

1

Nat'l Mem Cem Of ac 787

Sec Q Grave 786 & / DISINTERMENT DIRECTIVE

Date of Reburial 14 Jun 49

275 Capt. Lawrence Marie (Guadalcanal) X-114-114-ABC

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 CG-125

DATE

02 11 49
DAY MONTH YEAR

NAME
COMMON GRAVE
(SEE ATTACHED SHEET)

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

8

0

6

CEMETERY

GUADALCANAL - S I

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

C

100

5

0492

CODE

64

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC, TERRITORY OF HAWAII

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

FILED
10 FEB 1949
REGISTRATION
BRANCH
METZ DIV.

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER

8730 CG-125

NUMBER OF REMAINS IN GROUP

4

NUMBER OF CASSETS

1

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP

PLOT C, ROW 100, GRAVE 5

TEMPORARY OVERSEAS CEMETERY
GUADALCANAL, S. I.

NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC

DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP

8730 CG-125

DECEDENT IN GROUP

NAME OR "X" NUMBER

UNKNOWN

RANK

X-114

SERIAL NUMBER

X-114A

CREED

NAME

NEXT OF KIN

ADDRESS

UNKNOWN
UNKNOWN
UNKNOWN

X-114B
X-114C

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM <u>U.S. ARMY, QUARTERS NO. 5</u>		TO <u>CHIEF HAWN DC</u>	
KIND OF CONVEYANCE <u>TRUCK</u>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <u>J. E. WILSON, CAPT., QMC</u>	DATE <u>3 JUN 1949</u>	SIGNATURE OF RECEIVER <u>James B Harris</u>	DATE <u>JUNE 4 1949</u>

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	NO. 3	TO	NO. 14
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>J. E. Wilson</i> J. E. WILSON, CAPT., QMC		<i>James B Harris</i> JAMES B HARRIS CAPTAIN QMC	APR 14 1949
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO CHIEF HAWN DC	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>J. E. Wilson</i> J. E. WILSON, CAPT., QMC	DATE 13 JUN 1948	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE 11 JUL 4 1948

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

2

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	8730 CG-125	02 11 49 DAY MONTH YEAR

NAME COMMON GRAVE (SEE ATTACHED SHEET)	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUADALCANAL - S 1	C	100	5	0492 64 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS UNIDENTIFIABLE

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER

NUMBER OF REMAINS IN GROUP

NUMBER OF CASKETS

8730 CG-125

4

1

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP

PLOT C, ROW 100, GRAVE 5

TEMPORARY OVERSEAS CEMETERY

GUADALCANAL, S. I.

NATIONAL CEMETERY OF THE PACIFIC, T. H.

DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP

8730 CG-125

DECEDENT IN GROUP

NEXT OF KIN

NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNKNOWN		X-114			
UNKNOWN		X-114A			
UNKNOWN		X-114B			
UNKNOWN		X-114C			

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 CG-125

DATE

02 11 49
DAY MONTH YEAR

NAME

COMMON GRAVE
(SEE ATTACHED SHEET)

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

8

0

6

CEMETERY

GUADALCANAL - S 1

PLOT

ROW

GRADE

DISPOSITION OF REMAINS

C

100

5

0492
CODE

64
DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

293 *Hawaii*
NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC, TERRITORY OF HAWAII

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

293 Ink Solomon X-114 ~~Thru~~ X-114 C *Guadalupe*
SIGNATURE OF AGRSINSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

QMONT DEPT OF ARMY WASH DC CAPT SLOANS EXT 2462

UNCLASSIFIED

CONGENUSAFPAC FT SHANTER TH

PRIORITY

X

CHARLES GRAVES TWY II

FROM QMONT REVELST FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWN XRAY FOUR SIX XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN
XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR
XRAY EIGHT FIVE XRAY NINE TWO XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE
ONE FOUR ABLE CMA BAKER AND CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX
XRAY ONE SEVEN EIGHT XRAY ONE SEVEN NINE XRAY TWO TWO ONE XRAY TWO TWO SEVEN
XRAY TWO TWO EIGHT XRAY TWO THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE
XRAY TWO THREE NINE XRAY TWO FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX
XRAY TWO FIVE SEVEN XRAY TWO EIGHT ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE
AND BAKER XRAY TWO NINE FOUR AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL
PD THIS OFFICE CONCURS IN THE CLASSIFICATION OF ALL UNKNOWN AS UNIDENTIFIABLE

UNCLASSIFIED

QMONT 235
CSC PACIFIC

4 JAN 49

J. G. HOLLOMAN, LT COL, GSC
MEMORIAL DIVISION

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 959

HRREG 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith GRC Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QNOMU 293 QRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.

3. The remainder that have dental anatomy could possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. GRC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-45
2. GRC Form 1044-1044a-1044b
Bone List-Unknown X-47
3. GRC Form 1044-1044a-1044b
Bone List-Unknown X-48
4. GRC Form 1044-1044a-1044b
Bone List-Fluoroscopic
Findings for Identification
Unknown X-57

HORACE MANN
Captain, GRC
Chief, RR Div

AIR MAIL

AIR MAIL

RRRAC 293

Subject: Resolution of Unidentified Remains

37 Incls (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. QMC Form 1044-1044a-1044b-Bone List-Unknown X-63
7. QMC Form 1044-1044b-Bone List-Major Discrepancy X-67
8. QMC Form 1044-1044b-Bone List-X-70
9. QMC Form 1044-1044b-Bone List-X-64
10. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
18. QMC Form 1044-1044b-Bone List-Unknown X-176
19. QMC Form 1044-1044b-Bone List-Unknown X-178
20. QMC Form 1044-1044b-Bone List-Unknown X-179
21. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
22. QMC Form 1044-1044b-Bone List-Narrative X-227
23. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC Form 1044-1044b-Bone List-X-230
25. QMC Form 1044-1044b-Bone List-Narrative-X-232
26. QMC Form 1044-1044b-Bone List-X-233
27. QMC Form 1044-1044b-Bone List-X-239
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-243
30. QMC Form 1044-1044b-Bone List-X-266
31. QMC Form 1044-1044b-Bone List-Unknown X-267
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "C"
34. QMC Form 1044-1044b-Bone List-Narrative X-282 "A"
35. QMC Form 1044-1044b-Bone List-Narrative X-282 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303

2 Chief
Ident
Branch

Chief 7 Mar
R/R Branch 1949
Attn:
Record
Section
Mrs. Jones

1. Burial Reports for Unknowns X-323, Guadalcanal and X-605 through X-608, Barrackpore, forwarded herewith. Request return when your action has been completed.

2. Burial Report for Unknown X-1, Ujelang, Row X, Grave 89, Schofield Mausoleum #1, is not on file this Office. Request for copy was sent to field by radio your office and has not been received to date.

3. Burial Reports for Unknowns X-114 A, B, C, Guadalcanal, X-380 A and B, Guadalcanal; X-292 A and B, Guadalcanal were forwarded to your office by IRS 27 January 1949.

METZ
74059

BARRY
2462

5 Incls:

- 1 - B/R for X-323 Guadalcanal
- 2 - B/R for X-605 Barrackpore
- 3 - B/R for X-606 "
- 4 - B/R for X-607 "
- 5 - B/R for X-608



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief Records Section RR Branch Mem. Div	Field Service Division Ident. Branch attn; Jeffries	25 Jan	<p>Request that the following Burial Reports be forwarded to this office:</p> <p>X-114 A,B,C, in C-100-5 Guadalcanal, S.I.</p> <p>X-280 A & B E-145-9 "</p> <p>X-292 A & B F-182-8 "</p> <p style="text-align: right;"><i>S</i> SWEDIGAR 5179</p> <p style="text-align: right;"><i>Carrick</i> CARRICK 73497</p>
2	FIELD SERVICE DIV EXEC OFF	IDENTI- FICATION BR MEMORIAL DIV ATT: JEFFRIES	26 JAN	<p>Preceding Comment forwarded to this office in error.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p style="text-align: right;"><i>Conlon</i> MUNSTER 5473</p> <p style="text-align: right;"><i>Conlon</i> 3821</p>
3	Chief, Ident Sec., Ident Br., Mem. Div	Chief, Records Section, RR Branch Mem. Div ATTN: Carrick	27 JAN	<p>Forwarded are subject burial reports. Request return when your action has been completed. <i>v.f.</i></p> <p style="text-align: right;"><i>ps</i> 74059</p> <p style="text-align: right;"><i>Stoane</i> STOANE 2452</p> <p>3 Incls. B/R for X-114 A,B,C Guadalcanal " " X-280 A,B " " " X-292 A,B "</p> <p style="text-align: right;"><i>not</i> <i>3-2-49</i></p>

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
4	Chief Records Section R/R Br Mem Div	Chief Ident. Section Ident. Branch Mem Div	3 Mar 1949	Burial reports returned herewith per request. <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div data-bbox="581 611 711 642">3 Incls:</div> <div data-bbox="1057 548 1192 674">  SNEDIGAN 5198 </div> <div data-bbox="1300 575 1523 680">  CARRICK 74397 </div> </div> <div style="margin-top: 10px;"> B/R for X-114 A, B, C Guadalcanal " " X-280 A, B " " " " X-292 A, B " " </div>

1	MCK		DATE OF INTERMENT		SECRETARY		OF THE		OFFICE		DISINTERMENT DIRECTIVE		ALVAN C. BAKER - Cemetery Superintendent	
	Interred 22 June 1949		Unk X-114, X-114A		Sec Q, Gr. 786 & 787		thru X-114C							
SECTION A - NAME AND BURIAL LOCATION OF DECEASED					DIRECTIVE NUMBER			DATE						
UNKNOWN X-000114					8730 00000			26 09 47 DAY MONTH YEAR						
NAME			SERIAL NUMBER			RANK		ARM		DATE OF DEATH				
UNKNOWN X-000114			0			0		0		DAY MONTH YEAR				
CEMETERY								DISPOSITION OF REMAINS						
GUADALCANAL								0492 64 CODE DIST. PT.						
PLOT		ROW	GRAVE	COUNTRY			CAUSE OF DEATH							
C100		5	SOLOMON ISLANDS				6							
SECTION B - CONSIGNEE AND NEXT OF KIN														
NAME AND ADDRESS OF CONSIGNEE						NAME AND ADDRESS OF NEXT OF KIN								
HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)														
SECTION C - DISINTERMENT AND IDENTIFICATION														
NAME			SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED					
UNKNOWN X-114 Guadalcanal			Unk.		Unk.		Unk.		6 Dec 47					
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION		IDENTIFICATION VERIFIED BY							
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		Unk.			Unk.		John L. Murphy, Capt., QMC NAME AND TITLE							
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT														
NATURE OF BURIAL						CONDITION OF REMAINS								
Temporary Casket						Skeletal								
OTHER MEANS OF IDENTIFICATION														
Cemetery Record & Mortuary Plate														
MINOR DISCREPANCIES ¹														
None														
REMAINS PREPARED AND PLACED IN CASKET														
DATE 1 July 48				BY		R. W. RALSTON								
CASKET SEALED BY				M. C. DUNMAN		EMBALMER (Signature) M. C. DUNMAN								
CASKET BOXED AND MARKED				DATE 9 June 49 BY		SHIPPING ADDRESS VERIFIED BY								
				M. C. DUNMAN		R. L. TRASK								
I hereby certify that all the foregoing operations were conducted and accomplished under immediate supervision and that the report above is correct.														
R. L. TRASK SIGNATURE OF GRS INSPECTOR														
¹ Prepare Discrepancy Report QMC Form 1194a for major discrepancies.														

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY AMMUNITION NO. 5		TO CAMP HAWN DC	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>J. E. Wilson</i> J. E. WILSON, CAPT., QMC	DATE 18 JUN 44	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE 14 JUN 44

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

RESTRICTED

WD OMC 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-114		(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, S. I.	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. 786
---------------------------------------	---------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ARM Cemetery, Guadalcanal BSI	PLOT No. C	ROW No. 100	GRAVE No. 5
---	---	----------------------	-----------------------	-----------------------

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) Young, Samuel N.	RANK 1 LT	SERIAL No. O-366730	ORGANIZATION USAGF	GRAVE No. 756
---	---------------------	-------------------------------	------------------------------	-------------------------

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, OMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> James B. Harris, Captain, OMC
--	---

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.

MKK

RESTRICTED

RESTRICTED

Section 3. UNIDENTIFIED 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.

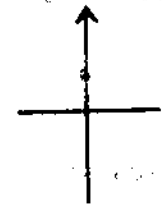
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>	



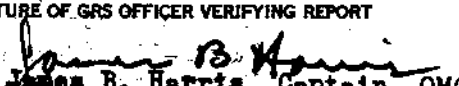
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.



REMARKS:

Unknown X-114, X-114A thru X-114C consisting of 4 remains in 4 caskets (Guadalcanal Cemetery)
 Unk X-114 (Casket 1 of 4)
 Unk X-114A (Casket 2 of 4) See Q, Gr. 786

RESTRICTED

WD OMC 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-114A (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, S. I.		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (I, S, 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. 786	
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	
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) Young, Samuel N.		RANK 1 LT	SERIAL NO. O-366730	ORGANIZATION USAGF	GRAVE No. 756	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT  Margaret E. Parry, Chief Clerk, HHC			SIGNATURE OF GRS OFFICER VERIFYING REPORT  James B. Harris, Captain, OMC			
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.						

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FM-2-25-49-84-1-1100

RESTRICTED

Section 3. UNIDENTIFIED 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.

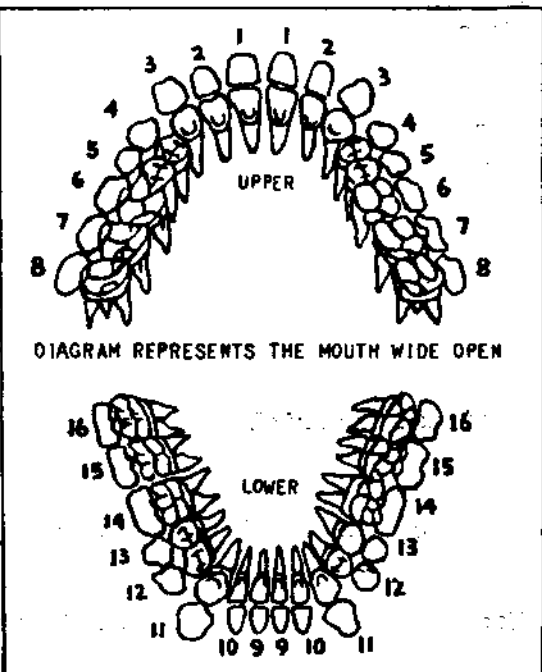
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

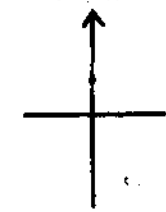
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
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



REMARKS:

Unknown X-114, X-114A thru X-114C consisting of 4 remains in 4 caskets (Guadalcanal Cemetery)

Unk X-114 (Casket 1 of 4)

Unk X-114A (Casket 2 of 4) Sec Q, Gr. 786

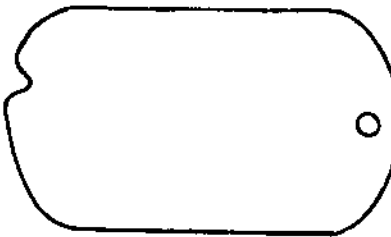
RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(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-114B (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, S. I.	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 2 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. 787
---------------------------------------	---------------------	---	--------------------------------------	----------------------	---------	-------------------------

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 NSI	PLOT No. C	ROW No. 100	GRAVE No. 5
--	---	----------------------	-----------------------	-----------------------

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) Unknown X-160 (USMC, Shanghai, Maus. 2)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 757
--	------	------------	--------------	-------------------------

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, HMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> James B. Harris, Captain, QMC
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MKK

RESTRICTED

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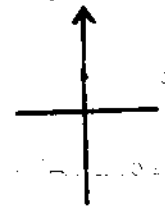
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	<p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	<p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT INDEX FINGER			
RIGHT MIDDLE FINGER			
RIGHT RING FINGER			
RIGHT LITTLE FINGER			

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



REMARKS:

Unknown X-114, X-114A thru X-114C consisting of 4 remains in 4 caskets (Guadalcanal Cemetery)
 Unk X-114B (Casket 3 of 4)
 Unk X-114C (Casket 4 of 4) Sec Q, Gr. 787

RESTRICTED

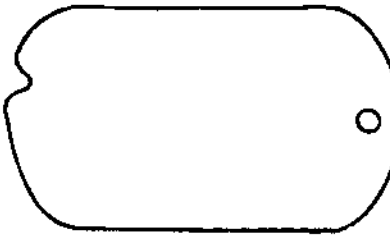
WD QMC FORM 1042
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(Supersedes GRS Form 1)

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-114C		(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, S. I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
---	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
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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. 787
---------------------------------------	---------------------	---	--------------------------------------	----------------------	---------	-------------------------

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. 5
---	---	----------------------	-----------------------	-----------------------

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) Unknown X-160 (USMC, Shanghai, Maus. 2)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 757
--	------	------------	--------------	-------------------------

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, HHC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> James B. Harris, Captain, QMC
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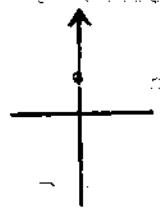
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

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-114, X-114A thru X-114C consisting of 4 remains in 4 caskets (Guadalcanal Cemetery)

Unk X-114B (Casket 3 of 4)

Unk X-114C (Casket 4 of 4) Sec Q, Gr. 787

6

DISINTERMENT DIRECTIVE

243 unk Solomon Island X-114 (Guadalcanal)

SECTION A -- NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER <i>8730 00000</i>	DATE 25 09 47 DAY MONTH YEAR
---	---------------------------------------	------------------------------------

NAME <i>UNKNOWN</i>	SERIAL NUMBER <i>X-000114</i>	RANK <i>0</i>	ARM <i>0</i>	DATE OF DEATH DAY MONTH YEAR
----------------------------	----------------------------------	------------------	-----------------	---------------------------------

CEMETERY GUADALCANAL	DISPOSITION OF REMAINS <i>0492 64</i> CODE DIST. PT.
--------------------------------	--

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
	<i>0100</i>		<i>SOLOMON ISLANDS</i>	<i>0</i>

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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *I*

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (<i>Signature</i>)
CASKET SEALED BY		

DATE	BY	SHIPPING ADDRESS VERIFIED BY
CASKET BOXED AND MARKED		

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

SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNIDENTIFIED X-114			2. DATE OF REPORT 16 February 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	C	100	5	DISINTERMENT	REINTERMENT
				16 Feb '48	16 Feb '48

PHYSICAL DESCRIPTION *Approx. Age 18*

8. ESTIMATED WEIGHT 130 to 135 lbs.	9. ESTIMATED HEIGHT 168-66.14-5'6 1/8"	10. COLOR OF HAIR U.T.D.	11. RACE U.T.D.
---	--	------------------------------------	---------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unidentified X-114.

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

None

1st Lt. ... 0-1197505 April B. Disney 14 Dec 1948

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

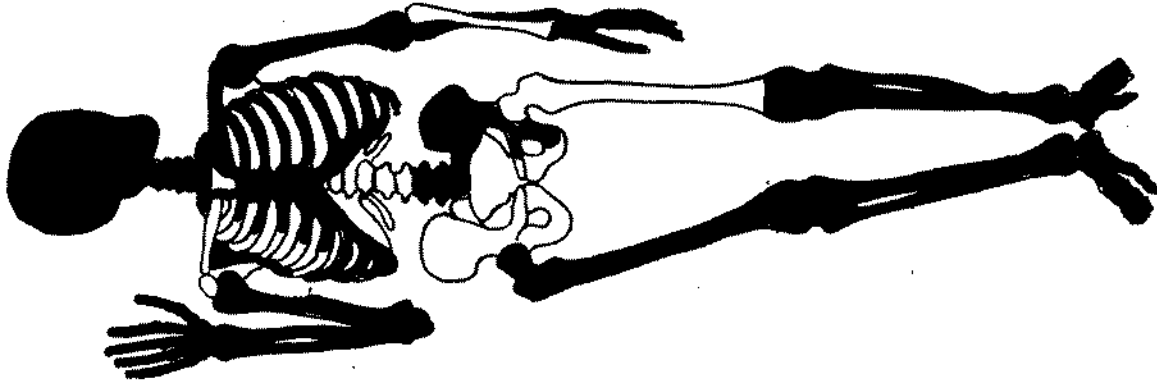
Left radius shows extraordinary lateral bowing.

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

Incl. 13

19. BLACK OUT PARTS OF BODY NOT REFERRED



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.

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER/anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather small probably slender youth of 18 years. Lack of skeletal parts precludes further description.

Fluoroscopic examination negative. No teeth present.

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

G. W. GREENWOOD, CAPT., MC

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

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	2		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.0	Pubis only.
	LEFT	1		
RIBS		10		Fractured.
STERNUM		1		Fragments only.
CLAVICLES	RIGHT	0		
	LEFT	1		
SCAPULAE	RIGHT	1		Fractured.
	LEFT	0		Missing.
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	1	(23.5)	Distal end missing.
ULNAE	RIGHT	0		Missing.
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	1	(47.5)	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"
HUMERO-CLAVICULAR RATIO			APPROXIMATE	
ESTIMATED HEIGHT 168-66.14-5'6"		1/8" AGE	18	YEARS
ESTIMATED WEIGHT 130 to 135 lbs.		LEG-HIP BR RATIO		
ENCLOSURE TO: UNIDENTIFIED X-114		(Guadalcanal)		

Chas. E. Snow
Charles E. Snow
ANTHROPOLOGIST

NARRATIVE

During the processing of X-1114, Guadalcanal Solomon Island, it was found to be the remains of Four (4) separate individuals.

The remains on the left of X-1114 was checked for association. The remains of Frank, Raymond E., 19084550 had a complete and articulating skeleton.

The remains of Street, E. H., 6401127, had been repatriated and could not be checked.

Therefore, the remains were completely processed and are known as X-1114, X-1114A, X-1114B, and X-1114C. Due to the lack of parts, no further data can be afforded.

The Four (4) remains are wrapped separately and reinterred until further information may be had.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-111A				2. DATE OF REPORT 16 February 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2			4. PLOT C	5. ROW 100	6. GRAVE 5	7. DATE OF DISINTERMENT REINTERMENT 16 Feb'48 16 Feb'48	
8. ESTIMATED WEIGHT			9. ESTIMATED HEIGHT 152-59.84-4'11"		10. COLOR OF HAIR U.T.D.		11. RACE U.T.D.
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed plate reading: Unidentified X-111.							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES REASON OF LACK OF POSITIVE IDENTIFYING DATA None 1st. Lt., 12 02137305 <i>April B. Driney</i> 14 Dec 1948							
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 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) None							

Incl 14

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.

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very short but well-muscled man in early maturity.

Lack of skeletal parts precludes further description.

Fluoroscopic examination negative. No teeth present.

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

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

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		
VERTEBRAE	CERVICAL	0		
	THORACIC	0		
	LUMBAR	0		
SACRUM		0		
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	
	LEFT	0		
RIBS		15		Fractured and eroded.
STERNUM		0		
CLAVICLES	RIGHT	0		
	LEFT	0		
SCAPULAE	RIGHT	1		Fractured and eroded.
	LEFT	0		
HUMERI	RIGHT	0		
	LEFT	0		
RADII	RIGHT	1	21.0	
	LEFT	1	21.0	
ULNAE	RIGHT	0		
	LEFT	0		
HANDS	RIGHT	1		Fragment of #1 metacarpal present.
	LEFT	0		
FEMORA	RIGHT	0		
	LEFT	0		
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	30.9	
	LEFT	0		
FIBULAE	RIGHT	1	30.5	
	LEFT	1	30.5	
FEET	RIGHT	1		Fragment of #1-5 metatarsals present.
	LEFT	0		

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT 152-59.84-1'11"	AGE	Early maturity	YEARS
ESTIMATED WEIGHT U.T.D.		LEG-HIP DR	RATIO

Chas. E. Snow

Charles E. Snow
ANTHROPOLOGIST

ENCLOSURE TO: X-114A (Guadalcanal)

NARRATIVE

During the processing of X-114, Guadalcanal Solomon Island, it was found to be the remains of Four (4) separate individuals.

The remains on the left of X-114 was checked for association. The remains of Frank, Raymond E., 19084550 had a complete and articulating skeleton.

The remains of Street, E. H., 6401127, had been repatriated and could not be checked.

Therefore, the remains were completely processed and are known as X-114, X-114A, X-114B, and X-114C. Due to the lack of parts, no further data can be afforded.

The Four (4) remains are wrapped separately and reinterred until further information may be had.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-114B						2. DATE OF REPORT 16 February 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Guadalcanal				4. PLOT C	5. ROW B	6. GRAVE 42	7. DATE OF DISINTERMENT 16 Feb'48	REINTERMENT 16 Feb'48
PHYSICAL DESCRIPTION Approx. Age 27 to 30 years.								
8. ESTIMATED WEIGHT ---		9. ESTIMATED HEIGHT 156-61.43-5'11 3/8"		10. COLOR OF HAIR U.T.D.		11. RACE U.T.D.		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed plate reading: Unidentified X-114.								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None 1st Lt. E. O. C-1167398 Cyril B. Draney 14 Dec 1948								
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?						
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None								
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None								

Incl. 15

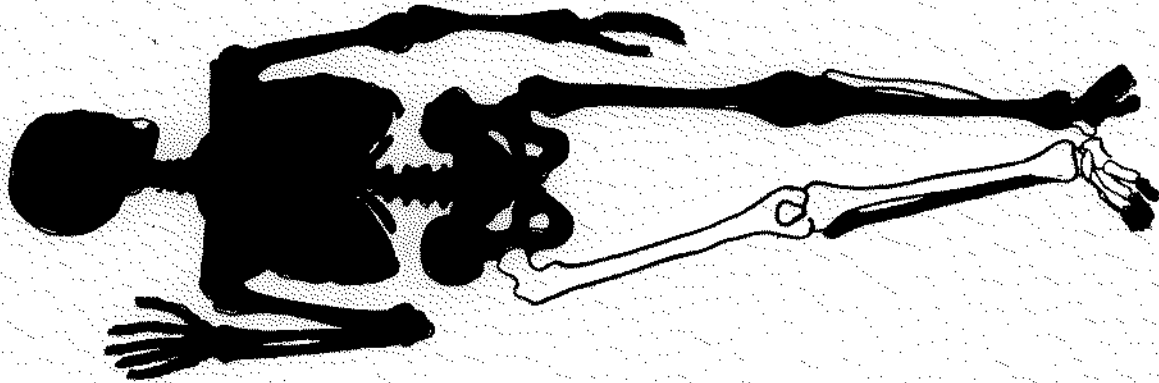
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: UNKNOWN X-114 B</p>			
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Guadalcanal</p>		<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p>Cavity, Decayed</p>	

RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
<i>Maxilla</i>								<i>and</i>								<i>Teeth Missing</i>							
Side Views																							
Top Views																							
Side Views																							
<p><i>SECTION of MANDIBLE +</i></p> <p><i>Teeth missing</i></p> <p><i>BROKEN TEETH</i></p> <p><i>Hors LMP</i></p>																							
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."

Bl.

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.

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short individual of early maturity with average muscularity.

The associated pubic indicates age to be 27 to 30 years.

Lack of skeletal parts precludes further description.

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
O. W. GREENWOOD, CAPT, QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fragment of mandible.
VERTEBRAE	CERVICAL	0		
	THORACIC	0		
	LUMBAR	0		
SACRUM		0		
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	
	LEFT	0		
RIBS		0		
STERNUM		0		
CLAVICLES	RIGHT	0		
	LEFT	0		
SCAPULAE	RIGHT	0		
	LEFT	0		
HUMERI	RIGHT	0		
	LEFT	0		
RADII	RIGHT	0		
	LEFT	0		
ULNAE	RIGHT	0		
	LEFT	0		
HANDS	RIGHT	0		
	LEFT	0		
FEMORA	RIGHT	0		
	LEFT	1	12.0	
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	34.5	
	LEFT	0		
FIBULAE	RIGHT	0		
	LEFT	1	33.4	
FEET	RIGHT	1		
	LEFT	0		

MUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	56-61.43-5'1 3/8 AGE	27 to 30 YEARS	
ESTIMATED WEIGHT		LEG-HIP BR RATIO	

Chas. E. Snow
Charles E. Snow
ANTHROPOLOGIST

ENCLOSURE TO: X-114B

NARRATIVE

During the processing of X-114, Guadalcanal Solomon Island, it was found to be the remains of Four (4) separate individuals.

The remains on the left of X-114 was checked for association. The remains of Frank, Raymond E., 19084550 had a complete and articulating skeleton.

The remains of Street, E. H., 6401127, had been repatriated and could not be checked.

Therefore, the remains were completely processed and are known as X-114, X-114A, X-114B, and X-114C. Due to the lack of parts, no further data can be afforded.

The Four (4) remains are wrapped separately and reinterred until further information may be had.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNIDENTIFIED X-114c				2. DATE OF REPORT 16 February 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2		4. PLOT C	5. ROW B	6. GRAVE 42	7. DATE OF DISINTERMENT 16 Feb '48
Guadalcanal		100	5		REINTERMENT 16 Feb '48

PHYSICAL DESCRIPTION Approx. Age 20 to 22 years.			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 156-61.43-5'1 3/8"	10. COLOR OF HAIR U.T.D.	11. RACE U.T.D.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unidentified X-114.

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

W. H. D. ...

1st Lt. ... 7A 0-1167395

Agrib. Disney 14 Dec 1948

14. WAS BODY BURNED? YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO

TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

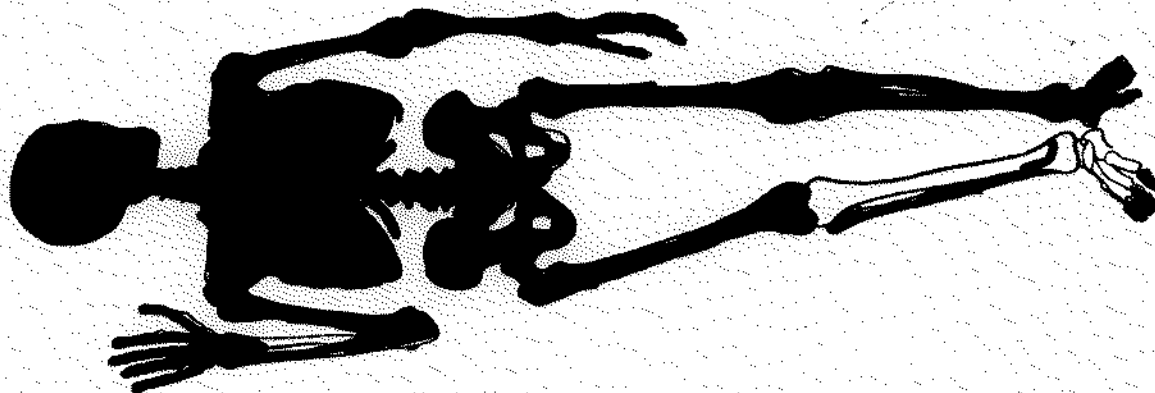
Extra facets at distal end of tibia indicate habit of squatting.

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

Encl 16

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.

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather short, well-muscled, young man about 20 to 22 years of age who probably walked toeing out.

Lack of skeletal parts precludes further description.

Fluoroscopic examination negative. No teeth present.

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

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & AUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		
	THORACIC	0		
	LUMBAR	0		
SACRUM		0		
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	
	LEFT	0		
RIBS		0		
STERNUM		0		
CLAVICLES	RIGHT	0		
	LEFT	0		
SCAPULAE	RIGHT	0		
	LEFT	0		
HUMERI	RIGHT	0		
	LEFT	0		
RADIOI	RIGHT	1		Distal 1/3 missing.
	LEFT	0		
ULNAE	RIGHT	0		
	LEFT	0		
HANDS	RIGHT	0		
	LEFT	0		
FEMORA	RIGHT	0		
	LEFT	0		
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	34.0	
	LEFT	0		
FIBULAE	RIGHT	0		
	LEFT	0		
FEET	RIGHT	1		Terminal phalanges missing, 1-3 metatarsals
	LEFT			missing.

NUMERO-CLAVICULAR RATIO		APPROXIMATE
ESTIMATED HEIGHT	156-61.43-5'1 3/8" <i>Side</i>	20 to 22 YEARS
ESTIMATED WEIGHT		LEG-HIP BR RATIO


 Charles E. Snow
 ANTHROPOLOGIST

ENCLOSURE TO: X-111C

NARRATIVE

During the processing of X-114, Guadalcanal Solomon Island, it was found to be the remains of Four (4) separate individuals.

The remains on the left of X-114 was checked for association. The remains of Frank, Raymond E., 19084550 had a complete and articulating skeleton.

The remains of Street, E. H., 6401127, had been repatriated and could not be checked.

Therefore, the remains were completely processed and are known as X-114, X-114A, X-114B, and X-114C. Due to the lack of parts, no further data can be afforded.

The Four (4) remains are wrapped separately and reinterred until further information may be had.

REPORT OF INTERMENT
(TM 10-630 AND AR 90-1314)

Restricted
SEP 22 1944

5702

Unidentified Body X-
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
 Guadalcanal Unknown Unknown
 (Place of death) (Date of death) (Cause of death)
 0900-26 Aug 1942 (Reburial) Army, Navy, Marine Cemetery Guadalcanal
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

5 100 C Wooden Cross
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

(If no identification tags, what means of identification are buried with the body?)
 Body completely decomposed. Found approximately 10 yds from X-112 and X-113. This area is 200 yds North of Pt. Cruz approximately 500 yds inland.

(If no identification tags, but identity definitely established, give particulars) V-USNR
 Body buried on RIGHT Street, Eugene H. 640-11-27 Mo/M2/c Utility Sq. #12 6
 (Name) (Serial number) (Rank) (Organization) (Grave number)
 Body buried on LEFT Frank, Raymond E. 19084550 Pvt. 481st Amph Trk Co-4
 (Name) (Serial number) (Rank) (Organization) (Grave number)
 Unknown Unknown
 (Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: Not handled.
 Auth: War Dept Memo 600-61-43 dated 28 July 1943
 Memo Hq. 121 USAFISPA dated 21 August 1943

~~CONFIDENTIAL~~

Restricted

IDENTIFICATION SECTION
 REPATRIATION RECORDS BRANCH
 MEMORIAL DIVISION
 CATEGORY III CASE
 NO CLUES
 IDENTIFICATION IMPOSSIBLE
 AT PRESENT TIME

IF DECEASED UNIDENTIFIED

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 you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

(If possible, have medical personnel take a tooth chart)

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

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

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

Sgt. Richard Meyer

 (Signature of officer or other person reporting burial)

John L. Stewart

 (Vouched by Army GRS Officer)
JOHN L. STEWART 1st Lt., QIC

U. S. GOVERNMENT PRINTING OFFICE 16-34627

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMEDIATE STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 14 Dec. 1948
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> Blotted 7-114 7-114 A, B, C </div>		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X-114A		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) <p align="center">Unknown</p>						
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) <p align="center">Unidentifiable</p>				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
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, Scheffield Barracks, T. H.						
DATE OF BURIAL 14 Jan 1948		BURIED IN (Shroud, blanket, or name of other) Metal lined casket		TYPE OF GRAVE MARKER Casket		
HOURS 		TYPE OF GRAVE MARKER 		PLOT No. ROW No. GRAVE No. 42A		
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AND Cemetery, Guadalcanal			PLOT No. ROW No. GRAVE No. 0 100 5	
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) Not applicable due to		RANK --	SERIAL NO. --	ORGANIZATION --	GRAVE No. --	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.		RANK --	SERIAL NO. --	ORGANIZATION --	GRAVE No. --	
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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


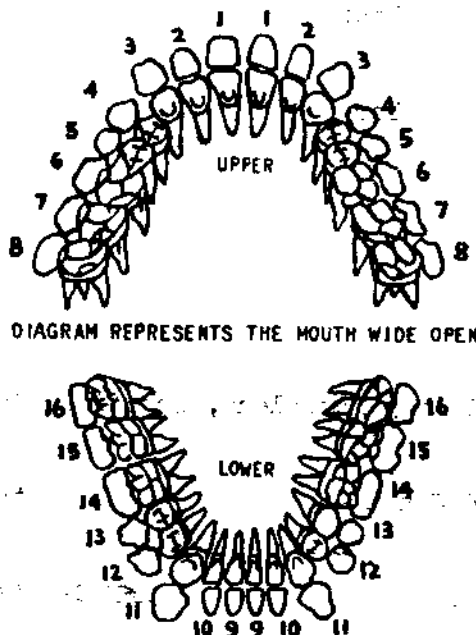




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

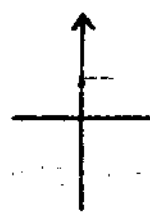
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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

RESTRICTED

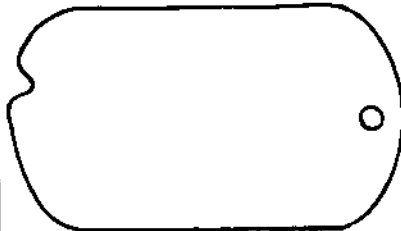
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Dec. 1948

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-114B		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
US Army Mausoleum, Schofield Barracks, T. H. Casket

DATE OF BURIAL 14 Jan 1948	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. B	GRAVE No. 42 B
--------------------------------------	------	--	----------------------	----------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AMM Cemetery, Guadalcanal	PLOT No. C	ROW No. 100	GRAVE No. 5
--	---	----------------------	-----------------------	-----------------------


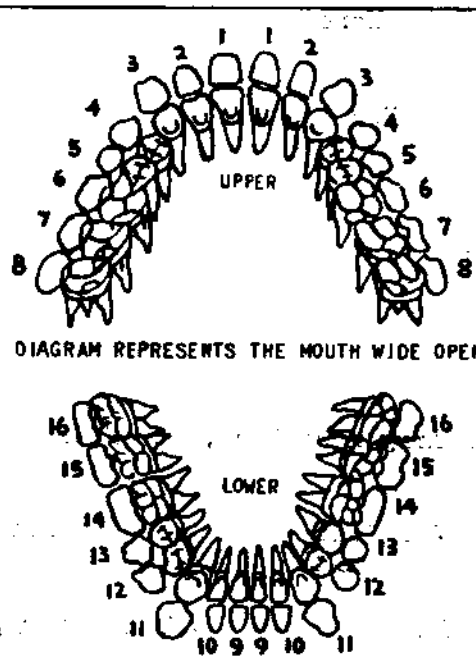





TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---	

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

SIGNATURE OF PERSON PREPARING REPORT <i>I. K. USHER</i> I. K. USHER—Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>EATL B. YANOT</i> EATL B. YANOT, 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	<p>Section 3.—UNIDENTIFIED REMAINS.</p> <p>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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS:					

RESTRICTED

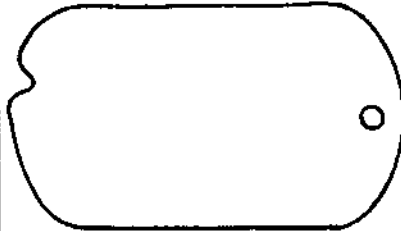
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Dec 1948

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-114C

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

US Army Mausoleum Schofield Barracks, T. H.

Casket

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			B	42C

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	AMM Cemetery, Guadalcanal	6	100	5

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
--	---

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RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


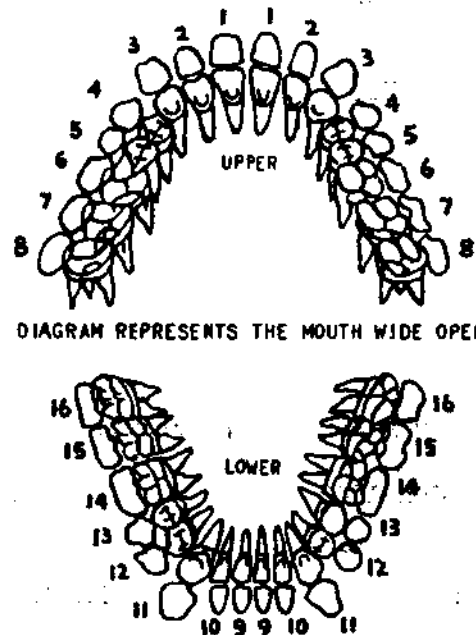




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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