

OF THE PACIFIC
Interred 11 March 1949

DISINTERMENT DIRECTIVE

Alton C. Baker Cemetery Superintendent

1 ✓

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 00000

DATE

26 | 09 | 47
DAY MONTH YEAR

NAME

UNKNOWN X-000291

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

8

DAY MONTH YEAR

CEMETERY

GUADALCANAL

DISPOSITION OF REMAINS

0492 64

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

E149

1 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN X-291

Unk

Unk

Unk

22 November 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

Unk

Unk

William A. McNamany,
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

1 Grave Marker, 1 Mortuary Tag

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 1948

BY

LAWRENCE A. JONES, EMBALMER

CASKET SEALED BY

G. D. MEEK

EMBALMER (Signature)

LAWRENCE A. JONES

FILE
2 JUL 1949

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

T. P. MADINE

REPAatriation
BRANCH
MEM. DIV.

DATE 7/5/48 BY G. D. MEEK

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. McNamany
WILLIAM A. MCNAMANY

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

REPAIRS
RECORDS BRANCH
JUN 7 8 45 AM '44
GENERAL DIVISION

RECEIVED
HAWAIIAN DISTRICT
JUN 24 1944

U.S. ARMY MAOS NO 3
TRUCK
SIGNATURE OF SHIPPER JOHN T. MURPHY
DATE
Capt. OMC 01885944

FROM		U.S. ARMY MAOS NO 3	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		JOHN T. MURPHY	
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
1. SHIPPED			
FROM		HAWAIIAN DIST	
KIND OF CONVEYANCE		GENERAL DIVISION	
SIGNATURE OF SHIPPER			
DATE		JUN 24 1944	
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
2. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
3. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
4. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
5. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
6. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
7. SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			

HONOLULU NATIONAL CEMETERY
SIGNATURE OF SHIPPER
(BY ADMINISTRATIVE ORDER)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-291			2. DATE OF REPORT 25 June 1948				
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Guadalcanal			4. PLOT E	5. ROW 149	6. GRAVE 1	7. DATE OF DISINTERMENT 25 Jun 48	REINTERMENT 25 Jun 48

PHYSICAL DESCRIPTION				Approx Age: 24 - 26	
8. ESTIMATED WEIGHT 150 - 155	9. ESTIMATED HEIGHT 174-68.51-5'8 1/2"	10. COLOR OF HAIR Light Brown		11. RACE White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed metal plate reading: X-291 P-E, R-149, G-1
 One (1) embossed casket plate reading: X-291, Guadalcanal
 One (1) embossed casket plate reading: X-291

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
 1st. Lt., FA O-1167395 *Cyril C. Disney* | *20 Jan 1949*

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

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

Inc 56

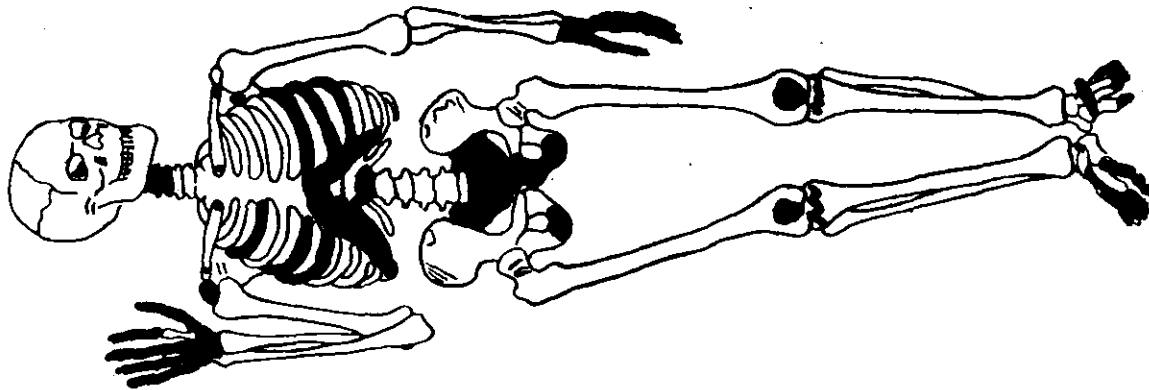
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>U_nknown X-291</p>	<p>↓ <i>Tooth Missing</i> ↓</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Guadalcanal Cemetery</p>	<p><i>Gold Crown</i>, <i>Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i>, <i>Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
○	A OL, O	A O, O	M DO									See Rem	A MO	A O, O	
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
○	○	A F	M										A F, OL	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. The section of maxilla between L-4 and L-6 is broken. It is possible that L-5 was extracted. L-4 has drifted slightly distally and L-6 has drifted slightly mesially.
 2. L-8 is partially impacted.
 3. R-16 and L-16 are unusually long mesially and distally.

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

M. Trotter
M Trotter SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man with light brown hair, average in build, about 24 - 26 years of age. The skull is small and oval in outline. The vault is of average height. The backhead projects moderately. There is a peaked external occipital protuberance. There is definite ~~right~~ cranial asymmetry, particularly in the left occipital and right mastoid process regions. The forehead is straight and glabella regions are average in size with slight browridges. The face is long and narrow with flat sides. In profile the nose is convex. The palate is narrow but average in height. The lower jaw is long and average in structure with slight gonial flare. The chin is pointed with a slight median eminence.

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., OMC

SIGNATURE

O. W. Greenwood
A.L.

AND ~~RECORDED~~ 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	51.7	
VERTEBRAE	CERVICAL	5		2 missing, some fragments, all eroded
	THORACIC	10		2 missing fragments eroded
	LUMBAR	5		
SACRUM		0		Missing
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Eroded portion ischium missing
	LEFT	1		Eroded portion ischium and pubis missing
RIBS		19		Some fragments
STERNUM		1		
CLAVICLES	RIGHT	1		Eroded both ends
	LEFT	1	15.4 approx	
SCAPULAE	RIGHT	1		Eroded coracoid and acromian process missing
	LEFT	1		Eroded portion of body missing
HUMERI	RIGHT	1	33.6	
	LEFT	1	32.9	
RADII	RIGHT	1	25.4	
	LEFT	1	24.8	
ULNAE	RIGHT	1	27.1	
	LEFT	1	26.8	
HANDS	RIGHT	1		1 metacarpal present
	LEFT	0		Missing
FEMORA	RIGHT	1	47.3	Some erosion at head
	LEFT	1	47.2	" " " "
PATELLAE	RIGHT	0		Missing
	LEFT	0		Missing
TIBIAE	RIGHT	1		condyle eroded
	LEFT	1	38.0	" "
FIBULAE	RIGHT	1	37.5	
	LEFT	1	37.3	
FEET	RIGHT	1		3 tarsals 1 metatarsal present
	LEFT	1		4 tarsals 3 metatarsal present

HUMERO-CLAVICULAR RATIO	46.0		APPROXIMATE	
ESTIMATED HEIGHT	174-68.51-5'8 1/2"	AGE	24 - 26	YEARS
ESTIMATED WEIGHT	150 - 155		LEG-HIP BR RATIO	

ENCLOSURE TO: X-291, Guadalcanal

M TROTTER

M. Trotter
ANTHROPOLOGIST

WD 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

9215
28 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

Unknown X-291

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
(Burial)

HOUR 1502

PLOT NO.

149

ROW NO.

1

GRAVE NO.

1

GRAVE MARKER

Wooden Cross.

Army Navy Marine Cemetery 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)

Beginning of Row.

RANK

SERIAL NO.

ORGANIZATION

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

Rockstad, Paul B.

RANK

Cpl.

SERIAL NO.

20711077

ORGANIZATION

US Army.

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 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

Previously buried as X-49, in Row 6, Grave 126 Plot B
USN + USMC cemetery Tulagi

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
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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.






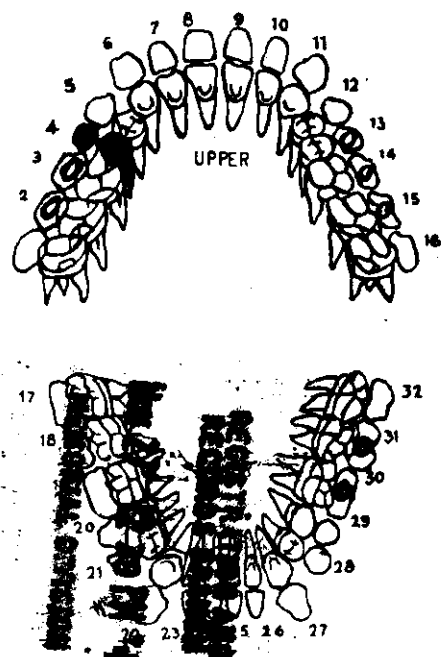
LEFT THUMB	FILLINGS Silver fillings. #2, #3, #13, #14 #15, #30 and #31	 <p>SILVER FILLING GOLD FILLING</p>
RIGHT THUMB	None	 <p>CAVITY DECAYED</p>
	MISSING TEETH #4	 <p>TOOTH MISSING</p>
	CROWNED TEETH None	 <p>PORCELAIN CROWN GOLD CROWN</p>
	BRIDGE WORK None	 <p>GOLD BRIDGE</p>

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

N

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

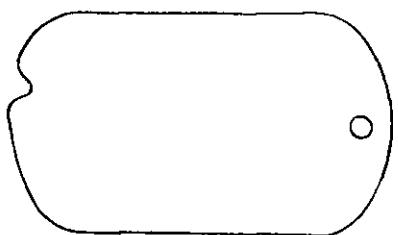
REPORT OF INTERMENT
(TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

27 Sept 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)



Unknown X-291

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

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal E.S.I.

DATE OF BURIAL

24 Sept 45
(Reburial)

HOUR

1502

PLOT NO.

"E"

ROW NO.

149

GRAVE NO.

1

GRAVE MARKER

Wooden Cross.

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)

Beginning of Row.

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

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

Rockstad, Paul B.

RANK

Cpl.

SERIAL NO.

20711077

ORGANIZATION

US Army

GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

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 Previously buried as X-49 in Row 6, Grave 126, Plot B

USN & USMC Cemetery Tulagi

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 NUMBR		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 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, #13, #14 #15, #30, and #31	SILVER FILLING GOLD FILLING
CAVITIES None	CAVITY DECAYED
MISSING TEETH #4	TOOTH MISSING
CROWNED TEETH None	PORCELAIN CROWN GOLD CROWN
BRIDGE WORK None	GOLD BRIDGE

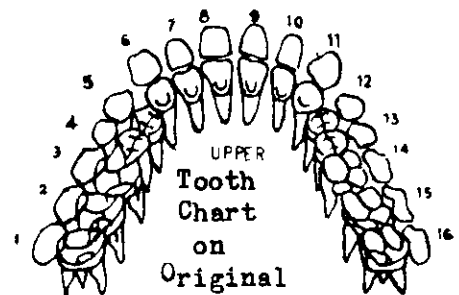
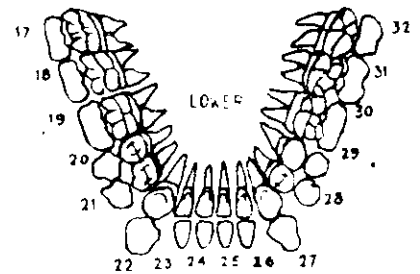


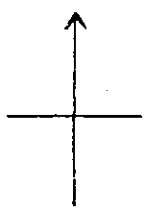
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

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



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


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

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

16 April 1945

 NO TAGS	NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-49		
	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
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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.)
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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
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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
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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. 126	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1, TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>Adj. Richard J. Mayer</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) VIEGLEMANN, Otto	RANK Unknown	SERIAL NO. 223-04-19	ORGANIZATION USN
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BODY ON RIGHT, NAME (Last, First, Middle Initial) RUSH, A.L.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN
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PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC
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INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADROPLICATE 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 49

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 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

4

3

2

1

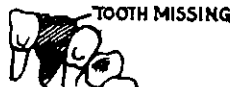
FILLINGS



CAVITIES



MISSING TEETH



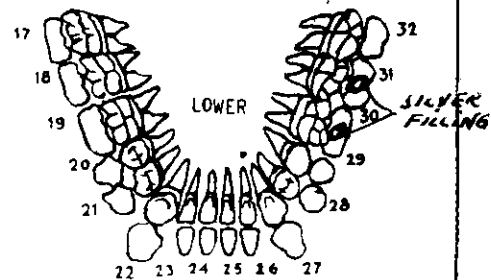
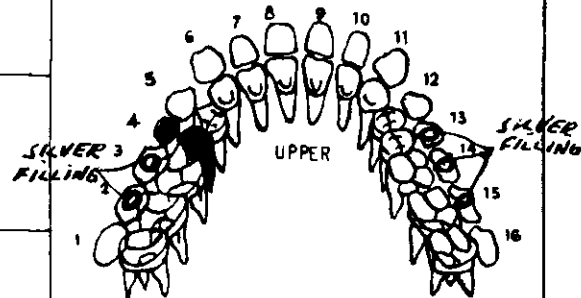
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

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