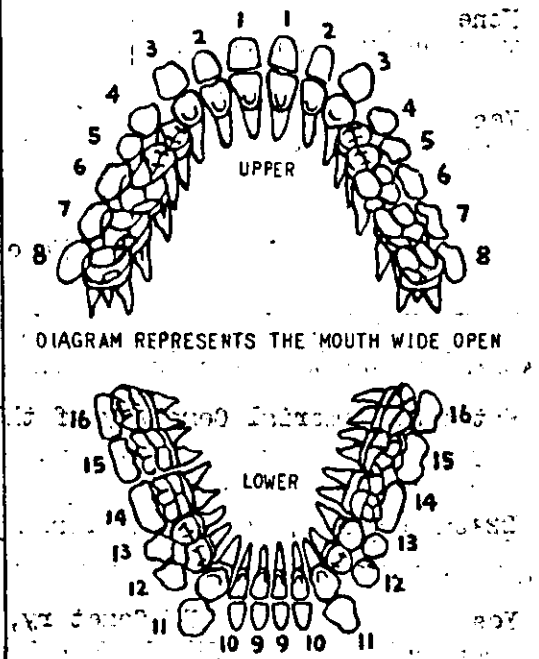




BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Wilbur, Harold	RANK CM3C	SERIAL No. 3421804	ORGANIZATION USN	GRAVE No. 919
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E Parry</i> Margaret E Parry, Chief Clerk, HDCC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James R Harris</i> James R Harris, Capt., QMC
--	--

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	Section 3	UNIDENTIFIED REMAINS.							
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.								
LEFT RING FINGER	HEIGHT	WEIGHT							
LEFT MIDDLE FINGER	COLOR OF EYES	COLOR OF HAIR							
LEFT INDEX FINGER	BIRTHMARKS, SCARS, OR TATTOOS								
LEFT THUMB	WEAPON AND SERIAL No.	LAUNDRY MARKS							
RIGHT THUMB	WHERE BODY WAS BURIED OR FOUND								
RIGHT INDEX FINGER	OTHER IDENTIFICATION CLUES								
RIGHT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> FILLINGS  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:50%; text-align:center; vertical-align: middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td> CAVITIES  CAVITY DECAYED </td> </tr> <tr> <td> MISSING TEETH  TOOTH MISSING </td> </tr> <tr> <td> CROWNED TEETH-  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td> BRIDGE WORK  GOLD BRIDGE </td> </tr> <tr> <td> FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY. </td> </tr> </table>		FILLINGS  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES  CAVITY DECAYED	MISSING TEETH  TOOTH MISSING	CROWNED TEETH-  PORCELAIN CROWN GOLD CROWN	BRIDGE WORK  GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.
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RIGHT RING FINGER	REMARKS: Unknown X-112, X-112A consisting of 2 remains in 2 caskets. (Guadalcanal, Solomon Islands) Unknown X-112 - Casket 1 of 2 Sect Q, Grave No. 950 Unknown X-112A - Casket 2 of 2								
RIGHT LITTLE FINGER									

RESTRICTED

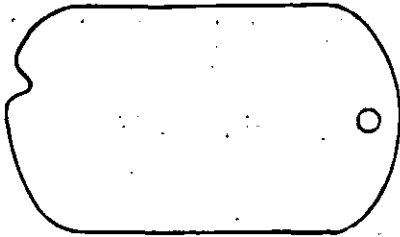
WD QMC FORM 1042-
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

20 July 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-112A (GUADALCANAL UNIDENTIFIABLE)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH

Guadalcanal

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

UNIDENTIFIABLE

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY.

National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL

22 June 1949

HOUR

1000

BURIED IN (Shroud, blanket, or name of other)

Permanent Type Casket

TYPE OF GRAVE MARKER

Cross

PLOT NO.

Q

ROW NO.

GRAVE NO.

950

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL: INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

ASM Cemetery, Guadalcanal BSI

PLOT NO.

C

ROW NO.

100

GRAVE NO.

1

TYPE OF RELIGIOUS CEREMONY

Catholic
Protestant

PERSON CONDUCTING BURIAL RITES

Eugene L. A. Fisher, Chaplain
Albert F. Click, Chaplain

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Wilbur, Harold

RANK

CMSC

SERIAL NO.

3421804

ORGANIZATION

USN

GRAVE NO.

919

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

SIGNATURE OF PERSON PREPARING REPORT

Margaret E. Parry, Chief Clerk, HDC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

James B. Harris, Capt., QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. IDENTIFIED REMAINS.


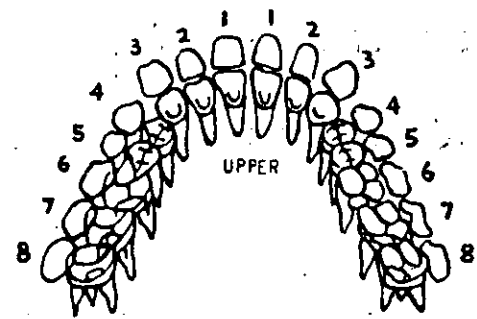




INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

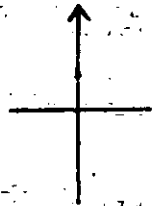
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Unknown X-112, X-112A consisting of 2 remains in 2 caskets.
(Guadalcanal, Solomon Islands)

Unknown X-112 - Casket 1 of 2 Sect Q, Grave No. 950
Unknown X-112A - Casket 2 of 2