

COMGENUSARPAC FT SHAFTER TH

PRIORITY

293 Unk. Solomon Islands (Guadalcanal) X-178

CHARGE GRAVES WW II

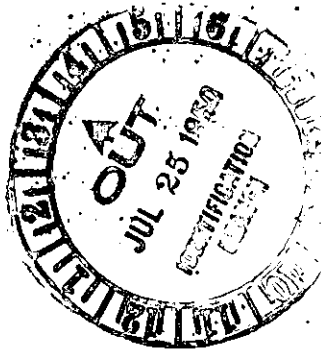
FROM QMCMT REURJET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION
 OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT
 UNKNOWNNS XRAY FOUR SIX XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN
 XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR
 XRAY EIGHT FIVE XRAY NINE 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 UNKNOWNNS AS UNIDENTIFIABLE

UNCLASSIFIED

QMCMT 293
CNS PACIFIC

4 JAN 49

J. G. HOLLAND, LT COL, QMC
MEMORIAL DIVISION



576008

9.43

MAJ 16

2. 10 1950

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

RRREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGU 293 GRS (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. QMC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46
2. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-47
3. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-48
4. QMC Form 1044-1044a-1044b
Bone List-Fluoroscopical
Findings for Identification
Unknown X-57

HORACE MANN
Captain, QMC
Chief, RR Div

AIR MAIL

RRMEC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. MC 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-84
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-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303

1 ✓

DISINTERMENT DIRECTIVE

Interred 7 February 1949
B 615 *Alvan C Baker*

- Cemetery Superintendent

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

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWN X-000178	0	0	
CEMETERY	GUADALCANAL			DISPOSITION OF REMAINS
				0492 64
				CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
D116		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 DISINTERRED
UNKNOWN X-178	UNK	UNK	NOV 43	10 Dec '47
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="radio"/> REMAINS <input checked="" type="radio"/> MARKER	UNK	UNK	Wm. A. McNamany Emb.	
				NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
CASKET	SKELETAL
OTHER MEANS OF IDENTIFICATION	
1 GRAVE MARKER 18 MAY 1949 REPATRIATION MORTUARY TAG BRANCH MILITARY	
MINOR DISCREPANCIES	
NONE	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
2 July 1948	L.A. JONES, EMBALMER
CASKET SEALED BY	EMBALMER (Signature)
G. D. MEEK	LAWRENCE A. JONES
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY
2 July 48	G. D. MEEK
	T. P. MADINE

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

William A. McNamany
WILLIAM A. MCNAMANY

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Wm
meek

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U S ARMY MAUS NO 3		TO HAWN. DIST CENTER	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John I. Murphy</i> JOHN I. MURPHY Capt., OMC 01585944	DATE 10 JAN 1949	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE JAN 19 1949
JOHN I. MURPHY JOHN I. MURPHY		JOHN I. MURPHY JOHN I. MURPHY	

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 (S. A. UNIT (2131116) (A. E. O. D. E. B.))		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HONOLULU NATIONAL CENTER	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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-178 Guadalcanal				2. DATE OF REPORT 24 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT D	5. ROW 116	6. GRAVE 96 5	7. DATE OF DISINTERMENT 24 Mar '48	REINTERMENT 24 Mar '48

PHYSICAL DESCRIPTION Age U. T. D.			
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	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 on casket reads: Unknown X-178, Nov 1943, P-D, R-116, Gr-5.
 Three (3) embossed plates with remains read: Unknown X-178.**

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 C. DESNEY	
1st. Lt., FA 0-1167395	<i>Cyril C. Driney</i> 14 Dec 1948

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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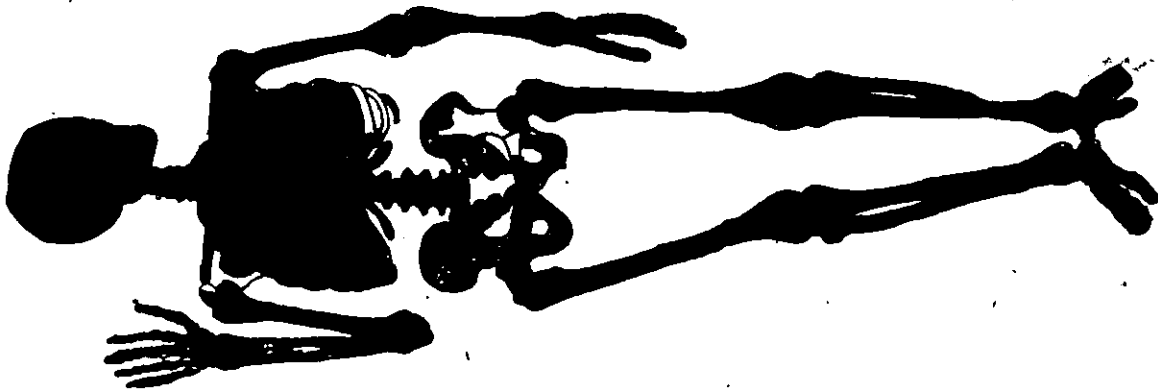
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? U. T. D.
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
U. T. D.

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. 19

19. BLACKOUT 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

In this case, only the fragments of the following named bones were present.
Fragments of 1-right scapula.
Fragments of 2-left ribs.
Fragments of 1-left innominate.

Due to the fact that most all of the skeletal parts are missing, it is impossible to determine the height, weight, age, and other descriptive features.

Fluoroscopical examination unnecessary. 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

SIGNATURE

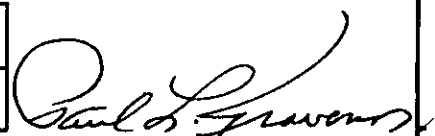
**CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957**



CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		1		Fragment of sacral crest present only.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing.
	LEFT	1		Portion of ilium and pubis present only.
RIBS		2		22 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	1		Portion of acromion process, axillary border and glenoid fossa present only.
	LEFT	0		Missing.
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	0		"
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO	U. T. D.		APPROXIMATE	
ESTIMATED HEIGHT	U. T. D.	AGE	U. T. D.	YEARS
ESTIMATED WEIGHT	U. T. D.		LEG-HIP BR RATIO	U. T. D.


 Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST


ENCLOSURE TO: Unknown X-178 Guadalcanal

WD QMC Form 1092
 Rev. 1 November 1942
 (GRS 1, dated 11 May 1942
 may be used until exhausted)

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

DATE REPORT FILED OUT

7 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial)		
	UNIDENTIFIED BODY X-178		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	United States
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Nov. 1943	

PLACE OF DEATH	CAUSE OF DEATH
South Malaita, B.S.I.	Airplane Crash

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
3 April 1945	1000	D	116	5	Wooden Cross
Army Navy Marine Cemetery Guadalcanal					

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Protestant, Catholic and Jewish	<i>Alst. Richard J. Mayer</i>
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
UNIDENTIFIED BODY X-177	Unknown	Unknown	Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
UNIDENTIFIED BODY X-179	Unknown	Unknown	Unknown
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER		
Chaplain: Cox., U.S. ARMY Chaplain: Molloy., U.S. ARMY Chaplain: Kravetz., U.S. ARMY	<i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

INSTRUCTIONS FOR BURIAL


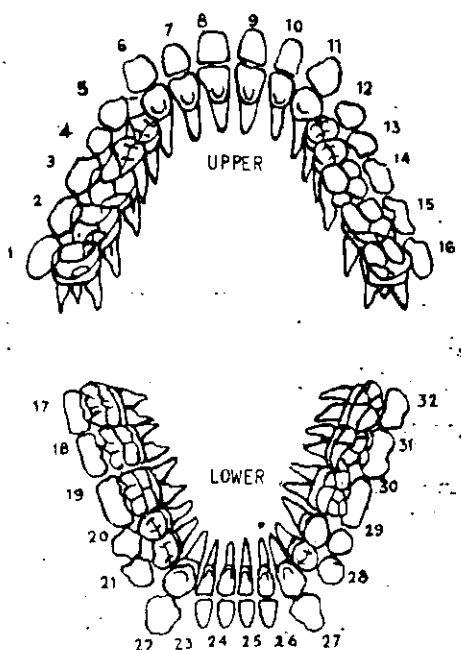




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

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

SKETCH AND MAP REFERENCE



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