

1

DISINTERMENT DIRECTIVE

DUPLICATE
208-4-209

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 CG-40

DATE
~~06 12 49~~

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

CEMETERY GUADALCANAL - S I	PLOT E	ROW 163	GRAVE 10	DISPOSITION OF REMAINS CODE 0492	RELIGION DIST. CTR. 64
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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 DISINTERRED

IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE
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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 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
 PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, T. H.
 SECTION Q, GRAVE 492

FILED
RECORDED
DATE: 11/11/49
MARR
R & R

34

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER 8730 CG-40	NUMBER OF REMAINS IN GROUP	NUMBER OF CASKETS	TEMPORARY OVERSEAS CEMETERY GUADALCANAL, S. I.
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GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP PLOT E, ROW 163, GRAVE 10	DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 8730 CG-40
---	---

DECEDENT IN GROUP	NEXT OF KIN				
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNKNOWN		X-208			
UNKNOWN		X-209			

DISINTERMENT DIRECTIVE

DUPLICATE

2

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 CG-40

DATE

06 12 49
DAY MONTH YEARNAME
COMMON GRAVE
(SEE ATTACHED SHEET)

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

8

0

6

CEMETERY

GUADALCANAL - S I

PLOT

E

ROW

163

GRAVE

10

DISPOSITION OF REMAINS

0492

CODE

64

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

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
 PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, T. H.
 SECTION Q, GRAVE 492

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER 8730 CG-40	NUMBER OF REMAINS IN GROUP	NUMBER OF CASKETS	TEMPORARY OVERSEAS CEMETERY GUADALCANAL, S. I.	U.S. NATIONAL CEMETERY NATIONAL MEM CEM OF THE PACIFIC
--	----------------------------	-------------------	--	--

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP PLOT E, ROW 163, GRAVE 10	DISINTERMENT DIRECTIVE NUMBERS FOR ALL OF REMAINS IN GROUP 8730 CG-40
---	---

DECEDENT IN GROUP	NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
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UNKNOWN			X-208			
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UNKNOWN			X-209			
---------	--	--	-------	--	--	--

6

DISINTERMENT DIRECTIVE

DUPLICATE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

8730 CG-40

06 12 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

E

163

10

0492

64

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 DISINTERRED

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 concted and accomplished under my immediate and that the report above is correct.

[Handwritten signature]

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS INSPECTOR

**REMAINS UNIDENTIFIABLE
PERMANENTLY INTERRED IN NAT'L MEM CEM
SECTION Q, GRAVE 492**

THE PACIFIC, T.H.

FILE

NAME

[Handwritten signature]
R & R BR.

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER	NUMBER OF REMAINS IN GROUP	NUMBER OF CASKETS	TEMPORARY OVERSEAS CEMETERY	U.S. NATIONAL CEMETERY
0730 CG-40			RAVALCANA, S. I.	RAVENS CEM. OF THE
GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP			DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP	

PLOT E, ROW 163, GRAVE 10

0730 CG-40

DECEDENT IN GROUP				NEXT OF KIN	
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNION		X-203	✓		
		X-209	✓		

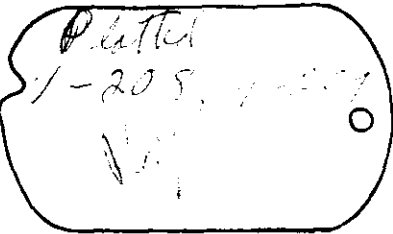
RESTRICTED

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

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

DATE OF REPORT

1 July 1949

<p><i>Imprint Identification Tag If Possible DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial)</p> <p align="center">UNKNOWN X-208</p>	<p>(GUADALCANAL (UNIDENTIFIABLE))</p>	<p>SERIAL NO.</p> <p align="center">Unknown</p>
	<p>GRADE</p> <p align="center">Unknown</p>	<p>ORGANIZATION</p> <p align="center">USS PENSACOLA</p>	<p>BRANCH OF SERVICE</p> <p align="center">USN</p>
	<p>RACE</p> <p align="center">Unknown</p>	<p>RELIGION</p> <p align="center">Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH</p> <p align="center">USS PENSACOLA</p>	<p>CAUSE OF DEATH</p> <p align="center">KIA</p>	<p>DATE OF DEATH</p> <p align="center">30 Nov 1942</p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
June 13, 1949	1000	Permanent Type Casket	Cross	Q		492

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p align="center">Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p align="center">ANM Cemetery, Guadalcanal BSI</p>	<p>PLOT No.</p> <p align="center">B</p>	<p>ROW No.</p> <p align="center">163</p>	<p>GRAVE No.</p> <p align="center">10</p>
--	---	--	---	--

<p>TYPE OF RELIGIOUS CEREMONY</p> <p>Catholic Protestant</p>	<p>PERSON CONDUCTING BURIAL RITES</p> <p>Eugene L. A. Fisher, Chaplain Albert F. Click, Chaplain</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p> <p align="center"><i>16-11-11</i></p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p align="center">Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p align="center">Yes</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p>O'Neil, Hubert M.</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Sgt	37316595	AGF	521

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Margaret E. Parry</i></p> <p>Margaret E. Parry, Chief Clerk, H.D.C.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>James B. Harris</i></p> <p>James B. Harris, Captain, QMC</p>
--	--

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

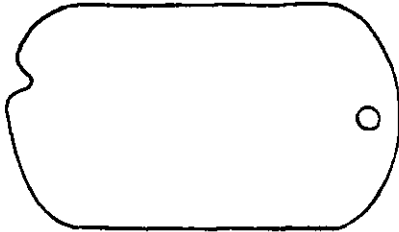
WD OMC FORM 4042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 July 1949

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-205		(GUADALCANAL (UNIDENTIFIABLE))	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION USS PENSACOLA		BRANCH OF SERVICE USN
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH USS PENSACOLA	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 1942
--	------------------------------	-------------------------------------

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 June 13, 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. 492
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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. H	ROW No. 163	GRAVE No. 10
---	---	----------------------	-----------------------	------------------------

TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L. A. Fisher, Chaplain Albert P. Glick, 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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) O'Hall, Hubert H.	RANK Sgt	SERIAL No. 37516505	ORGANIZATION ASN	GRAVE No. 531
---	--------------------	-------------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Perry</i> Margaret E. Perry, Chief Clerk, H.D.C.	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.

NEK

RESTRICTED

WD QMC FORM 1042

Rev. 1 February 1945
 Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.

REPORT OF INTERMENT

(TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

24 Oct 1945

For Imprint of Identification Tag		NAME (Last, First, Middle Initial) Unknowns X-208 & X-209				
	RANK Unknown	SERIAL NUMBER Unknown		COUNTRY Unknown		
	ORGANIZATION Unknown		BRANCH Unknown			
	RACE Unknown	RELIGION Unknown		DATE OF DEATH Unknown		
PLACE OF DEATH Unknown			CAUSE OF DEATH Unknown			
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.						
The body in Grave 5, Row 2, Plot 45, Espiritu Santo Military Cemetery was disinterred for movement to Guadalcanal.						
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.						
The records showed that the remains of Idus F. Webb, 2720528, MM 1c USN were buried in this grave. However 2 skulls were found in the grave indicating that there were 2 men buried in this grave. No identification was found on the bodies in the grave. No tooth chart could be taken. Both given an X No. & Buried in same grave.						
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE			
NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal B.S.I.						
DATE OF BURIAL 17 Sept 45 (Reburial)	HOUR 1448	PLOT NO. E	ROW NO. 163	GRAVE NO. 10	GRAVE MARKER Wooden Cross.	
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL /s/ T-5 William H. Tussey			
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 2 on Reverse)						
BODY ON LEFT, NAME (Last, First, Middle Initial) Wieland, John T.		RANK Lt (DC)	SERIAL NO. 110534	ORGANIZATION USNR	GRAVE NO. 9	
BODY ON RIGHT, NAME (Last, First, Middle Initial) End of Row.		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER /s/ Ellsworth Marshall, 1st Lt., QMC for /t/ JOHN R. NOLAN, 1st Lt., QMC			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE						
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE 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						

WD GMC FORM 1042
 Rev. 1 February 1945
 (Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.)

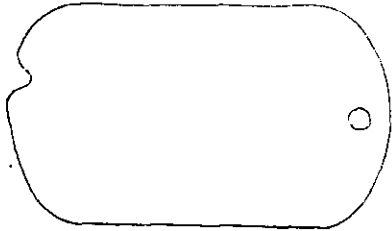
REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

24 Oct 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)



Unknowns X-208 & X-209

RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

PLACE OF DEATH

Unknown

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1 2 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

YES NO

COMPLETE TOOTH CHART ON REVERSE

YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

The body in Grave 5, Row 2, Plot 45, Espiritu Santo Military Cemetery was

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

UNIDENTIFIABLE

disintered for movement to Guadalcanal. The records showed that the remains of Idus F. Webb, 2720528, MM 1c USN were buried in this grave. However 2 skulls were found in the grave indicating that there were 2 men buried in this grave. No identification was found on the bodies in the grave. No tooth chart could be taken. Both given an X No. & Buried in same grave.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal P.S.I.

DATE OF BURIAL
17 Sept 45
(Reburial)

HOUR
1448

PLOT NO.
E

ROW NO.
163

GRAVE NO.
10

GRAVE MARKER
Wooden Cross.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

T-5 William A. Tussy

IDENTIFICATION TAGS BURIED WITH BODY YES NO

ATTACHED TO MARKER YES 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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Wieland, John T.	RANK Lt(DC)	SERIAL NO. 110594	ORGANIZATION USNR	GRAVE NO. 9
BODY ON RIGHT, NAME (Last, First, Middle Initial) End of Row.	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

Edward J. ...
1st Lt. G MC

JOHN R. NOLAN
1st Lt., G MC

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

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE 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

GROUP AND MASS BURIAL IDENTITY LIST

Overseas Cemetery

U.S. Nation Cemetery of
Final Burial

GUADALCAGAL

Group Burial Number

Number of Remains
In Group

Number of Caskets

5730 GB 40

2

2

NAME

RANK

SERIAL
NUMBER

ORGANIZATION

DISINTERMENT
DIRECTIVE NO.

US 10 11 1-308

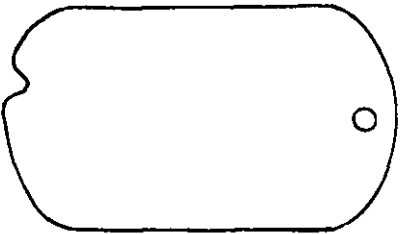
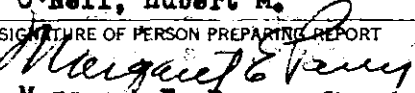
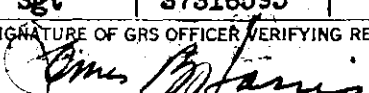
US 10 11 1-309

Fill out in duplicate for each casket.
Each form to be sealed separately in a
shipping envelope.
One envelope to be attached to handle of casket.
Second envelope to be tacked to outside of
shipping case.



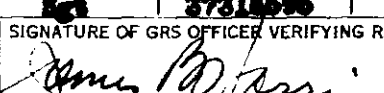
R. L. Frase

Signature of GRS Inspector

RESTRICTED

WD OMC FORM 1042 (Rev. 4 Apr. 1. 5) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 1 July 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) (GUADALCANAL (UNIDENTIFIABLE)) UNKNOWN X-209 SERIAL No. Unknown GRADE Unknown ORGANIZATION USS PENSACOLA BRANCH OF SERVICE USN RACE Unknown RELIGION Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH USS PENSACOLA		CAUSE OF DEATH KIA		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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
June 13, 1949	1000	Permanent Type Casket	Cross	Q		492
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	ANM Cemetery, Guadalcanal BSI			PLOT No.	ROW No.	GRAVE No.
				E	163	10
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
Catholic Protestant	Eugene L. A. Fisher, Chaplain Albert F. Click, Chaplain					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
O'Neil, Hubert M.		Sgt	37316595	AGF	521	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
						
Margaret E. Parry, Chief Clerk, H.D.C.			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.						

RESTRICTED

WD OMC FORM 1042 (Rev. 10 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 1 July 1949				
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-209 (GUADALCANAL (UNIDENTIFIABLE))					
	GRADE Unknown	ORGANIZATION USS PENSACOLA	SERIAL No. Unknown			
	RACE Unknown	RELIGION Unknown	BRANCH OF SERVICE USN			
PLACE OF DEATH USS PENSACOLA	CAUSE OF DEATH KIA	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY 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 June 13, 1949	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. Q	ROW No. 163	GRAVE No. 498
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 MSI			PLOT No. E	ROW No. 163	GRAVE No. 10
TYPE OF RELIGIOUS CEREMONY Catholic	PERSON CONDUCTING BURIAL RITES Eugene L. A. Fisher, Chaplain Albert F. Glick, Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAGS 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) O'Neill, Robert M.		RANK Sgt	SERIAL No. 37314595	ORGANIZATION ANM	GRAVE No. 531	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) O'Neill, Robert M.		RANK Sgt	SERIAL No. 37314595	ORGANIZATION ANM	GRAVE No. 531	
SIGNATURE OF PERSON PREPARING REPORT 			SIGNATURE OF GRS OFFICER VERIFYING REPORT 			
Margaret E. Parry, Chief Clerk, H.D.C.			James B. Hoville, Captain, CGS			
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

CENTRAL IDENTIFICATION LABORATORY
AFG 987

24 June 1948

NARRATIVE

Group Burial #40

X-208 and X-209

Guadalcanal

The above listed remains, originally interred in Plot B, Row 163, Grave 10, Guadalcanal, was examined this date.

Processing revealed one (1) fairly complete skeleton (including a skull) and one(1) extra intact skull (minus mandible) and one (1) extra left tibia. The fairly complete skeleton was designated as X-208, and the skull and tibia X-209.

The skull assigned to X-209 was associated on the basis of age criteria.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Group Burial #40, X-209				Guadalcanal		2. DATE OF REPORT 24 June 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #2			4. PLOT E	5. ROW 163	6. GRAVE 10	7. DATE OF DISINTERMENT REINTERMENT 24 June 48 25 June 48	

PHYSICAL DESCRIPTION				Age 22-24 years			
8. ESTIMATED WEIGHT U.T.D.		9. ESTIMATED HEIGHT 182-71.65		10. COLOR OF HAIR 5'11 5/8" Brown wavy		11. RACE Med. Probably White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed casket plate reading: Unknown X-208
 One (1) embossed casket plate reading: Unknown X-209
 One (1) duplicate ID tag reading: Unknown X-208 and X-209

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

None

April 6. Drury 17 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)

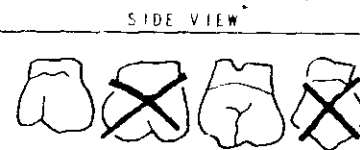
None

CONFIDENTIAL

TOOTH CHART

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-209



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

Guadalcanal Cemetery.



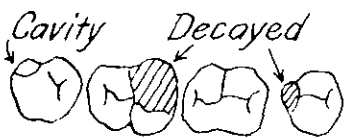
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Part																		
Imp																	IMP	
Side Views																		Side Views
Top Views	UPPER																	UPPER
	LOWER																	LOWER
Side Views																		Side Views
		(MANDIBLE AND TEETH MISSING.)																
		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."

19. BLACK OUT PARTS OF BODY NOT REQUIRED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

See attached narrative.

M. Trotter

M. TROTTER SIGNATURE OF MEDICAL OFFICER ANTHROPOLOGIST

21. REMARKS AND ADDITIONAL INFORMATION

The left tibia measurement indicates the height to be approximately six feet. Also it appears to be of average muscularity. The skull is average in size and oval in outline. The forehead is erect and narrow. The mandible is missing but the remaining facial parts suggest average length and width.

Fluoroscopic examination unnecessary. Teeth charted.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

O. W. Greenwood
a.k.

CENTRAL IDENTIFICATION LABORATORY
INDIANAPOLIS, 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		1	52.3	Mandible missing. Left malar and part of zygoma and maxilla
VERTEBRAE	CERVICAL	0		Missing
	THORACIC	0		Missing
	LUMBAR	0		Missing
SACRUM		0		Missing
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing
	LEFT	0		Missing
RIBS		0		Missing
STERNUM		0		Missing
CLAVICLES	RIGHT	0		Missing
	LEFT	0		Missing
SCAPULAE	RIGHT	0		Missing
	LEFT	0		Missing
HUMERI	RIGHT	0		Missing
	LEFT	0		Missing
RADII	RIGHT	0		Missing
	LEFT	0		Missing
ULNAE	RIGHT	0		Missing
	LEFT	0		Missing
HANDS	RIGHT	0		Missing
	LEFT	0		Missing
FEMORA	RIGHT	0		Missing
	LEFT	0		Missing
PATELLAE	RIGHT	0		Missing
	LEFT	0		Missing
TIBIAE	RIGHT	0		Missing
	LEFT	1	39.8	
FIBULAE	RIGHT	0		Missing
	LEFT	0		Missing
FEET	RIGHT	0		Missing
	LEFT	0		Missing

HUMERO-CLAVICULAR RATIO

APPROXIMATE

ESTIMATED HEIGHT $182 - 71.65$
5'11 5/8"

AGE

22-24

YEARS

ESTIMATED WEIGHT U.T.D.

LEG-HIP BR RATIO

ENCLOSURE TO: Group Burial #40, X-209 Guadalcanal

M. Trotter
M. TROTTER
ANTHROPOLOGIST

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Group Burial #40, X-208				2. DATE OF REPORT 24 June 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum #2				4. PLOT E		5. ROW J	
Guadalcanal				6. GRAVE 45		7. DATE OF 24 June 48	
						REINTERMENT 25 June 48	

PHYSICAL DESCRIPTION			
Age: 26-28 years			
8. ESTIMATED WEIGHT 165-170	9. ESTIMATED HEIGHT 70.87-5'10 3/4"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed casket plate reading: Unknown X-208
 One (1) embossed casket plate reading: Unknown X-209
 One (1) duplicate ID tag reading: Unknown X-208 and X-209

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

None

April G. Loney 17 Dec 1948

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Spondyloschisis of 5th lumbar.

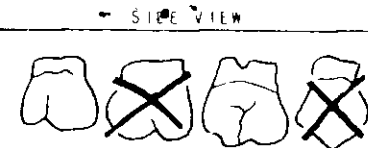
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

UNIDENTIFIABLE

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

Unknown X-208



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

Guadalcanal Cemetery



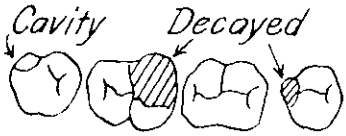
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCE-LAIN BRIDGE), THUS:



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



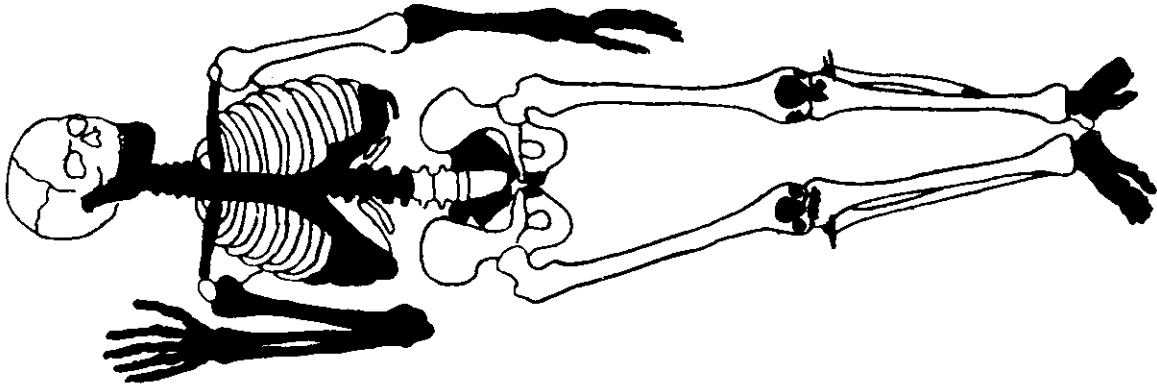
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A 0,0,0	⊙												A 0			
Side Views																	Side Views
Top Views																	
Side Views																	
<p>MANDIBLE AND TEETH MISSING.</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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

See attached narrative.

M. Trotter
M. TROTTER SIGNATURE OF MEDICAL OFFICER ANTHROPOLOGIST

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall individual of average muscularity approximately 26 to 28 years of age. Skull is average in size and oval in outline. Forehead is upright, narrow and high. Parietal bosses ^{are} slightly prominent, as are the frontal bosses. Mandible is missing, but the distance from top of forehead to maxilla suggests a short face. Width of nasal aperture suggests a rather wide, flat nose.

Fluoroscopic examination unnecessary. Teeth charted.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
O. W. GREENWOOD, CAPT., QMC

SIGNATURE
O. W. Greenwood
a. l.

CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.4	Mandible missing
VERTEBRAE	CERVICAL	0		Missing
	THORACIC	2		10 missing
	LUMBAR	3		2 missing
SACRUM		1		Eroded, wings & part of body missing
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Eroded, pubis
	LEFT	1		Eroded pubis
RIBS		19		5 missing
STERNUM		0		missing
CLAVICLES	RIGHT	0		missing
	LEFT	0		missing
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	0		Missing
	LEFT	1	32.9	
RADII	RIGHT	0		Missing
	LEFT	0		Missing
ULNAE	RIGHT	0		Missing
	LEFT	0		Missing
HANDS	RIGHT	0		Missing
	LEFT	0		Missing
FEMORA	RIGHT	1	47.5	Eroded condyle
	LEFT	1	47.7	Eroded condyle
PATELLAE	RIGHT	0		Missing
	LEFT	0		Missing
TIBIAE	RIGHT	1		Eroded proximal head
	LEFT	1	38.6	Eroded proximal head
FIBULAE	RIGHT	1		Lower tip missing, upper tip eroded
	LEFT	1		Upper tip missing.
FEET	RIGHT	0		Missing
	LEFT	1		All missing but calcaneus

HUMERO-CLAVICULAR RATIO U.T.D.

APPROXIMATE

182 70.87
ESTIMATED HEIGHT 5' 10 3/4"

AGE

26-28

YEARS

ESTIMATED WEIGHT 165-170

LEG-HIP BR RATIO U.T.D.

ENCLOSURE TO: Group Burial #40, X-208 Guadalcanal

M. Trotter
M. TROTTER
ANTHROPOLOGIST

unc

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 8730 CG-40		DATE 17 9 47 DAY MONTH YEAR	
NAME COMMON GRAVE (SEE BELOW)		SERIAL NUMBER	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
CEMETERY GUADALECANAL				0	DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.
PLOT E	ROW 163	GRAVE 10	COUNTRY SELOMON ISLANDS		CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY HONOLULU, TERRITORY OF HAWAII	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 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 1	
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 GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

THIS GRAVE CONTAINS THE REMAINS OF UNKNOWN X-208 AND X-209

8534

QMC Form
No. 1-CRS

REPORT OF INTERMENT
(To be submitted through channels to the Quartermaster
Gen., Wash., D. C.)
(Par. 21d - TM 10-630)

Bob John Waller 272 5 20 1st Lt USA
(Last name) (First) (Initial) (Serial No.) (rank) (organization)

Germany, P.O. 2014 November 5, 1947 Accident
(Place of death) (Date of death) (Cause of death)

10 - January 2, 1948 Germany into Hill by plane
(Time & date of burial) (Place of burial-Name & No. of Cemetery)

Buried with body
Attached to marker

5 2 40 wooden cross Identifi
(Grave No.) (Row No.) (Plot No.) (Kind of Grave Marker) (Identifi
tags)

Other pertinent data to enable grave to be located
(Where necessary sketch to locate grave should be furnished)

(Name & Address of Emergency Addressee) (Name & addresses of
legal next of kin).

Notes: See serial 1
John, Waller

If possible to ascertain whether death was by air or not, state
of burial. Do not include in this report any confidential information
in error.