

1. FILE UNDER NO. 295 - Unk. Guadalcanal X-120

### SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **25 June 48**  
4. FROM: **DDO**  
5. TO: **CG, USA, Pacific, APO 958, SFI, San Francisco, Calif.**  
6. SUBJECT: **Identification of Unknown Deceased**

7. DOCUMENT FILED  
UNDER NO. **295 - Unk. Guadalcanal X-12A**

**msb**

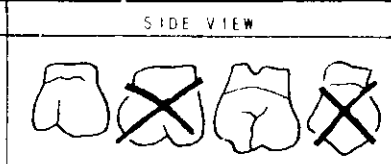
**INSTRUCTIONS.—**Enter after the above headings information as follows:

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.

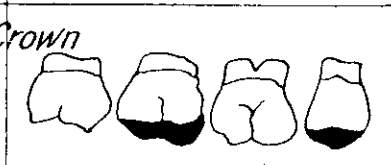
## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN ISOLATED BURIAL # 12 "C" GUADALCANAL				2. DATE OF REPORT 2 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT 1	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT 1 Mar '48
					REINTERMENT 2 Mar '48
PHYSICAL DESCRIPTION Age: 21-22					
8. ESTIMATED WEIGHT 125 - 135 lbs.	9. ESTIMATED HEIGHT 5' 5 $\frac{1}{2}$ "	10. COLOR OF HAIR UTD		11. RACE White.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) forms 1042 reads: "Guadalcanal (Unknowns) Isolated Burial # 12 (three remains). One (1) dog tag bearing the inscription "Christie, T. J., 331305, Type-O-T-1/42 USMC (This agrees with case # 7238)(printed in ink with initials after it). Mason ring, a marine Corp insignia, and numerous bits Government Issue equipment were found. Two (2) used morphine oprette and a few medical tubes. (OVER)					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None. UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA 1st Lt., 1st 8-1137395 Cyril C. Driney 13 Jan 1949					
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) One (1) pair of shoes size 10 $\frac{1}{2}$ EE. One (1) buckle off field pack. One (1) pair of shoes size 8 $\frac{1}{2}$ EE. One (1) shoe size unknown. One (1) mess kit spoon. One (1) oil and thong case. One (1) .30 caliber shell. Two (2) .32 caliber shells (off automatic). One (1) firing pin and safety. One (1) # 19 hypodermic needle. Two (2) fragments of leather. One (1) beaklite cap off a bottle marked "Bakers" on top. One (1) piece of first aid pack. Few buckles from field pack. One (1) key off Master lock. Three (3) helmets. One (1) canteen marked "Pepe" and cup marked "W.L. Hamilton". One (1) canteen and cup. One (1) masonic ring (10 K gold). One (1) celluloid tooth brush holder. One (1) piece of first-aid pack. One (1) Gas mask eye -piece cleaner (Navy type).					

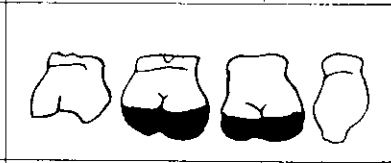
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:  
 Isolated Serial #12



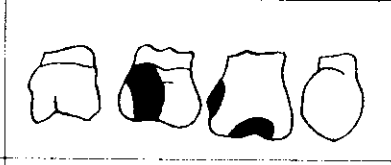
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN); THUS:  
 "C"



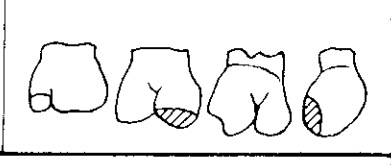
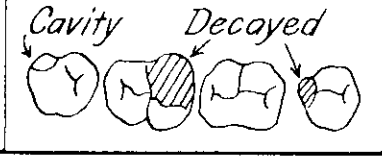
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE); THUS:  
 Quadrilateral



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT); THUS:



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SECTION MAXILLA TEETH MISSING (Circled 6) → DRIFT								THIS SECTION OF MANDIBLE + TEETH MISSING							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
PART IMP 16								CHIPPED CAVITY							
A OM 15								A O 14							
A O 13								A O 12							
A O 11								A O 10							
A O 9								A O 8							
A O 7								A O 6							
A O 6								A O 5							
A O 5								A O 4							
A O 4								A O 3							
A O 3								A O 2							
A O 2								A O 1							
A O 1								A O 0							
A O 0								A O 0							

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

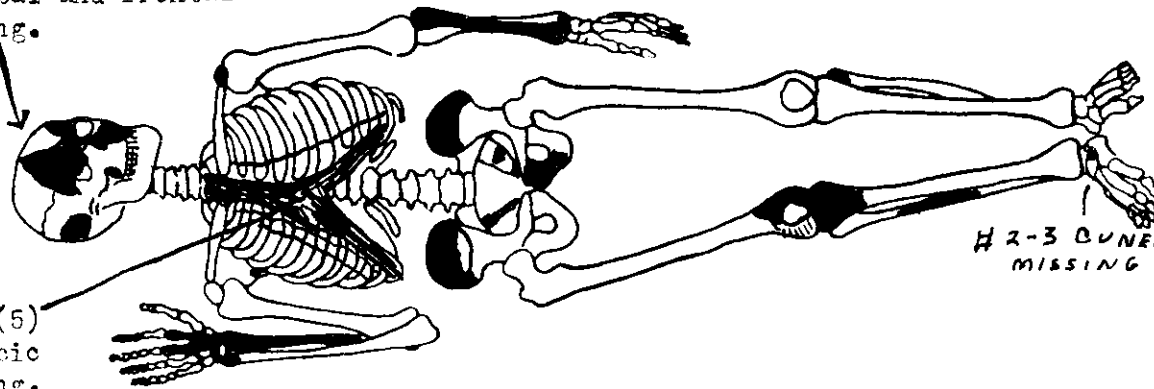
- Remarks:
1. I-16 may have been impacted during life.
  2. Two upper 3rd molars present; they may or may not belong to this maxilla.

ISOLATED BURIAL # 12 "C"

19. BLACK OUT PARTS OF BODY NOT RECORDED

Portion of temporal, parietal and frontal missing.

Five (5) thoracic missing.



# 2-3 CUNEIFORM MISSING

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*

Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture:

A rather short young man in his early twenties weighing approximately 120-155 lbs. Fragments of the skull present, indicate the skull was oval in outline and of average size. Backhead was slightly protruding and had a palpable external occipital protuberance. Due to the absence of majority of face parts, description is impossible. Lower jaw was rather small with flat sides and round chin.

Fluoroscope examination positive. Teeth charted.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

O. W. GREENWOOD, CAPT., OMC

CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.3	Portion of frontal, temporals, rt parietal left parietal, left malar and left 1/2 of maxilla missing. Fractured.
VERTEBRAE	CERVICAL	7		
	THORACIC	8		Nos. missing 1,3,4,5
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	
	LEFT	1		
RIBS		24		Fractured.
STERNUM		0		
CLAVICLES	RIGHT	1	approx. 14.9	Distal end missing.
	LEFT	1	15.8	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		Fractured.
HUMERI	RIGHT	1	31.9	
	LEFT	1	31.7	
RADII	RIGHT	0		Missing.
	LEFT	0		Missing.
ULNAE	RIGHT	1		Distal end missing.
	LEFT	1		Distal end missing.
HANDS	RIGHT	1	All missing except triangular, trapezium, trapezoid, Nos. 1, 4, 5 metacarpals and few phalanges.	
	LEFT	1	All missing except hamate, capitate, navicular, triangular, trapezium, trapezoid all 5 metacarpals & few phalanges.	
FEMORA	RIGHT	1		Distal end fractured. Portion missing.
	LEFT	1	43.8	
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1		Head missing.
	LEFT	1	38.0	
FIBULAE	RIGHT	1		Portion of body missing.
	LEFT	1		Both ends missing.
FEET	RIGHT	1		Talus, Nos 2 & 3 cuneiforms missing.
	LEFT	1		

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	166.0 65.4 5' 5 1/2"	AGE	21-22 YEARS
ESTIMATED WEIGHT	125 - 135 lbs.	LEG-HIP BR RATIO	

ENCLOSURE TO: ISOLATED BURIAL # 12 "C" Paul L. Cravenor  
QUADALCAYAL Lab Supervisor.

*Paul L. Cravenor*  
ANTHROPOLOGIST

NARRATIVE

The remains listed as Isolated Burial # 12, Guadalcanal, comprising the remains of three (3) unknowns listed as "A", "B", "C", were processed simultaneously and the parts of three separate remains segregated. Separate sets of papers were prepared for each remains. The remains were wrapped separately and placed back in the original casket.

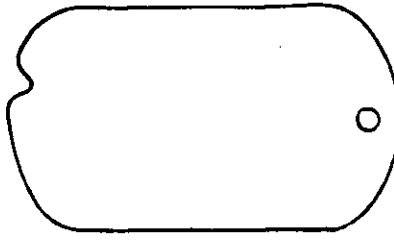
RESTRICTED

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) <b>Isolated Burial #12C (Guadalcanal) (Unidentifiable)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>White</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Guadalcanal, S. I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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

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 <b>22 June 1949</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT NO. <b>Q</b>	ROW NO.	GRAVE NO. <b>784</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USMC Guadalcanal</b>	PLOT No. <b>Isolated</b>	ROW No.	GRAVE No.
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TYPE OF RELIGIOUS CEREMONY <b>Catholic</b> <b>Protestant</b>	PERSON CONDUCTING BURIAL RITES <b>Eugene L.A. Fisher, Chaplain</b> <b>Albert F. Click, Chaplain</b>	IF IDENTIFICATION TAGS NOT USED, CONTAINERS BURIED WITH BODY	DESCRIBE IDENTIFICATION DATA AND
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	<b>NAT</b> <b>31 Aug 1949</b> <b>Isolated</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Mirello, Bernard J.</b>	RANK <b>SIC</b>	SERIAL No. <b>3822580</b>	ORGANIZATION <b>USN</b>	GRAVE No. <b>754</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Parry</i> <b>Margaret E. Parry, Chief Clerk, HDC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> <b>James B. Harris, Captain, OMC</b>
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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

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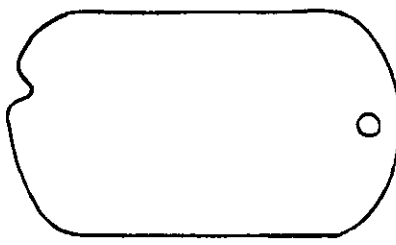
#12C

**RESTRICTED**

WFO/MC 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) <b>Isolated Burial #120 (Gundalecanal) (Unidentifiable)</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>White</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <b>Gundalecanal, S. I.</b>		

CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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

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.**

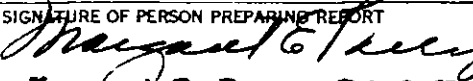

DATE OF BURIAL <b>22 June 1949</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>Q</b>	ROW No.	GRAVE No. <b>784</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USMC Gundalecanal</b>	PLOT No. <b>Isolated</b>	ROW No.	GRAVE No.
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TYPE OF RELIGIOUS CEREMONY <b>Catholic</b> <del>Protestant</del>	PERSON CONDUCTING BURIAL RITES <b>Eugene L.A. Fisher, Chaplain</b> <del>Albert F. Glick, Chaplain</del>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Hirelle, Bernard J.</b>	RANK <b>S10</b>	SERIAL No. <b>3622580</b>	ORGANIZATION <b>USMC</b>	GRAVE No. <b>784</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT  <b>Margaret E. Parry, Chief Clerk, HQ</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>James J. Harris, Captain, GRS</b>
---	---

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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MMK



**RESTRICTED**

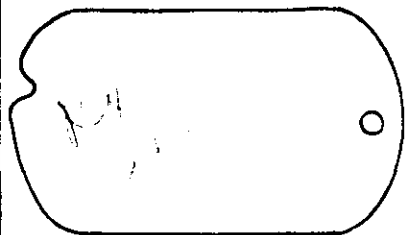
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

17 Jan 49

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN X-12-C (Isolated Burial)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

White

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

US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL

14 Jan 48

HOUR

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

Final type casket

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

GRAVE No.

WAS THIS A REBURIAL?  
(Yes or no)

Yes

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

USMC Guadalcanal (Isolated Burial)

PLOT No.

---

ROW No.

---

GRAVE No.

---

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 manner of

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

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

storing caskets.

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

SIGNATURE OF PERSON PREPARING REPORT

*I. K. Usher*

I. K. USHER - Clerk

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*Earl B. Yancy*  
EARL B. YANCY, CWO, USA

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