

AIR MAIL

QUICK 295
GCS Pacific Lt. Col.
SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMO, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific
Zone, APO 950, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures,
withdrawn.

2. Subject cases have been reviewed and this Office approves the
classification of the following Unknowns as unidentifiable: Unknowns
X-3, X-13, X-14, X-16, X-19, X-26, X-27, X-32, X-33, X-35, X-40, X-41,
X-52, X-53, X-55, X-31, X-90, X-91, X-91B, X-96, X-104, X-117, X-177,
X-182, X-183, X-188, X-195, X-211, X-212, X-220, X-225, X-226, X-235,
X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277,
X-311, X-322, X-325, X-287, X-288, X-290, X-301, X-293, X-295, X-295,
X-297, X-298, X-301, X-304, X-308, X-313, X-324, X-344, Formerly
Sandakan; X-745, X-746, X-809, X-872, X-873, X-874, X-875, X-898,
X-898, formerly Shanghai Remains Depot; X-7, Formerly Emplabogon;
X-50, formerly Manning; X-125, X-145, X-149, X-149 B X-149 C, X-150 A,
X-150 B, X-223, X-223, formerly Barrackpore.

3. Further reference is made to inclosures 62 and 63, Unknowns
X-315A, and X-316 B, formerly Barrackpore. Subject cases are suspended
for further investigation.

FOR THE QUARTERMASTER GENERAL:

65 Incls. w/c

T. H. MEZ
Lt. Colonel, QMC
Memorial Division

L. Hargrave
Salsor
SN
re-Administrative Section

HCB

NJB

AIR MAIL

Handwritten notes and signatures on the right margin, including a large vertical signature and the initials HCB and NJB.

AIR MAIL

HEADQUARTERS
AMERICAN GRAVE REGISTRATION SERVICE
(PACIFIC ZONE)
APO 959

INDEX 247

JAN 24 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Enclosed here with eighty-three (83) GMR Forms 1041 for Kim Sang, Chung-hai, Hwang Doo-il, Gurdalcanal, Pusananpore, Pusanan and Pusanan
Comedorio, stamped and signed in accordance with Letters of GMR, GMR 1041
GMR (Pacific Zone), Subject: Resolution of Cases of Unidentified Remains
dated 22 September 1947.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Lane
s/ HORACE LANE
Captain, GMR
Chief, RR Div

83 Incls

1. GMR Form 1041-1041a-1041b-
Done List 1-6-Gurdalcanal
2. GMR Form 1041-1041a-1041b-
Done List 1-12-Gurdalcanal
3. GMR Form 1041-1041a-1041b-
Done List-
Fluoroscopic Findings 1-14-
Gurdalcanal
4. GMR Form 1041-1041a-1041b-
Done List-
1-17-Gurdalcanal
5. GMR Form 1041-1041a-1041b-
Done List-
1-19-Gurdalcanal
6. GMR Form 1041-1041a-1041b-
Done List-
1-25-Gurdalcanal
7. GMR Form 1041-1041a-1041b-
Done List-
1-27-Gurdalcanal
8. GMR Form 1041-1041a-1041b-
Done List-
1-32-Gurdalcanal

AIR MAIL

PRIME 203

SUBJECT: Description of Inventory

12 Incls

- 9. QRS Form 1041-1042-1043-Base List
X-53 Confidential
- 10. QRS Form 1044-1045-1046-Base List
X-53 Confidential
- 11. QRS Form 1047-1048-1049-Base List
X-40 Confidential
- 12. QRS Form 1051-1052-1053-Base List-Enclosure-Base List
X-41 Confidential
- 13. QRS Form 1044-1045-1046-Base List
X-53 Confidential
- 14. QRS Form 1047-1048-1049-Base List
X-53 Confidential
- 15. QRS Form 1044-1045-1046-Base List
X-54 Confidential
- 16. QRS Form 1047-1048-1049-Base List
X-41 Confidential
- 17. QRS Form 1041-1042-1043-Base List
X-53 Confidential
- 18. QRS Form 1044-1045-1046-Base List
X-51 "A" Confidential
- 19. QRS Form 1047-1048-1049-Base List
X-51 "B" Confidential
- 20. QRS Form 1041-1042-1043-Base List
X-104 Confidential
- 21. QRS Form 1044-1045-1046-Base List
X-117 Confidential
- 22. QRS Form 1047-1048-1049-Base List
X-117 Confidential
- 23. QRS Form 1041-1042-1043-Base List
X-102 Confidential
- 24. QRS Form 1044-1045-1046-Base List
X-103 Confidential
- 25. QRS Form 1047-1048-1049-Base List
X-103 Confidential
- 26. QRS Form 1041-1042-1043-Base List
X-105 Confidential
- 27. QRS Form 1044-1045-1046-Base List
X-105 Confidential
- 28. QRS Form 1047-1048-1049-Base List
X-107 Confidential
- 29. QRS Form 1041-1042-1043-Base List
X-110 Confidential
- 30. QRS Form 1044-1045-1046-Base List
X-220 Confidential
- 31. QRS Form 1047-1048-1049-Base List
X-220 Confidential

HRRES 225

SUBJECT: Resolution of Unidentified Remains

53 Encls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadalupe
- 33. QMC Form 1044-1044a-1044b-Bone List-
X-225-Guadalupe
- 34. QMC Form 1044-1044a-1044b-Bone List-
X-227-Guadalupe
- 35. QMC Form 1044-1044a-1044b-Bone List-
X-242-Guadalupe
- 36. QMC Form 1044-1044a-1044b-Bone List-
X-243-Guadalupe
- 37. QMC Form 1044-1044a-1044b-Bone List-
X-244-Guadalupe
- 38. QMC Form 1044-1044a-1044b-Bone List-
X-245-Guadalupe
- 39. QMC Form 1044-1044a-1044b-Bone List-
X-247-Guadalupe
- 40. QMC Form 1044-1044a-1044b-Bone List-
X-249-Guadalupe
- 41. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadalupe
- 42. QMC Form 1044-1044a-1044b-Bone List-
X-255-Guadalupe
- 43. QMC Form 1044-1044a-1044b-Bone List-
X-277-Guadalupe
- 44. QMC Form 1044-1044a-1044b-Bone List-
X-261-Guadalupe
- 45. QMC Form 1044-1044a-1044b-Bone List-
X-262-Guadalupe
- 46. QMC Form 1044-1044a-1044b-Bone List-
X-265-Guadalupe
- 47. QMC Form 1044-1044a-1044b-Bone List-
X-237-Guadalupe
- 48. QMC Form 1044-1044a-1044b-Bone List-
X-235-Guadalupe
- 49. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadalupe
- 50. QMC Form 1044-1044a-1044b-Bone List-
X-261-Guadalupe
- 51. QMC Form 1044-1044a-1044b-Bone List-
X-265-Guadalupe
- 52. QMC Form 1044-1044a-1044b-Bone List-
X-265-Guadalupe
- 53. QMC Form 1044-1044a-1044b-Bone List-
X-265-Guadalupe

AIR MAIL

DIRCO 203

SUBJECT: Resolution of Unidentified Remains

25 India

- 76. QIC Form 1044-1044b-3000 List X-149 "D"
Barrackpore
- 77. QIC Form 1044-1044b-3000 List X-149 "C"
Barrackpore
- 78. QIC Form 1044-1044b-3000 List X-150
"A" Barrackpore
- 79. QIC Form 1044-1044a-1044b-3000 List
X-150 "B" Barrackpore
- 80. QIC Form 1044-1044a-1044b-3000 List
X-233 Barrackpore
- 81. QIC Form 1044-1044a-1044b-3000 List
X-233 Barrackpore
- 82. QIC Form 1044-1044b-3000 List X-315 "A"
Barrackpore
- 83. QIC Form 1044-1044b-3000 List X-315 "B"
Barrackpore

AIR MAIL

25 India

DISINTERMENT DIRECTIVE

Interred 11 March 1949
N 144

- Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 8730 00000	DATE 25 05 47 DAY MONTH YEAR
---	--------------------------------	--

NAME UNKNOWN X-000287	SERIAL NUMBER	RANK	ARM 2	DATE OF DEATH DAY MONTH YEAR
--------------------------	---------------	------	----------	-------------------------------------

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

PLOT E 148	ROW 3	GRAVE 3	COUNTRY SOLOMON ISLANDS	CAUSE OF DEATH 5
---------------	----------	------------	----------------------------	---------------------

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-287	SERIAL NUMBER Unk	RANK Unk	DATE OF DEATH Unk	DATE DISINTERRED 20 November 47
-----------------------	----------------------	-------------	----------------------	------------------------------------

IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION Unk	RELIGION Unk	IDENTIFICATION VERIFIED BY L. K. Smith, Embalmer NAME AND TITLE
--	---------------------	-----------------	--

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 6 July 1948 BY WILLIAM J WILLIS, EMBALMER

CASKET SEALED BY J. N. ROBINSON	EMBALMER (Signature) <i>FILE</i> WILLIAM J WILLIS 1949
------------------------------------	--

CASKET BOXED AND MARKED DATE 7-4-1948 BY J. N. ROBINSON	SHIPPING ADDRESS VERIFIED BY J. TERADA REGISTRATION BRANCH MESS DIV.
--	---

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.

ms
2641 *2nd 178*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U S ARMY MAUS NO 3	TO HAWAII DIST
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE 23 FEB 1949	DATE 23 FEB 1949

2. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

3. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

4. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

7. SHIPPED

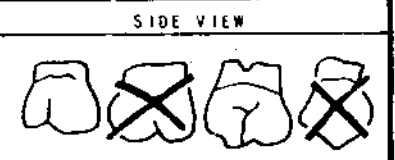
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

JUN 13 1949
 RECORDS BRANCH
 DEPARTMENT OF THE ARMY
 HEADQUARTERS
 WASHINGTON, D. C.

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-287



Guadalcanal

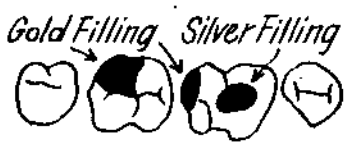
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



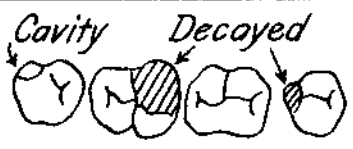
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



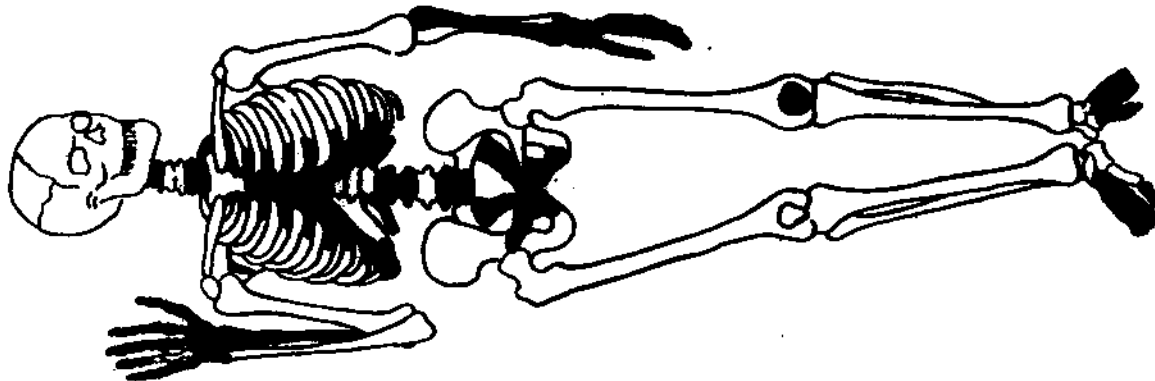
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	R O	R O											R O	⊙			
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	Side Views
	⊙	R O	Drift											Drift	K 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, SIGNATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall young man of average build and muscularity. The skull is small and ellipsoidal in shape, the vault is average and the backhead is slightly protruding. The forehead is low, very prominent brow ridge glabella. The nasal root is high and very narrow. The nose was probably straight in profile and skewed to the right. The border of the lower face is long and the chin is shallow and forms a prominent rounded eminence. It cannot be demonstrated that the cranium goes with the post cranial remains.

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 MAUSOLEUMS, APO 957**

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.2	
VERTEBRAE	CERVICAL	2		5 missing.
	THORACIC	7		5 missing.
	LUMBAR	1		4 missing.
SACRUM		1		Fragments.
ILIOINCHIATES	RIGHT	1	BI-ILIAC DIAM 29.2	Pubis missing.
	LEFT	1		" "
RIBS		18		6 missing.
STERNUM		1		Body missing.
CLAVICLES	RIGHT	1	14.5	
	LEFT	1	15.0	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	35.0	
	LEFT	1	35.0	
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	1		Distal head missing.
	LEFT	1		" " "
HANDS	RIGHT	1		#4 metacarpal present.
	LEFT	0		Missing.
FEMORA	RIGHT	1	48.5	
	LEFT	1	48.5	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	39.0	
	LEFT	1	39.0	
FIBULAE	RIGHT	1	38.5	
	LEFT	1	38.5	
FEET	RIGHT	1		Calcaneus and #1-4 metatarsals present.
	LEFT	1		Calcaneus and talus present.

NUMERO-CLAVICULAR RATIO	43.0	APPROXIMATE	
ESTIMATED HEIGHT	179.5-5'10 $\frac{1}{2}$ "	AGE	22 to 24 YEARS
ESTIMATED WEIGHT	165 to 175 lbs.	LEG-HIP BR RATIO	59.5


 Paul L. Gravenor
 Lab. Supervisor
 IDENTIFICATION

ENCLOSURE TO: X-287 Guadalcanal

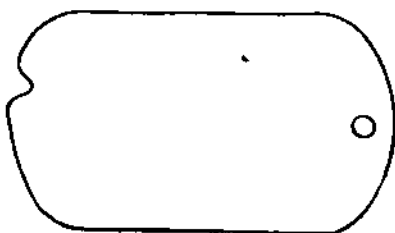
WD OMC FORM 1082
 Rev. 1 February 1945
 (Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.)

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-287

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

PLACE OF DEATH
 Tulagi, B.S.I.

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.

IDENTIFICATION SECTION
 REPATRIATION RECORDS BRANCH
 MEMORIAL DIVISION

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

No personal effects found.

CATEGORY III CASE
 NO CLUES
 IDENTIFICATION IMPOSSIBLE
 AT PRESENT TIME

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 24 Sept 45 (Reburial)	HOUR 1508	PLOT NO. "G"	ROW NO. 148	GRAVE NO. 3	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY
 Previous service unknown.

PERSON REPORTING BURIAL
 /s/ S/Sgt. Richard J. Moyer

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) Brown, Lee C.	RANK Matt 1c	SERIAL NO. 3467548	ORGANIZATION USN USS PENACOLA	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-216	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/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.

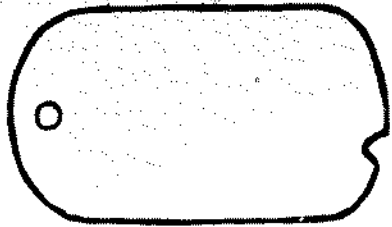
OVER FOR BURIAL INSTRUCTIONS Previously buried as X-48 in Row 6, Grave 124, Plot B
 USN & USMC Cemetery, Tulagi

WD OMC 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-287

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Tulagi, B.S.I.

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

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

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

DATE

24 Sept 45
(Reburial)

HOUR

1508

PLOT NO.

148

ROW NO.

3

GRAVE NO.

3

GRAVE MARKER

Wooden Cross.
Guadalcanal B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown.

PERSON REPORTING BURIAL

Sgt. Richard J. Mayer

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 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)

Brown, Lee G.

RANK

Matt 1c

SERIAL NO.

3467548

ORGANIZATION USN

USS PENSACOLA

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Unknown X-216

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

John R. Nolan
JOHN R. NOLAN
1st Lt., QMC

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

Previously buried as X-48 in Row 6, Grave 124, Plot B
USN & USMC Cemetery Tulagi

INSTRUCTIONS FOR POSTAL

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
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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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.

FILLINGS

Silver Fillings
#2, #3, #14,
#19 and #30



CAVITIES

None



MISSING TEETH

#1, #16, #17
and #32.



CROWNED TEETH

None

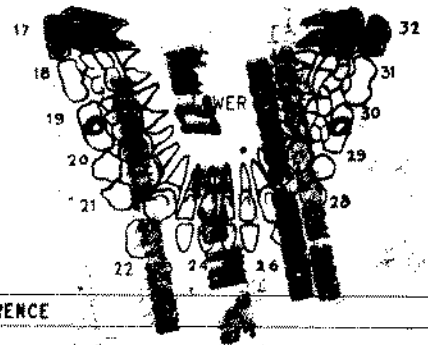
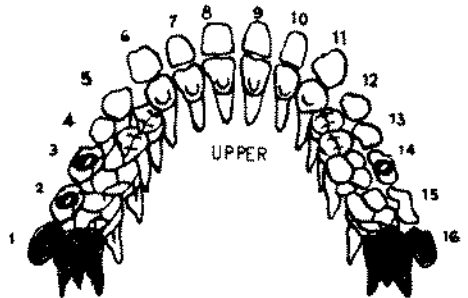


BRIDGE WORK

None




DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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

1	
2	
3	
4	
LEFT THUMB	
RIGHT THUMB	
4	
3	
2	
1	

WD QMC Form 1-42- 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 16 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-48			
		RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown	
		ORGANIZATION Unknown		BRANCH Unknown	
		RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown	
PLACE OF DEATH Tulagi, 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 checked="" type="checkbox"/> YES <input 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 <p style="text-align: center;">No personal effects found.</p>					
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 27 Dec. 1944 (Reburial)	HOUR 0830	PLOT NO. B	ROW NO. 6	GRAVE NO. 124	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL <i>Alvt. Richard J. Mayel</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) HEWITT, Gilbert M.		RANK Unknown	SERIAL NO. 375-90-09	ORGANIZATION USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) VIEGLEMANN, Otto		RANK Unknown	SERIAL NO. 223-04-19	ORGANIZATION USN	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <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					

Incl # 48

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.


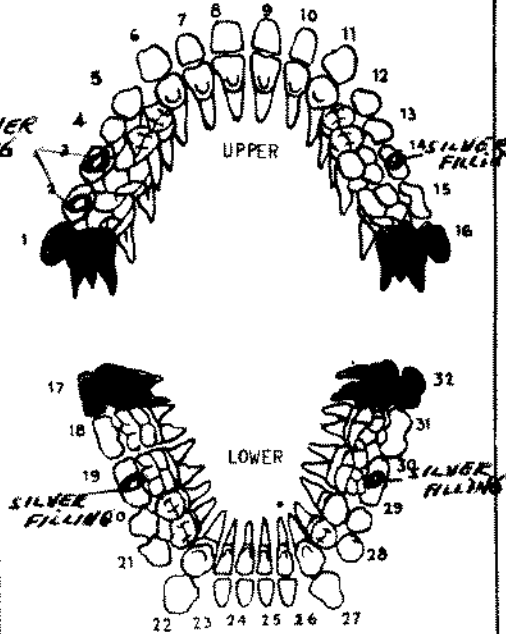




3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE 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.

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

LEFT THUMB

RIGHT THUMB

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

SKETCH AND MAP REFERENCE

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
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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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 collection point.

The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

FILLINGS
 Silver Filling #2, #3, #14, #19 and #30
 SILVER FILLING
 GOLD FILLING

CAVITIES
 None
 CAVITY
 DECAYED

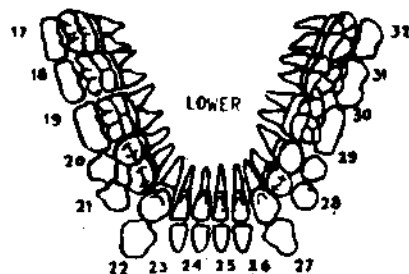
MISSING TEETH
 #1, #16, #17 and #32
 TOOTH MISSING

CROWNED TEETH
 None
 PORCELAIN CROWN
 GOLD CROWN

BRIDGE WORK
 None
 GOLD BRIDGE



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

E. A. Miller, Jr.

E. A. Miller, Jr.
 1st Lt., QMC



When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Left Little Finger
 Left Ring Finger
 Left Middle Finger
 Left Index Finger
 Left Thumb
 Right Thumb
 Right Index Finger
 Right Middle Finger
 Right Ring Finger
 Right Little Finger