

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
1	Chief Final Det Section Ident Br Mem Div	Navy Liaison Section Ident Br Mem Div ATTN: Mr. Moyer	6 Nov 1950	<p>SUBJECT: Recommended Association</p> <ol style="list-style-type: none"> 1. The "Re-examination of Records of Non-recoverables" indicates that Unknown X-214, Guadalcanal, may be the remains of Beddla, Michael J., Pvt., 347391, 2. Attached files are forwarded for necessary action. 3. It is requested that this section be advised of result. <p style="text-align: right;"><i>Lay</i> LAY 73472</p> <p style="text-align: right;"><i>Newbaker</i> NEWBAKER 75926</p>
2	Navy Liaison Section Ident Br Mem Div	Chief Final Det Section Ident Br Mem Div ATTN: Mr. Newbaker	7 Nov 1950	<ol style="list-style-type: none"> 1. Reference is made to request for re-investigation of Unknown X-214, Guadalcanal, Comment #1. 2. The re-investigation reveals the following discrepancies: <ul style="list-style-type: none"> (a) Dental comparison is not conclusive in that only 4 teeth are available for comparison. These are 4 molars and indicate common fillings. (b) No date of death is indicated on the Unknown Burial Report. Date of burial is indicated as 10 September 1945. 3. In view of the foregoing and lack of sufficient identifying media, the association of Unknown X-214, Guadalcanal and Pvt. BEDDLA is considered indefensible. <p>2 Incls n/c</p> <p style="text-align: right;"><i>Fisher</i> 52462 52462</p> <p style="text-align: right;"><i>Moyer</i> MOYER 73880</p>

Ball

1 ✓

Interred 7 February 1949 **DISINTERMENT DIRECTIVE**

B 106A

Alvan C. Baker

- Cemetery Superintendent

SECTION A - **ALVAN C. BAKER**
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000214		8	

CEMETERY GUADALCANAL	DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.
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PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
E146		4	SOLOMON ISLANDS	6

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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-214	SERIAL NUMBER UNK	RANK UNK	DATE OF DEATH UNK	DATE DISTINTERRED 10 Dec '47
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNK	RELIGION UNK	IDENTIFICATION VERIFIED BY W. A. McNamary <i>Emb.</i> NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CASKET	CONDITION OF REMAINS SKELETAL
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OTHER MEANS OF IDENTIFICATION
ONE (1) GRAVE MARKER. ONE (1) MORTUARY TAG

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE **2 July 1948** BY **L.A. JONES, EMBALMER**

CASKET SEALED BY G. D. MEEK	EMBALMER (Signature) L. A. JONES
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CASKET BOXED AND MARKED DATE 2 July 48 BY G. D. MEEK	SHIPPING ADDRESS VERIFIED BY T. P. MADINE
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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. McNamary
WILLIAM A. MCNAMARY

SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-214 Guadalcanal				2. DATE OF REPORT 25 March 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal			4. PLOT Box E	5. ROW 146	6. GRAVE 76 4	7. DATE OF DISINTERMENT REINTERMENT 25 Mar '48 25 Mar '48	

PHYSICAL DESCRIPTION Age 22 to 23 years.			
8. ESTIMATED WEIGHT 140 to 150 lbs.	9. ESTIMATED HEIGHT 168-0, 66.1-5'6 1/8"	10. COLOR OF HAIR U. T. D.	11. RACE Probably White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown X-214 64.
One (1) embossed plate with remains reads: Unknown X-214, Plot-E, Row-146, Grave-4.

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

UNIDENTIFIABLE

None **BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

1st. Lt. E. G. 107395 By Will. Disney Jan 1949

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Some bone fragments show evidence of being burned.
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? Remains present extensive erosion.
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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

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-214

TOP VIEW

SIDE VIEW



Guadalcanal

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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

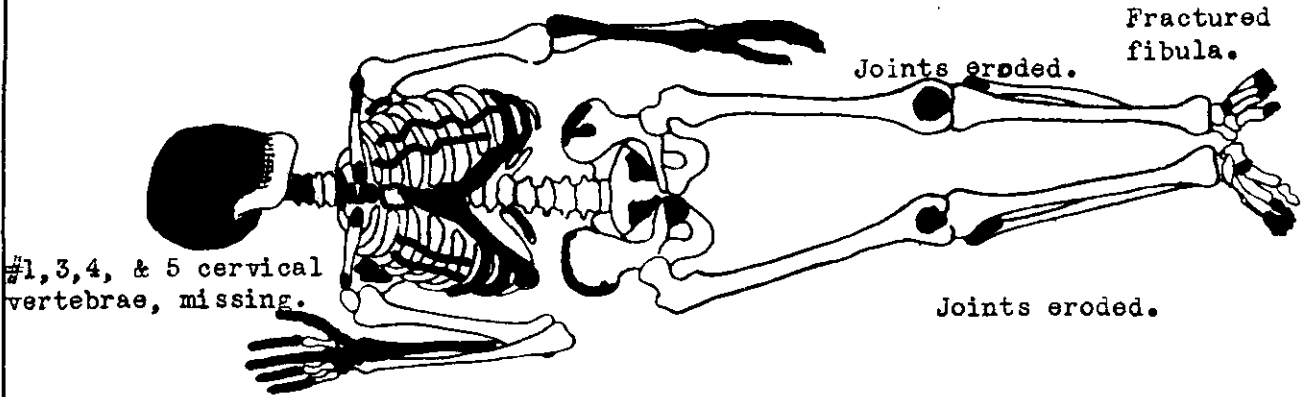
Cavity, Decayed



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
MAXILLA								MND TEETH MISSING									
Side Views																	
Top Views																	
Side Views																	
LOWER																	
Cavity																	
	A	A											A	A	IMP.		
	O	MOD											MOD	O			
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 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 *Paul L. Gravenor*
SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very young man, of average body build, weighing 140 to 150 lbs. The chin is of a sturdy construction with a small prominent bilateral chin. Since there are no skull or facial parts, this precludes any further description.
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
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		0		Skull missing, the mandible is present, eroded.
VERTEBRAE	CERVICAL	3		#1, 3, 4, & 5 missing, probably eroded.
	THORACIC	9		#5, 6, & 7 missing, all vertebrae eroded.
	LUMBAR	5		
SACRUM		1		Extensive erosion.
INNOMINATES	RIGHT	1	approx BI-ILIAC DIAM 26.4	" "
	LEFT	1		" "
RIBS		19		
STERNUM		1		Body only - eroded.
CLAVICLES	RIGHT	1		Extensive erosion.
	LEFT	1	approx 14.3	" "
SCAPULAE	RIGHT	1		" "
	LEFT	1		" "
HUMERI	RIGHT	1	32.1	Eroded.
	LEFT	1	31.8	"
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	1		Extensive erosion.
	LEFT	1		" "
HANDS	RIGHT	1		#2, 3, & 5 metacarpals present.
	LEFT	0		Missing.
FEMORA	RIGHT	1	42.2	Eroded.
	LEFT	1	42.1	"
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	35.2	Eroded.
	LEFT	1	34.9	"
FIBULAE	RIGHT	1		"
	LEFT	1		"
FEET	RIGHT	1		All present except #3 cuneiform.
	LEFT	1		All present except navicular.

HUMERO-CLAVICULAR RATIO approx 44.7

APPROXIMATE


ESTIMATED HEIGHT 168.0 66.1
5' 6 1/8"

AGE

22 to 23 YEARS

ESTIMATED WEIGHT 140 to 150 lbs.

LEG-HIP BR RATIO 62.6

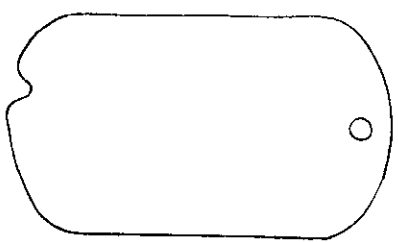

Paul L. Gravenor
Lab Supervisor
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-214 Guadalcanal

WD OMC 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
 27 Sept 1945

	NAME (Last, First, Middle Initial)		
	Unknown X-214		
	RANK	SERIAL NUMBER	COUNTRY
	Unknown	Unknown	Unknown
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE	RELIGION	DATE OF DEATH	
Unknown	Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH
Guadalcanal, B.S.I.	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.)
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DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
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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.	Remains found on hill approx. 1 mile in land from Pt. Cruz. No identification found. Probably remains of man killed in action in that area in 1942. Tooth chart could not be taken. Only the skeleton remained.
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LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.	No personal effects found.
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NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.	Army Navy Marine Cemetery Guadalcanal, B.S.I.
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DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
10 Sept 45	1500	"E"	146	4	Wooden Cross

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Catholic, Protestant, & Jewish	/s/ S/Sgt. Richard J. Moyer

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
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.	
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BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unknown X-281	Unknown	Unknown	Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Barron, Donald E.	GM 3c	3468123	US Navy	

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER
Chaplain Zimmerer, US Army. Chaplain Cox, US Army Chaplain Kravetz, US Army.	/s/ John R. Nolan /t/ JOHN R. NOLAN 1st Lt., OMC

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 QMC Form 1042
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 FILLED OUT

27 Sept 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-214		
	RANK Unknown	SERIAL NUMBER Unknown		COUNTRY Unknown		
	ORGANIZATION Unknown		BRANCH Unknown			
	RACE Unknown	RELIGION Unknown		DATE OF DEATH Unknown		

PLACE OF DEATH Guadalcanal, B.S.I.	CAUSE OF DEATH Unknown
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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	
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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	Remains found on hill approx. 1 mile in land from Pt. Gruz. No identification found. Probably remains of man killed in action in that area in 1942. Tooth Chart could not be taken. Only the skeleton remained.
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LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No personal effects found.	
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NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
---	--

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 10 Sept 45	HOUR 1500	PLOT NO. "E"	ROW NO. 146	GRAVE NO. 4	GRAVE MARKER Wooden Cross.
Army Navy Marine Cemetery Guadalcanal, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Catholic, Protestant & Jewish.	PERSON REPORTING BURIAL <i>1st Lt. Minard J. Meyer</i>
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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) Unknown X-281	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
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BODY ON RIGHT, NAME (Last, First, Middle Initial) Barron, Donald E.	RANK GM 3c	SERIAL NO. 3468123	ORGANIZATION US Navy
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PERSON CONDUCTING BURIAL RITES Chaplain Zimmerer, US Army. Chaplain Cox, US Army Chaplain Kravetz, US Army.	VERIFIED BY G. R. S. OFFICER JOHN R. NOLAN 1st Lt., QMC
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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