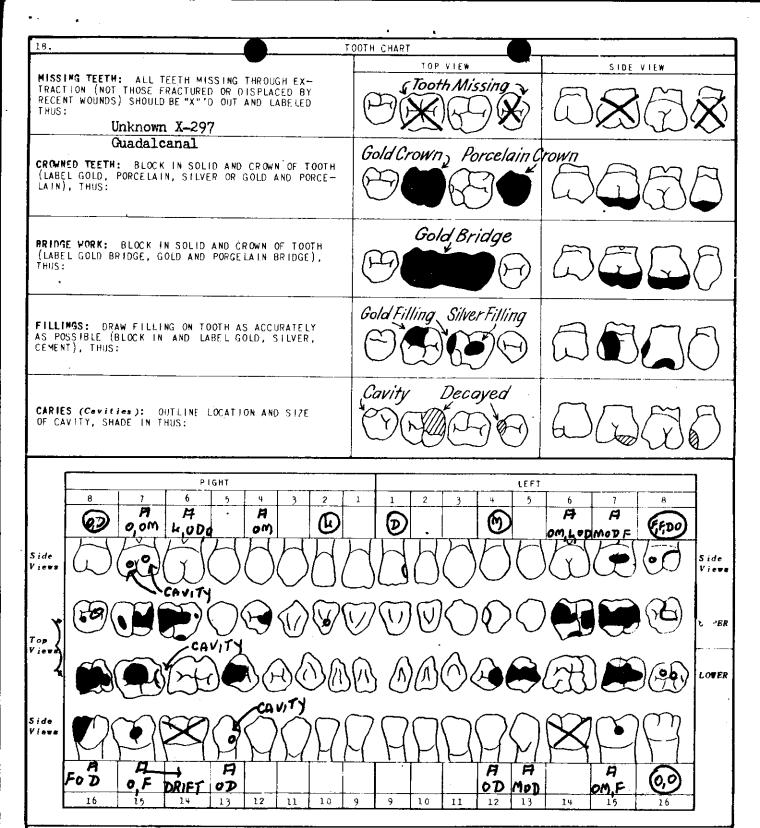
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| (BY ADMIN | MATIONAL CEN | RDER) SECTION C — DISINTE | | AND ADDRESS OF | | | |
| AE MACHANT | E Y 907 | SERIAL NUMBER | RANK | DATE OF DEATH | | DAT | E DISTINTERRED |
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| | | SECTION D — PREPARAT | | AINS FOR SHIPMI | | - 444 | NAME AND TILE |
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| I hereby ce and that the rep | ertify that all the fo port above is correc | regoing operations we | , | GILBERT SIGNATURE C | | 940 G. | immediate supervision |
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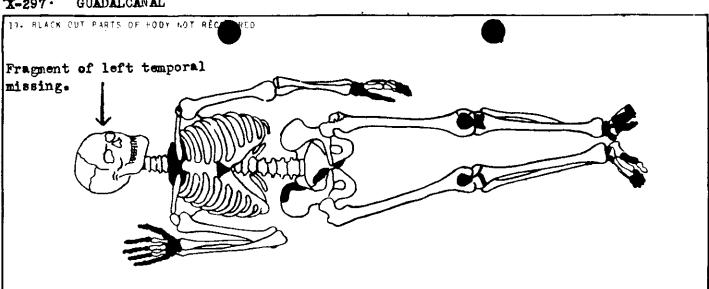
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Incl. 54



DENTURES (Places): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."



20 •

MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible)

___ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF two (2) OF THE FOLLOWING ANATOMICAL PARTS:

One (1) extra right ulna.

Paul L. Gravener, THATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall young man of 22-24 years of age, weighing 150-155 pounds, with an average body build.

The skull is average in size and forms a medium-eval outline. The ferenead is sleping, with medium prominence of the glabella region. The backhead projects slightly. There is right cranial asymmetry. There is considerable osteeporosis of the left parietal and left side of the frontal bones. The nose was high and narrow and appears to have been rather straight. There is considerable alveolar prognathism.

The chin is medium in structure and has a shovel shape, with a wide bilateral chin eminance.

The extra right ulna mentioned in paragraph 20 has been removed and classified as C.I.L. 642.

Fluoroscope 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

O. W. GREENWOOD, CAPT., QMC

ATRAL IDENTIFICATION LABORATORY

Owgrumvoo

| NAME | SIDE | NO | BONE LENGTHS | REMARKS |
|------------------------|--------------------|---------------------------------------|---------------|---|
| | | | IN CM | (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) |
| SKULL | | 1 | 54.1 | Slightly fractured; fragment of lt. tempora |
| | CERVICAL | 7 | | bone missi |
| VERTEBRAE | THORACIC | 12 | | |
| | LUMBAR | 5 | | |
| SACRUM | | , | | Fragments of rt auricular surface missing. |
| | RIGHT | 1 | BI-ILIAC DIAM | Pertion of ilium missing. |
| INNOMINATES | LEFT | 1 | 24.6 | Fragment of pubis missing. |
| RIBS | | 22 | | Two missing; three fractured. |
| STERNUM | | 1 | | Manubrium & xiphoid process missing. |
| OLAVIOLES | RIGHT | 1 | 15.2 | |
| CLAV ICLES | LEFT | ı | 15.2 | |
| eraguas | RIGHT | 1 | | |
| SCAPULAE | LEFT | 1 | | Fragment of acromian precess missing. |
| HUMERI | RIGHT | 1 | 34,0 | |
| RUNCKI | LEFT | 1 | 34.2 | |
| RAD I 1 | RIGHT | 1 | 25.7 | |
| | LEFT | 1 | 25.3 | Head fractured. |
| ULNAE | RIGHT | 1 | 27.5 | |
| | LEFT | 1 | 27.3 | " |
| HANDS | RIGHT | 1 | | All missing except metacarpals #2.3 & 4. All missing except metacarpals #2,3 & 4 and few phalanges. |
| | LEFT | 1 | 40.4 | few phalanges. |
| FEMORA | RIGHT | 1 | 46.4 | Chapter to shouten & dictal anthemity front |
| ···· | RIGHT | 0 | 46.6 | Greater trechanter & distal extremity fract Missing. |
| PATELLAE | LEFT | 0 | | Missing. |
| | RIGHT | 1 | 39.2 | Head fractured. |
| TIBIAE | LEFT | 1 | 39.€ | Head fractured, pertion of front surface mi |
| Figure of | RIGHT | 1 | | Head missing. |
| FIBULAE | LEFT | 1 | | Head missing. |
| EFFT | RIGHT | 1 | | All missing except calcaneus, navicular, lst & 2nd cubeid & metatarsals #2 & 3. |
| FEET | LEFT | ı | | All missing except cuboid, metatarsals #4 & |
| NUMERO-CLAVICULAR | RAT 10 | · · · · · · · · · · · · · · · · · · · | 47.5 APPR | OX IMATE |
| 17 ESTIMATED HEIGHT | 8.0 70.1 5' 10" | | AGE 22 - | 24 YEARS |
| | 150 - 155 | | | IP BR RATIO 52.9 |

GP - AGRS 2 |

NARRATIVE

Unknown X-297, P-F, R-194, G-6, (Guadalcanal) Box 136.

The above listed case was given a complete processing and during the course of processing, it was found to contain an extra right non-articulating ulna.

Unknown X-296, P-F, R-191, G-6 Unknown X-298, P-F, R-211, G-10

The cases listed above were checked in an effort to associate the extra right ulna, but no association was possible. The extra bene was that of a much younger man.

Therefore, the extra parts has been removed and classified as C.I.L. 642.

| | _ | , | +_ | | % U | 657 | K |
|--|--|--|--|--|--|--|-----------------|
| NO OMC FORM TON2 | | | | | DATE RI | EPORT F | LLED O |
| Rev. 1 February 1945. (Supersedes form dated | REPORT | F INTERMENT | | - | 1 | | |
| 3 Jan. 1945. Existing stocks may be used until exhausted.) | (TM 10-630 a | ind AR 30-181 | 5) | | 17 (| otobe | r 194 |
| For Imprint of Identification Tag | NAME (Last, First, & | iddle Initial) | | | | | |
| | Unknown | X- 297 | | | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | RANK | SERIAL NUMBER | R | | | COUNTRY | · · |
| 0 | Unknown | | Unknow | n | | Un | known |
| \ | ORGANIZATION | | BRANCH | | ક્ષ | -n# | |
| \ | Unknown | | | Unic | OWID | n n | nr fru |
| | RACE Unknown | RELIGION | Jnknown | | 26 | | nown |
| PLACE OF DEATH | | CAUSE OF DEAT | TH | HUKIAL | ন | S | |
| Tulagi, B.S.I. | | Unknow | vn. | (*) - | 2 5 | Z | ; |
| IDENTIFICATION TAGS FOUND ON BODY | | IF NO IDENTIF | FICATION TO | AGS, OTH | ENR MEA | S USEN | O IDENT |
| 1 2 | XX NONE | BODY (Identii | fication Ca | rds, Le | <u>. </u> | te. 🛣 | 5 |
| DISPOSITION OF SUBSTITUTE TAGS, I | | | | | | | |
| COMPLETE FINGERPRINT CHART OF BOTH | H HANDS ON REVERSE | COMPLETE TOOT | TH CHART OF | N REVERS | Ē | | |
| T YES | OCC NO | | C | XX YES | |] NO | |
| LIST ANATOMICAL CHARACTERISTICS A | ND OTHER DATA IF FING | ERPRINTS CANNOT E | BE TAKEN. | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON | | of SAME. | found | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON | | onal effects | | | | | |
| NAME OF EMERGENCY ADDRESSEE | | | MERGENCY A | | £ | | |
| NAME OF EMERGENCY ADDRESSEE Unknown | No perso | onal effects | | | E | | |
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| NAME OF EMERGENCY ADDRESSEE Unknown NAME, NUMBER AND LOCATION OF CEME ATTLY NAVY Marine Ce DATE OF BURIAL 26 Sept 45 Reducial TYPE OF RELIGIOUS CEREMONY Previous Service Unkn IDENTIFICATION TAGS BURIED WITH B IF IDENTIFICATION TAGS NOT PRESEN BODY ON LEFT, NAME (Last, First, Diaz, Rene A. BODY ON RIGHT, NAME (Last, First, Osakowicz, John S. PERSON CONDUCTING BURIAL RITES | No personal care of the state o | ADDRESS OF EN ADDRESS OF EN B.S.I. GRAVEENO. PERSON REPOR J-5 O ATTACHED TO ICATION DATA BUR DE (See Paregrap RANK Pfc RANK SK 3/c VERIFIED BY JOHN 1 | MERGENCY AND LINK BURIAN MARKER SERIAL NO. 820081 SERIAL NO. 642 55 G. R. S. O. R. NOLAN | WOODER AND ODY AND OFFICER | Cros IN WHAT ORGANIZA ORGANIZA ORGANIZA CROSS USS Bunker | YES KIND O | GRAVE |
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| NAME OF EMERGENCY ADDRESSEE Unknown NAME, NUMBER AND LOCATION OF CEME ATMY Navy Marine Ce DATE OF BURIAL 20 Sept 45 Reburial TYPE OF RELIGIOUS CEREMONY Previous Service Unkn IDENTIFICATION TAGS BURIED WITH B IF IDENTIFICATION TAGS NOT PRESEN BODY ON LEFT, NAME (Last, First, Diaz, Rene A. BODY ON RIGHT, NAME (Last, First, Osakowicz, John S. PERSON CONDUCTING BURIAL RITES Unknown INSTRUCTIONS FOR FILLING OF THE PROPERTY OF THE PROPER | No person tery. metery Guadalcar Lot No. Row No. F 194 LOWN DIES BURIED EITHER SI Middle Initial) Middle Initial) IN ESTABLISHED CEMETE TO THE STABLISHED CEMETE SUBMIT | ADDRESS OF EN ADDRESS OF EN B.S.I. GRAVE-NO. FERSON REPOR J- S O ATTACHED TO ICATION DATA BUR DE (See Paragrap RANK Pfc RANK SK 3/c VERIFIED-BY FURNISM SKETC FOR IN QUADRUPLE PARE IN QUAD | MERGENCY ALL LINKTO GR TING BURIA MARKER HED WITH B SERIAL NO. 820081 SERIAL NO. 642 55 G. R. S. G R. NOLAN H AND MAP LICATE FOR T MEMBER OF | WD AVE MARI WOODER ODY AND FFICER REFERENCE U. S. DE GRAVES | IT CES ON READ, ONE | YES KIND O TION HILL WC EVERSE E ADDIT | GRAVE 7 |
| NAME OF EMERGENCY ADDRESSEE Unknown NAME, NUMBER AND LOCATION OF CEME ATTOM NAVY Marine Ce DATE OF BURIAL 26 Sept 45 Reduria Hour PREVIOUS SERVICE Unkn IDENTIFICATION TAGS BURIED WITH B IF IDENTIFICATION TAGS NOT PRESEN BODY ON LEFT, NAME (Last, First, Diaz, Rene A. BODY ON RIGHT, NAME (Last, First, Osakowicz, John S. PERSON CONDUCTING BURIAL RITES Unknown INSTRUCTIONS FOR FILLING OF FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL FOR ALLIED AND ENEMY DEAD. | No person terry. TERY. metery Guadalcar LOT NO. ROW NO. F 194 LOWN ODY YES- SC N T, WHAT OTHER IDENTIF DIES BURIED EITHER SI Widdle Initial) Middle Initial) IN ESTABLISHED CEMETE FORWARD THE ORIGINAL NEST CASHALITY REPORTS | ADDRESS OF EN ADDRESS OF EN B.S.I. GRAVE-NO. 6 PERSON REPOR 7-5 0 ATTACHED TO ICATION DATA BUR PIC RANK PIC R | MERGENCY AND ALL CATE FOR THROUGH AND ALL CATE SAND ALL CATE TO A CONTRIBUTION OF THE CATE OF THE OF THE CATE OF T | WD AVE MARI WOODER ODY AND FFICER REFERENCE U. S. D. FFICER COPIES V | CES ON R Lt., CES ON R | YES KIND O TION TION Hill EVERSE E ADDITION BY THE | GRAVE GRAVE 7 |
| NAME OF EMERGENCY ADDRESSEE Unknown NAME, NUMBER AND LOCATION OF CEME ATMY NAVY Marine Ce DATE OF BURIAL HOUR PARTY 1547 TYPE OF RELIGIOUS CEREMONY Previous Service Unkn IDENTIFICATION TAGS BURIED WITH B IF IDENTIFICATION TAGS NOT PRESEN BODY ON LEFT, NAME (Last, First, Diaz, Rene A. BODY ON RIGHT, NAME (Last, First, Osakowicz, John S. PERSON CONDUCTING BURIAL RITES Unknown IF BURIAL OTHER THAN INSTRUCTIONS FOR FILLING OF FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL HEADQUARTERS (TO BE CHECKED AGAIN REGISTRATION OFFICER OF THAT HEAD | No person tery. TERY. metery Guadalcar LOT NO. ROW NO. F 19/4 LOWIN T, WHAT OTHER IDENTIF DIES BURIED EITHER SI Widdle Initial) Middle Initial) IN ESTABLISHED CEMETE UT BURIAL REPORT: PRI ALL COPIES. SUBMIT FORWARD THE ORIGINAL VIST CASUALTY REPORTS. DOUARTERS) TO BASE SE | ADDRESS OF EN ADDRESS OF EN B. S. I. GRAVE NO. FERSON REPOR J - S O ATTACHED TO ICATION DATA BUR DE (See Paressape RANK Pfc RANK Pfc RANK Pfc RANK Pfc RANK SK 3/C VERIFIED BY FURNISM SKETC PARE IN QUADRUPLE REPORT TO NEAREST AND TWO COPIES IN AND ALLIED PAPERS CTION GRAVES REG | MERGENCY AND LICATE FOR THEOUGH AT SAND ALL CISTRATION STATEMENT OF THEOUGH AT SAND ALL CISTRATION SAND AL | WOODER AND ODY AND OFFICER REFERENCE U. S. D. F. GRAVES LEAST OF GRAVES VESERVICE | IN WHAT ORGANIZA ORGANIZ | YES KIND O TION HILL EVERSE E ADDITE RATION S ER ADMIN BY THE | GRAVE GRAVE 7 |
| Unknown NAME, NUMBER AND LOCATION OF CEME ATMY NAVY Marine Ce DATE OF BURIAL 26 Sept 45 Reburia 1547 TYPE OF RELIGIOUS CEREMONY Previous Service Unkn IDENTIFICATION TAGS BURIED WITH B IF IDENTIFICATION TAGS NOT PRESEN BODY ON LEFT, NAME (Last, First, Diaz Rene A. BODY ON RIGHT, NAME (Last, First, Osakowicz, John S. PERSON CONDUCTING BURIAL RITES Unknown IF BURIAL OTHER THAN INSTRUCTIONS FOR FILLING OF FOR ALLIED AND ENEMY DEAD. SIGN GRAVES REGISTRATION SERVICE WILL HEACOLUBTERS (TO RE CHECKED AGAIL FOR CHECKED AGAIL | No person tery. Metery Guadalcan | ADDRESS OF EN ADDRESS OF EN B.S.I. GRAVE-NO. 6 PERSON REPOR 7-5 0 ATTACHED TO ICATION DATA BUR PIC RANK PIC R | MERGENCY AND LICATE FOR THROUGH AT SAND ALL CISTRATION SERVING | WD AVE MARI WOODER ODY AND FFICER REFERENCE F GRAVES LEAST OCCUPIES V SERVICE 46, ix | It CES ON REGISTIONE HIGHER FIED OFFICER. CO. Plot. | YES KIND O TION HILL EVERSE E ADDIT ER ADMIN BY THE | GRAVE GRAVE 7 |

1000 168

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|----------|---------------|-------------------|--|
| | 111 | | INSTRUCTIONS FOR THAL |
| | ttle Finger | efc | 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 |
| de los | Ring Finger | When unidenti | 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: |
| | Middle Finger | T ed. | HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS |
| | Finger | eft thumb | WEAPON AND SERIAL NUMBER LAUNDRY MARKS . WHERE BODY WAS BURIED |
| | Index Finger | Left | a 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. |
| | | ngerprint | 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 tobe included in personal effects but is |
| | Thumb | e of bot | 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 |
| | Thumb | th hands - 11 thi | CAVITIES SILVER FILLING GOLD FILLING CAVITY DECAYED S / VERY UPPER 14 S // VERY FILLING 15 Fill |
| | Index Finger | Right | MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN |
| | Middle Finger | Right | PORCELAIN CROWN GOLD CROWN SI LOWER BRIDGE WORK GOLD BRIDGE 10 10 10 10 10 10 10 10 10 1 |
| 3. | | R R | 22 23 24 25 16 27 |
| | Ring Finger . | Right | SKETCH AND MAP REFERENCE |
| <u> </u> | Little Finger | Right | |

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DATE REPORT FILLED OUT WD MC FORM 1042 REPORT OF INTERMENT Rev. 1 February 1945 17. October 1945 (Supersedes form dated (TM 10-630 and AR 30-1815) 3 Jan. 1945. Existing stocks may be used until exhausted.) NAME (Lost, First, Middle Initial) For Imprint of Identification Tag with. Unknown X-297 COUNTRY SERIAL NUMBER RANK Unknown Unknown Unknown 0 **BRANCH** ORGANIZATION Unknown Unknown DATE OF DEATH RELIGION RACE Unknown Unknown Unknown CAUSE OF DEATH PLACE OF DEATH Tulagi, B.S.I. Unknown IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY IDENTIFICATION TAGS FOUND ON BODY BODY (Identification Cards, Letters, etc.) XX NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE TOOTH CHART ON REVERSE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE KX YES C NO XX NO T YES 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 ADDRESS OF EMERGENCY ADDRESSEE NAME OF EMERGENCY ADDRESSEE Unknown Unknown NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cemetery Guadalcanal, B.S.I. GRAVE MARKER GRAVE NO. DATE OF BURIAL PLOT NO. ROW NO. HOUR 26 Sept 45 194 Wooden Cross 1547 F

DATE OF BURIAL HOUR PLOT NO. ROW NO. GRAVE NO. GRAVE MARKER

26 Sept 45 1547 F 194 6 Wooden Cross

Reburial Type of Religious ceremony
Person Reporting Burial
Previous Service Unknown /s/T-5 William H. Tussey

IDENTIFICATION TAGS BURIED WITH BODY YES- NO ATTACHED TO MARKER YES XX 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) GRAVE NO. SERIAL NO. ORG AN LZATION RANK BODY ON LEFT, NAME (Last, First, Middle Initial) 2nd MAW 820081 Diaz, Rene A. Pfc GRAVE NO. ORGANIZATION SERIAL NO. BODY ON RIGHT, NAME (Last, First, Middle Initial) RANK USS 642 55 93 SK 3/c Osakowicz, John S. Bunker Hil VERIFIED BY G. R. S. OFFICER PERSON CONDUCTING BURIAL RITES /s/ Ellsworth Marshall 1st Lt., QMC Unknown QMC for /t/ JOHN R. NOLAN, 1st Lt.

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND HAP REFERENCES ON EVEST INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPLICATE FOR U. S. DEAD ON ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES RED STRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER AMMINISTRATIVE 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

| <u> </u> | | | |
|----------|--------------------------------------|----------------|--|
| | E. | | INSTRUCTIONS FOR IAL |
| | Left Left btle Finger Ring Finger | When unidenti | 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: |
| | ιχ | ified | HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS |
| | Le ddle | d, | |
| | ft Finc | ake th | WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED |
| | H | thumb | α 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, |
| | Left Index Finger | ď | 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 |
| | Left Thumb | ints of | 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 |
| | | both h | Chart, in accordance with diagram. FILLINGS SILVER FILLING GOLD FILLING 7 0 10 |
| | Right Thumb | hands - if thi | CAVITIES CAVITY DECAYED 12 13 15 |
| | Right Index Finger | s is not | MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN |
| | nger | poss | |
| | Right Middle Finger | ssible fill i | CROWNED TEETH PORCELAIN CROWN 18 LOWER PORCELAIN CROWN 19 LOWER 20 LO |
| | ger | n to | GOLD BRIDGE 21 |
| | R Ring | oth . | SKETCH AND MAP REFERENCE |
| , | Right Ring Finger | chart. | A TRUE COPY |
| | Right Little Finger | | C. M. ISELEY Lt. Col., SEC |

| | | | | | | |
|---|-------------------------|--|---------------------------------------|--------------------------------|--|--|
| MD OMC FORM 1042 | | | | DATE REPORT FILLED OUT | | |
| Rev. 1 November 1942 (GRS 1, dated 11 May 1942 | REPORT OF IN | TERMENT | | | | |
| may be used until exhausted) | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | 15 4 pril 1945 | | |
| FOR IMPRINT OF IDENTIFICATION TAG | NAME (Last, First, Mid | dle initial) | | | | |
| | | | | | | |
| | UNIDENTIFI | ED BODY | X-46 | | | |
| \ | RANK | SERIAL NUMBER | | COUNTRY | | |
| 110 | Unknown | | Unknown | Unknown | | |
| NO TAGS | ORGANIZATION | BRANCH | | | | |
| \ \ \ \ \ \ \ | Unkne | own | U: | nknown | | |
| | RACE | RELIGION | | DATE OF DEATH | | |
| | Unknown | | Unknown | Unknown | | |
| PLACE OF DEATH | | CAUSE OF DEAT | H - | | | |
| | | | | | | |
| Tulegi, B. | S.I | | <u>Unk</u> no | awn | | |
| IDENTIFICATION TAGS FOUND ON BODY | | IF NO IDENTIF | CATION TAGS, OTHE | R MEANS USED TO IDENTIFY | | |
| <u> </u> | NONE | BODY (Identif | ication Cards, Let | iters, etc.' | | |
| DISPOSITION OF SUBSTITUTE TAGS, IF | MADE | | | | | |
| | | | | | | |
| COMPLETE FINGERPRINT CHART OF BOTH | HANDS ON REVERSE | COMPLETE TOOT | H CHART ON REVERSE | | | |
| T YES | ADALA NO | | DOX: YES | NO | | |
| LIST ANATOMICAL CHARACTERISTICS AND | OTHER DATA IF FINGERPR | INTS CANNOT BE | TAKÉN | | | |
| | | | | | | |
| | | | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON B | ODY AND DISPOSITION OF | SAME | | | | |
| | | | | | | |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | No personal | effects fou | ınd. | | | |
| | - | | | | | |
| | | | - | | | |
| NAME OF EMERGENCY ADDRESSEE | | ADDRESS OF EM | ERGENCY ADDRESSEE | | | |
| | | | | | | |
| Unknown | | | Unknown | | | |
| IF BURIAL OTHER THAN IN | ESTABLISHED CEMETERY F | PRISH SKETCH A | D HAP REFERENCES | ON REVERSE | | |
| DATE HOUR | PLOT_NO. ROW NO. | | GRAVE MARKER | | | |
| 21 Dec. 1944 0930 | B 5 | 112 | _ Wooden Cros | S | | |
| (Reburial) | USN & USMC CEMET | | | <u> </u> | | |
| TYPE OF RELIGIOUS CEREMONY | | PERSON REPORT | ING BURIAL | | | |
| Previous Service Unl | nown | and the second s | | | | |
| IDENTIFICATION TAGS BURIED WITH BOD | | ATTACHED TO MARKER YES NO | | | | |
| IF IDENTIFICATION TAGS NOT PRESENT. | | | | | | |
| | | • | | | | |
| BODI | ES BURIED EITHER SIDE (| See Paragraph & | on Reverse) | | | |
| BODY ON LEFT, NAME (Last, First, Mi | | RANK | SERIAL NO. | ORGANIZATION | | |
| CRAM, Alvin L. | , | Unknown | Unknown | USN | | |
| BODY ON RIGHT, NAME (Last, First, M | iddle Initial) | RANK | SERIAL NO. | ORGANIZATION | | |
| EDWARDS, George H. | 10070 111111017 | Unknown | 376-17-38 | USN | | |
| PERSON CONDUCTING BURIAL RITES | | | R. S. OFFICER | 1 /1/1/ | | |
| | | | $\mathcal{C}_{\mathcal{U}}$ | MM. Kolan | | |
| Uńknown | | 1 | ED TA | N R. NOLAN | | |
| Outhown | | | //lst | Lt., QMC | | |
| INSTRUCTIONS FOR FILLING OUT B | IIDIAI DEPOST. MAYE AUT | OMP FORM 1 - GPS | | | | |
| TIONAL COPY FOR ALLIED AND ENEMY DE | AD. SIGN ALL COPIES. | SUBMIT REPORT TO | D NEAREST MEMBER C | NF GRAVES REGISTRATION SER + | | |
| VICE. GRAVES REGISTRATION SERVICE | WILL FORWARD THE ORIGIN | AL AND TWO COPIE | ES THROUGH AT LEAS | IT ONE HIGHER ADMINISTRATIVE [| | |
| HEADQUARTERS (TO BE CHECKED AGAINST | CASUALTY REPORTS AND A | LLIED PAPERS AND |) ALL COPIES VERIF | TED BY THE GRAVES REGISTRA- | | |
| TION OFFICER OF THAT HEADQUARTERS) | TO BASE SECTION GRAVES | REGISTRATION SE | ENVICE UPPICER. | | | |

L. E# 16

OVER FOR BURIAL INSTRUCTIONS

| 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 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 FERMANENT LANDWARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT. PORT FORM. PLACE THESE WITH INFORMATION AS TO TOENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSES IN PERSONAL EFFECTS LIST ONLY PERSONAL EFFECTS TOWE, OR OTHER AVAILABLE MAX ERILAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PRISONAL WITH THE PORT OF BEATH. GOVERN-MEAT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS TOWLE, OR OTHER AVAILABLE MAX WENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS IN STORAGE TO THE DITTORY. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDANCE WITH DIABRAM. THE COMBINION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDANCE WITH DIABRAM. CAVITIES CAVITIES CROWNED TEETH PORCELAIN CROWN GOLD CROWN CROWNED TEETH CROWNED TEETH CROWNED TEETH CROWNED TEETH COOTH MISSING CROWNED TEETH | | | |
|--|----------|---|--|
| BERO OF THE MEDICAL DETACHMENT AND ATTACH ENT SCI. SOUTH WERE PROTICAL RISE DURY OF STATEMERS SHOULD OIL GRANT TO GET SIVE FEET? IN PLACE ONLY ORE BODY IN A GRAVE, REMOVE ONE DOENTIFICATION TAG AND ATTACH TO GRAVE MAKE A FORTAL HOLD FOR THE MEDICAL PROTICES OF SIXTURE SHOULD AND ATTACH TO GRAVE MAKE A FORTAL HOLD FOR FOR FORTAL HOLD FOR FORTAL HOLD FOR FOR FORTAL HOLD FOR FOR FORTAL HOLD FOR FOR FORTAL HOLD FOR FOR FOR FOR FOR FORTAL HOLD FOR FOR FORTAL HOLD FOR | , | INSTRUCTIONS FOR IAL | W C |
| MANABAGE UNIT AT SALES SURVEY ONE WITH REPAIRS AND THE OTHER DOES (1) FOOT EACH SALES SALES AND FALCE AT HEAD FORWARD AND THE CONTROL OF THE | | BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LO PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTALL LEAVE OTHER TAG ON BODY IN PROTFCTFD POSITION. IF NO TAG IS PRESENT. M | PROPERTY. DRESS OF FIVE FEET; IN SS OF IDENTITY. CH TO GRAVE MARKER. AKE A MOTATION OF I |
| HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS WEAPON AND SERIAL NUMBER LAUNDRY MARKS WERE BODY MAS BURIED 2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, RON, AND COLOR OF STORY AND GIVE LOCATION BY MASS OF MAR REFERENCES, ON PEPRAGE SECTOR IN SPACE PROVIDED BELLOW; AND GIVE LOCATION BY MASS OF MAR REFERENCES, OF PREPARE SECTOR IN SPACE PROVIDED BELLOW; AND GIVE LOCATION BY MASS OF MAR REFERENCES, OF PREPARE SECTOR IN SPACE PROVIDED BELLOW; AND GIVE LOCATION BY MASS OF MAR REFERENCES, OF PROMINENT PROPORTION, PROPERTY IS NOT TO BE INFORMATION MUST BE SPECIFIC, ACCUMATE, COMPLETE. STAND AT FOOT OF REPAYS AND HEAD FROM HEAD FOR HEAD AT FOOT OF THE LEFT AND FROM PORD ON THE BURIAL REPORT OF DESTABLE MATERIAL REPORT OF THE HEAD AND FROM HEAD FOR AN PART TON, PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURKED INTO SALVAGE COLLECTING POINT. THE COMDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CMART, INACCORDANCE FILLING CAVITYES CAVITYES CAVITY DECANED WISSING TEETH TOOTH MISSING CROWNED TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN OCCURRED THE TOOTH CMART, INACCORDANCE WITH DIAGRAM. FILLINGS BRIDGE WORK GOLD FILLING CROWNED TEETH TOOTH MISSING CAVITY SECOND TO THE TOOTH WILL BE INDICATED ON THE TOOTH CMART, INACCORDANCE FACAL TO THE TOOTH CMART, TO THE TOOTH CMART, TO THE TOOTH CMART, | v | AVAILABLE CONTAINER; BUNY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT B WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WH VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAININ ARE AVAILABLE, FILL OUT TOOTH CHART. IF POSSIBLE AND NOTE: | ELOW GRAVE MARKER. AND PLACE AT HEAD EN PEGS ARE NOT A- MILITARY RIPLAL. |
| MEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED 2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CHMETERIES BY PLOT, ROM, AND OF GRAVE STANDARD ON CENETERY MAP). FOR ALL OTHER BURIALS PEPARS SKETCH IN SPACE PROPOSED TO PROMINENT STANDARD ON COLOR SHOWN ON CHETCHY MAP). FOR ALL OTHER BURIALS REPARS SKETCH IN SPACE PROPOSED TO PROMINENT STANDARD ON COLOR SHOP IN CACURATE, COMPETE. STANDARD FOOT OF GRAVE FECTION READ TO DETERMINE BOOD ON THE STANDARD FOOT OF GRAVE FECTION READ TO DETERMINE BOOD ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AND THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AT OF COUNTY OF SHAPE AND THE BURIAL REPORT FOR THE AVAILABLE MAX REPLACED TO THE SHAPE AND THE BURIAL REPORT OF GRAVE REGISTANT ION SERVICE PRESONAL THE REPORT OF GRAVE REGISTANT IN THE WORLD THE RESONAL THE RESONAL THE RESONAL THE WORLD TH | | HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCA | RS OR TATTOOS |
| GRAVE MUSER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SECTED IN SPACE PRO- VIDEO BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT FRIMMANY LANDMARKS. IMPORMATION MUST BE SPECIFIC, ACCUMENT, COMPLETE. STAND AT FOOT OF GRAVE FACING READ TO DETERMINE BOOIES BURIED TO THE LEFT AND RIGHT. PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSES IN PERSONAL EFFECTS; LIST ONLY PERSONAL EFFECT TOWE, OR OTHER AVAILABLE MAY ERHAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNE WITH REPORT OF DETHE, GOVERN COLLECTING POINT. THE COMBITTOR OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CMART, INACCORDANCE THE COMBITTOR OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CMART, INACCORDANCE FILLING CRAVITYES CROWNED TEETH TOOTH MISSING CROWNED TEETH CROWNED TEETH TOOTH MISSING TOOTH MISSING TOOTH MISSING TOOTH MISSING TOOTH MISSING CROWNED TEETH TOWNED TOWNED THE TOOTH TOWNED TOWNED TOWNED THE TO | | WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS | BUR IED |
| PORT FORM. PLACE THESE WITH IN FORMATION AS TO 10ENTITY OF OWNER, ORGANIZATION, EMERGENCY STAND FROM PLACE THESE WITH IN FORMATION AS TO 10ENTITY OF OWNER, ORGANIZATION, EMERGENCY STAND THE PORT OF | ω | 2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES IN GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE : VIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERE! | SKETCH IN SPACE PRO- NCF TO PROMINENT |
| THE DIAGRAM. FILLINGS SILVER FILLING GOLD FILLING CAVITY DECAYED DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 10 11 12 13 14 15 16 CROWNED TEETH PORCELAIN CROWN GOLD CROWN DECAYED DECAYED 10 11 12 13 14 15 16 17 18 BRIDGE WORK GOLD BRIDGE SKETCH AND HAP REFERENCE | • | PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGAN ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR O'ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURN COLLECTING POINT. | IZATION, EMERGENCY THER AVAILABLE MAT - OF DEATH. GOVERN- RNED INTO SALVAGE |
| SILVER FILLING GOLD FILLING CAVITY DECAYED FILLING CAVITY DECAYED FILLING TOOTH MISSING CROWNED TEETH PORCELAIN CROWN GOLD CROWN FILLING LOWER 19 BRIDGE WORK GOLD BRIDGE SKETCH AND MAP REFERENCE | | CONTROL DIAGRAM. | |
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IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
REMORIAL DIVISION

CATEGORY III CAGE NO CLUES IDENTIFICATION IMPOSSIBLE AT PRESENT TIME