

1

interred 11 March 1949 **DISINTERMENT DIRECTIVE**  
N 435 - Cemetery Superintendent

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

NAME **UNKNOWNX-000025** SERIAL NUMBER **0** RANK **0** ARM **0** DATE OF DEATH  
DAY MONTH YEAR

CEMETERY **GUADALCANAL** DISPOSITION OF REMAINS **0492 64**  
CODE DIST. PT.

PLOT **FMC 50** ROW **1** GRAVE **1** 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-25** SERIAL NUMBER **UNK** RANK **UNK** DATE OF DEATH **UNK** DATE DISINTERRED **25 November 47**  
IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION **UNK** RELIGION **UNK** IDENTIFICATION VERIFIED BY **C.E. GOODWIN  
2nd LT.** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **CASKET** CONDITION OF REMAINS **SKELETAL**

OTHER MEANS OF IDENTIFICATION  
**ONE (1) FORM #1, 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**

CASKET BOXED AND MARKED **G. D. MEEK** SHIPPING ADDRESS VERIFIED BY **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.

**FILE**  
**12 JUL 1949**  
**WILLIAM A. Mc NANAMY, EMBALMER**  
SIGNATURE OF GRS INSPECTOR

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

Incl 300 NLR

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-25</b>				2. DATE OF REPORT <b>22 March 1948</b>			
3. NAME OF CEMETERY <b>Guadalcanal</b>				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
<b>U. S. Army Mausoleum No. 1 Formerly of 1st Marine Division Cemetery Guadalcanal</b>					<b>B</b>	<b>94</b>	DISINTERMENT
				<b>FMC</b>	<b>50</b>	<b>1</b>	REINTERMENT <b>22 Mar '48    22 Mar '48</b>
PHYSICAL DESCRIPTION <b>Age 19 to 20 years.</b>							
8. ESTIMATED WEIGHT <b>140 to 145 lbs.</b>		9. ESTIMATED HEIGHT <b>5'6<math>\frac{1}{4}</math>"</b>		10. COLOR OF HAIR <b>U.T.D.</b>		11. RACE <b>White</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <b>One (1) report of interment reading: "Unidentified #25" Two (2) embossed plates reading: "Unknown X-25 64"</b>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <b>None</b>							
<b>UNIDENTIFIABLE</b> BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? <i>Cyril E. Diney 20 Jan 1949</i>					
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? <b>Ribs</b>					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <b>Epiphyseal joints of both humerii, lower femurs, left tibia, radii, and ulnae not closed.</b>							
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)  <b>Shoes, pair, Army Field Type, size 8<math>\frac{1}{2}</math> EE. Belt, one (1) regulation.</b>							

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS: <b>Unknown X-25</b>			
<b>Guadalcanal</b> <b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

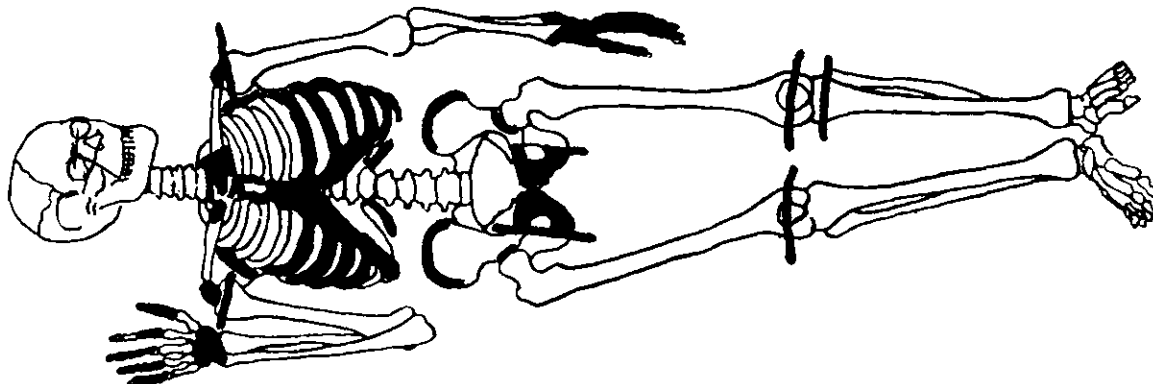
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Section 7701 of book Missing</i> O F A F R A A A O N F O M O D								R A A A M Q D F, O F D O							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
A → A O DRIFT O								A O imp.							
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."

**Remarks:**  
 1. Spacing of upper and lower anterior teeth.

*pat*

19. BLACK OUT PARTS OF BODY NOT RECORDED



CORB

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 short young man of average to slight stature and approximately 19 to 20 years of age.

Skull presents a long oval outline, forehead has little slope and the backhead has a prominent projection with palpable occipital protuberance. Parietal bossae fairly prominent.

Face is of average proportions, except the mandible which is comparatively narrow, chin forms a narrow bilateral eminence.

Fluoroscopic examination negative. 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

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

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & SOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fract. maxillars, temporals, and occipital.
VERTEBRAE	CERVICAL	5		#5 & 6 missing.
	THORACIC	10		2 missing.
	LUMBAR	5		
SACRUM		1		Fractured only upper end present.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured and pubis missing.
	LEFT	1		" " " "
RIBS		16		Multiple fractures, 8 missing.
STERNUM		1		Manubrium missing.
CLAVICLES	RIGHT	1		Medial end missing.
	LEFT	1		Medial end missing.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	31.6	Epiphyseal joint not closed.
	LEFT	1		" " " "
RADII	RIGHT	1		Distal end missing.
	LEFT	1		" " "
ULNAE	RIGHT	1		" " "
	LEFT	1		" " "
HANDS	RIGHT	1		5 metacarpals, 2 phalanges, rest missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1	44.5	Lower epiphyseal joint not closed.
	LEFT	1	44.8	" " " " "
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1	36.3	
	LEFT	1	36.5	Epiphyseal joint not closed.
FIBULAE	RIGHT	1		
	LEFT	1		
FEET	RIGHT	1		Complete.
	LEFT	1		"

NUMERO-CLAVICULAR RATIO U.T.D.

APPROXIMATE

ESTIMATED HEIGHT 66.1 5'6 1/8"

AGE

19 to 20

YEARS

ESTIMATED WEIGHT 140 to 145 lbs.

LEG-HIP BR RATIO U.T.D.

*Paul L. Gravenor*  
Paul L. Gravenor  
Lab. Supervisor  
ANTHROPOLOGIST

ENCLOSURE TO: X-25 Guadalcanal

REST

CATEGORY III CASE  
 NO CLUES  
 IDENTIFICATION IMPOSSIBLE  
 AT PRESENT TIME

APR 5

Graves Registration  
 Form No. 1  
 (Revised May 11, 1943)

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

UNIDENTIFIED BODY #25

(Last Name) (First) (Initial) (Serial #) (Rank) (Organization)

Guadalcanal, S.I.

(Place of Death) (Date of Death) (Cause of Death)

First Marine Division Cemetery

(Time and Date of Burial) (Name of Cemetery) (Name or coordinates of location)

1	50	Standard	
(Grave Number)	(Row Number)	(Plot Number)	(Type of marker-Regulation V - shaped or other)

Disposition of identification tags: Buried with Body Yes  No   
 Attached to marker Yes  No

GRS Form #1 inclosed within bottle buried in grave.

(If no identification tags, what means of identification are buried with body?)  
 No further information left at this office by Marine GRS Unit.

(If no identification tags, but identity definitely estab., give particulars)

Body buried on RIGHT Dexter C. Arden, 363791, Pvt, USMC-E-2-5 2  
 (Name) (Serial #) (Rank) (Orgn) (Grave #)

Body buried on LEFT Beginning of Row.  
 (Name) (Serial #) (Rank) (Orgn) (Grave #)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: