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NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 7 February 1949 **DISINTERMENT DIRECTIVE**

B 1214 *Alvan C. Baker* - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: ALVAN C. BAKER; DIRECTIVE NUMBER: 3730 00000; DATE: 26 09 47

NAME: UNKNOWN; SERIAL NUMBER: UNKNOWN-000216; RANK: ; ARM: 8; DATE OF DEATH: DAY MONTH YEAR

CEMETERY: GUADALCANAL; DISPOSITION OF REMAINS: 0492 64 CODE DIST. PL.

PLOT: E148; ROW: ; GRAVE: ; COUNTRY: SOLOMON ISLANDS; CAUSE OF DEATH: 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:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-216; SERIAL NUMBER: UNK; RANK: UNK; DATE OF DEATH: UNK; DATE DISINTERRED: 10 Dec 47

IDENTIFICATION TAG ON: [] REMAINS [] MARKER; ORGANIZATION: UNK; RELIGION: UNK; IDENTIFICATION VERIFIED BY: GILBERT L H WONG, CAPT., INF

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Casket; CONDITION OF REMAINS: Skeleton

OTHER MEANS OF IDENTIFICATION: Grave Marker and Mortuary plate

MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET: DATE 1 July 1948 BY WILLIAM J WILLIS, EMBALMER

CASKET SEALED BY: J. N. ROBINSON; EMBALMER (Signature): WILLIAM J. WILLIS

CASKET BOXED AND MARKED: DATE 7/1/48 BY J. N. ROBINSON; SHIPPING ADDRESS VERIFIED BY: J. TERADA

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

Gilbert L. H. Wong
GILBERT L. H. WONG, Capt., Inf.
SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-216 Guadalcanal				2. DATE OF REPORT 24 March 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 1 Formerly of Guadalcanal		4. PLOT E	5. ROW C	6. GRAVE 35 4	7. DATE OF DISINTERMENT 24 Mar '48	REINTERMENT 24 Mar '48

PHYSICAL DESCRIPTION Approx. age 26 to 27 years.

8. ESTIMATED WEIGHT 160 to 170 lbs.	9. ESTIMATED HEIGHT 178-180.08-3'10"	10. COLOR OF HAIR C.F.D.	11. RACE Probably white
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

- (1) One (1) embossed plate reading: Unknown X-216 - P-1, A-146, Gr-4.
- (3) One (1) embossed plate reading: Unknown X-216
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13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None
 Cyril C. Disney
 Inst. Lt., 1st Lt. 7308
Cyril C. Disney 4 Jan 1949

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Fracture of skull - erosion prominent in remaining parts.
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

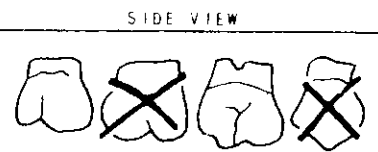
None

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-216



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

Guadalcanal



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

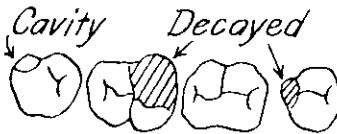
Gold Bridge



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



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
<i>Maxilla and teeth missing</i>															
<i>Broken teeth</i>															
													<i>This section of mandible teeth missing</i>		
A															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

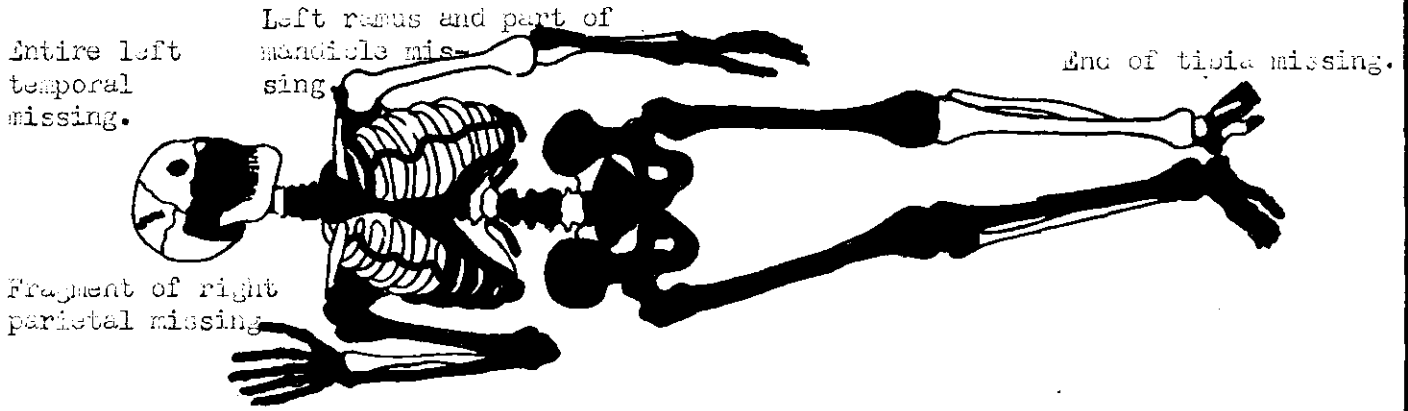
Side Views (left and right labels)

Top Views (left and right labels)

LOWER (left label)

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 6 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 tall, probably slender man of average muscularity and past his middle 20's.

The skull is average in size and oval in outline. The vault is rather high with prominent parietal bosses. The backhead is broad and rounding, with a slight occipital projection. Forehead is narrow and rounding. The jaw is rugged with flat sides and forms a slightly projecting chin of a rounded bilateral type.

The absence of all facial parts precludes any further description.

Microscope 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

SIGNATURE


C. H. GREENWOOD, CAPT., MC

C. H. Greenwood

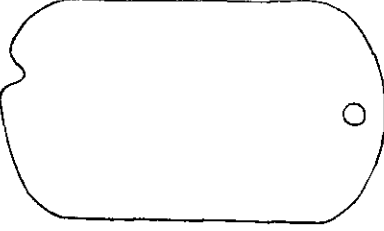
**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

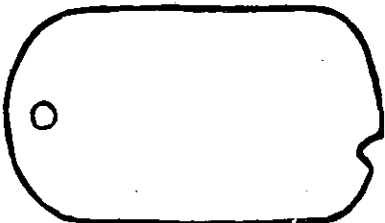
NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.0	Left temporal, portion of right temporal, nasal, maxilla, & left ramus, part of mandible missing.
VERTEBRAE	CERVICAL	1		6 missing. (Fragments only present)
	THORACIC	2		10 missing. (" " ")
	LUMBAR	1		4 missing. (" " ")
SACRUM		0		Missing.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	0		"
RIBS		15		All fractured - 9 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Both ends missing.
	LEFT	1		" " "
SCAPULAE	RIGHT	0		Missing.
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	1	34.6	
RADII	RIGHT	1	25.2	
	LEFT	0		Missing.
ULNAE	RIGHT	0		Missing.
	LEFT	1		Distal end missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	0		"
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1	39.4	
FIBULAE	RIGHT	1		Both ends missing.
	LEFT	1		" " "
FEET	RIGHT	1		Present - talus, only.
	LEFT	1		Present - talus, cuboid, 1,3,5 metatarsals.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT 175-70.08-5'10"	AGE	26 to 27	YEARS
ESTIMATED WEIGHT 160 to 170 lbs.		LEG-HIP BR RATIO	


 Paul L. Cravenor
 Lab. Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown A-216 Guadalcanal

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 27 Sept 1945	
		For Imprint of Identification Tag NAME (Last, First, Middle Initial) Unknown X-216					
		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			
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. Remains found on side of hill approx. 1 mile inland from Pt. Cruz. No identification found. Probably Body of man killed in action in that area in 1942. No tooth chart could be taken. Only skeleton remained.							
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. No personal Effects found.							
NAME OF EMERGENCY ADDRESSEE Unknown				ADDRESS OF EMERGENCY ADDRESSEE Unknown			
NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal B.S.I.							
DATE OF BURIAL 10 Sept 45	HOUR 1500	PLOT NO. "E"	ROW NO. 148	GRAVE NO. 4	GRAVE MARKER Wooden Cross		
TYPE OF RELIGIOUS CEREMONY Catholic, Protestant & Jewish. -				PERSON REPORTING BURIAL /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			
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) Unknown X-287			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-286			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.	
PERSON CONDUCTING BURIAL RITES Chaplain Zimmerer US Army. Chaplain Cox, US Army. Chaplain Kravetz, US Army.				VERIFIED BY G. R. S. OFFICER /s/ John R. Nolan /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 OMC Form 1082 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 27 Sept 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Unknown X-216					
	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			
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 Remains found on side of hill approx. 1 mile inland from Pt. Cruz. No Identification found. Probably Body of Man killed in action in that area in 1942. No tooth chart could be taken. Only skeleton remained.						
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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" Army Navy Marine	ROW NO. 148	GRAVE NO. 4 Cemetery	GRAVE MARKER Wooden Cross. Guadalcanal B.S.I.	
TYPE OF RELIGIOUS CEREMONY Catholic, Protestant & Jewish.			PERSON REPORTING BURIAL <i>John R. Nolan</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) Unknown X-287			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-286			RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Chaplain Zimmerer US Army. Chaplain Cox, US Army. Chaplain Kravetz, US Army.			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st. Lt., OMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC 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						