

137
CAM

Interred 14 March 1949 **DISINTERMENT DIRECTIVE**
F 304
Alvan C. Baker Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: ALVAN C. BAKER
DIRECTIVE NUMBER: 8730 00000
DATE: 26 09 47
DAY MONTH YEAR

SERIAL NUMBER: *M* UNKNOWNX-000297
RANK: []
ARM: Q
DATE OF DEATH: [] DAY MONTH YEAR

DISPOSITION OF REMAINS: 0492 64
CODE DIST. PT.

ROW GRAVE COUNTRY: 7194 6 SOLOMON ISLANDS
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HONOLULU NATIONAL CEMETERY (BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN: []

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-297
SERIAL NUMBER: Unk
RANK: Unk
DATE OF DEATH: Unk
DATE DISINTERRED: 6 July 48

IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION: Unk
RELIGION: Unk
IDENTIFICATION VERIFIED BY: Gilbert L. H. Wong, Capt., Inf. 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 Plte.

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): *William J. Willis*
WILLIAM J. WILLIS

CASKET BOXED AND MARKED: DATE 7/6/48 BY J. N. ROBINSON
SHIPPING ADDRESS VERIFIED BY: J. TERADA

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

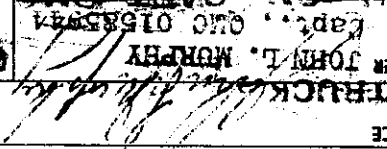
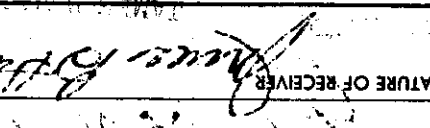
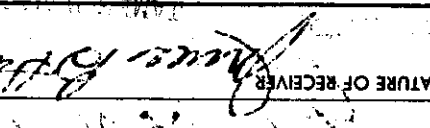
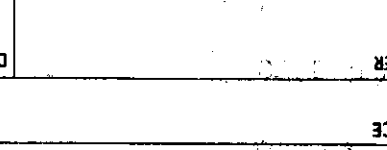


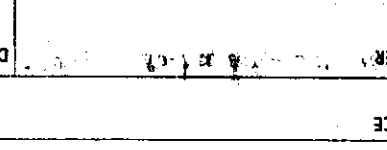
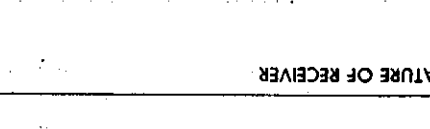
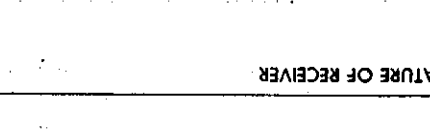
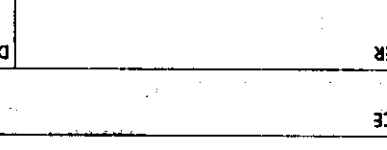
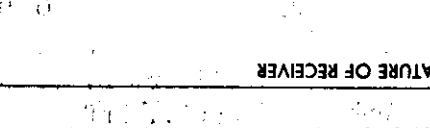
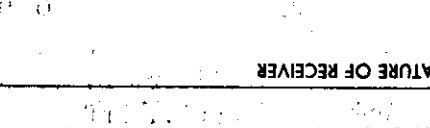
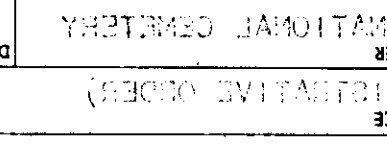
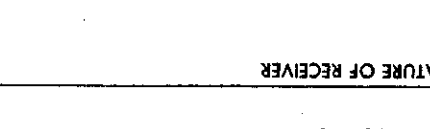
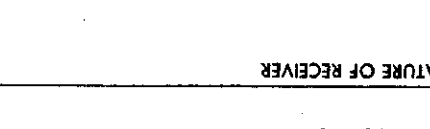
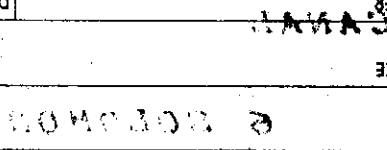
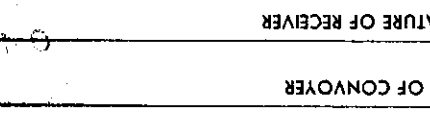
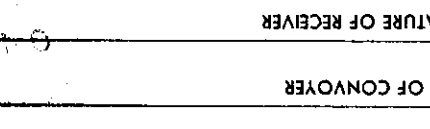
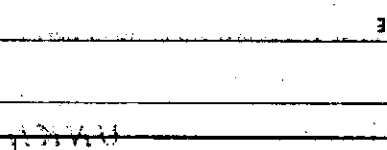
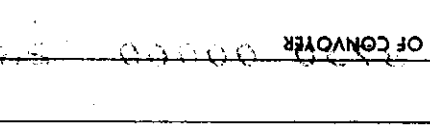
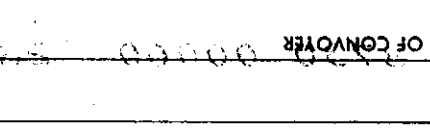
Gilbert L. H. Wong
GILBERT L. H. WONG, CAPT. INF.
SIGNATURE OF GRS INSPECTOR

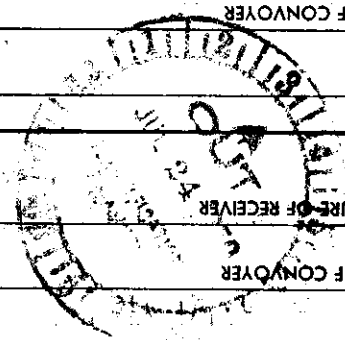
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NLN Jul 83

REPAIRS RECORDS BRANCH
JUN 8 10 36 AM '49
MEMORIAL DIVISION

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 8	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	
2 SHIPPED			
FROM		HAWAII	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	
3 SHIPPED			
FROM		HAWAII	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	
4 SHIPPED			
FROM		HAWAII	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	
5 SHIPPED			
FROM		HAWAII	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	
6 SHIPPED			
FROM		HAWAII	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	
7 SHIPPED			
FROM		HAWAII	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		 JOHN T. MORLEY Capt., GPO 0183334	
DATE		24 FEB 1949	
TO		HAWAII	
NAME OF CONVOYER		 James B. ... CAPTAIN, GPO	
SIGNATURE OF RECEIVER		 James B. ... CAPTAIN, GPO	
DATE		24 FEB 1949	



RECEIVED
24 FEB 1949

HAWAIIAN DISTRICT CENTER

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-297 GUADALCANAL				2. DATE OF REPORT 29 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT F	5. ROW B	6. GRAVE 136	7. DATE OF DISINTERMENT 29 Mar '48
			194	6	REINTERMENT 29 Mar '48

PHYSICAL DESCRIPTION

Age: 22 - 24 years.

8. ESTIMATED WEIGHT 150 - 155 lbs.	9. ESTIMATED HEIGHT 178.0 70.1 5' 10"	10. COLOR OF HAIR Light brown	11. RACE White.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
**One (1) embossed plate on casket reads: Unknown X-297, Plot-F, Row-194, Gr-6.
 One (1) embossed plate with remains reads: "Unidentified".**

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	<i>Cyril C. Disney</i>	<i>20 Jan 1949</i>
1st. Lt., FA O-1167395		

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

Incl. 54

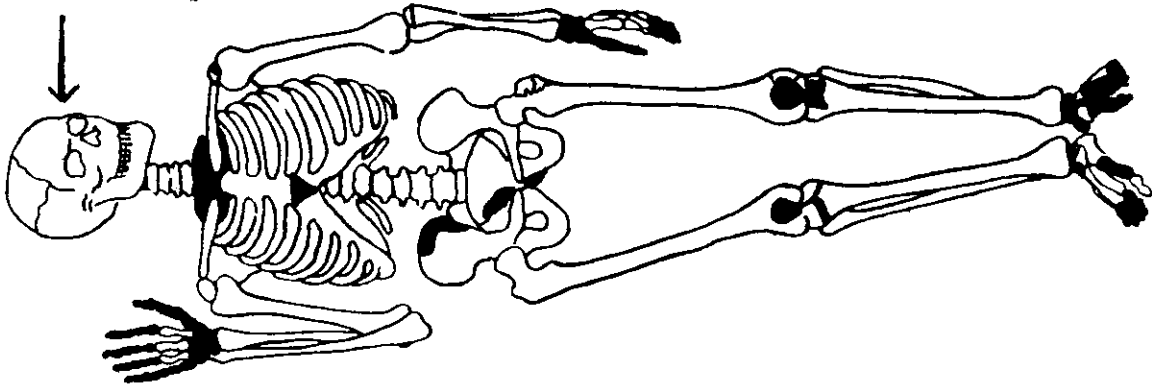
18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: Unknown X-297 Guadalcanal			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), 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		
		(D)	A O,OM	A K,OD		A OM		(L)		(D)		(M)		A OM,LOD	A MOD,F	(F,DO)			
Side Views																		Side Views	
Top Views																		Top Views	
Side Views																		Side Views	
		A FoD	A O,F	A DRIFT	A OD									A OD	A MOD	A OM,F	(O,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

Fragment of left temporal missing.



20.

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

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

One (1) extra right ulna.

Paul L. Gravener
Paul L. Gravener, SIGNATURE 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-oval outline. The forehead is sloping, with medium prominence of the glabella region. The backhead projects slightly. There is right cranial asymmetry. There is considerable osteoporosis 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 eminence.

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

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

O. W. Greenwood

CENTRAL IDENTIFICATION LABORATORY

**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	54.1	Slightly fractured; fragment of lt. temporal bone missing.
VERTEBRAE	CERVICAL	7		
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		Fragments of rt auricular surface missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Portion of ilium missing.
	LEFT	1	24.6	Fragment of pubis missing.
RIBS		22		Two missing; three fractured.
STERNUM		1		Manubrium & xiphoid process missing.
CLAVICLES	RIGHT	1	15.2	
	LEFT	1	15.2	
SCAPULAE	RIGHT	1		
	LEFT	1		Fragment of acromian process missing.
HUMERI	RIGHT	1	34.0	
	LEFT	1	34.2	
RADII	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.
	LEFT	1		All missing except metacarpals #2,3 & 4 and few phalanges.
FEMORA	RIGHT	1	46.4	
	LEFT	1	46.6	Greater trochanter & distal extremity fractured
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	39.2	Head fractured.
	LEFT	1	39.6	Head fractured, portion of front surface missing.
FIBULAE	RIGHT	1		Head missing.
	LEFT	1		Head missing.
FEET	RIGHT	1		All missing except calcaneus, navicular, 1st & 2nd cuboid & metatarsals #2 & 3.
	LEFT	1		All missing except cuboid, metatarsals #4 & 5

NUMERO-CLAVICULAR RATIO	47.5	APPROXIMATE	
ESTIMATED HEIGHT	178.0 70.1 5' 10"	AGE	22 - 24 YEARS
ESTIMATED WEIGHT	150 - 155 lbs.	LEG-HIP BR RATIO	52.9

ENCLOSURE TO: X-297 GUADALCANAL Paul L. Gravenor, Lab Supervisor.

Paul L. Gravenor
ANTHROPOLOGIST

NARRATIVE

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

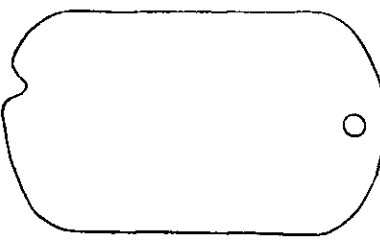
The above listed case was given a complete processing and during the course of processing, it was found to contain an extra right non-articulating ulna.

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 bone was that of a much younger man.

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

WD OMC FORM 2042 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 17 October 1945
--	--	---

For Imprint of Identification Tag 	NAME (Last, First, Middle Initial) Unknown X- 297		
RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown	
ORGANIZATION Unknown		BRANCH Unknown	
RACE Unknown	RELIGION Unknown		DATE OF DEATH Unknown

SEE 26 12 59 PM '46
 MEMORIAL DIV
 GRAVES REGISTRATION AND RECORDS BRANCH

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.

No personal effects found

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
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NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal, B.S.I.

DATE OF BURIAL 26 Sept 45 Reburial	HOUR 1547	PLOT NO. F	ROW NO. 194	GRAVE NO. 6	GRAVE MARKER Wooden Cross
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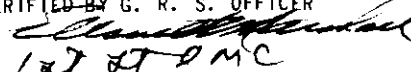
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL T-5 William H. Luey
--	--

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Diaz, Rene A.	RANK Pfc	SERIAL NO. 820081	ORGANIZATION 2nd MAW	GRAVE NO. 5
BODY ON RIGHT, NAME (Last, First, Middle Initial) Osakowicz, John S.	RANK SK 3/c	SERIAL NO. 642 55 93	ORGANIZATION USS Bunker Hill	GRAVE NO. 7

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER  1st Lt. DMC for JOHN R. NOLAN, 1st Lt., DMC.
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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 Unknown X-46, in Plot B, Row 5, Grave 112, USN & USMC Cemetery #1, Tulagi, B.S.I.

100-196

INSTRUCTIONS FOR BURIAL


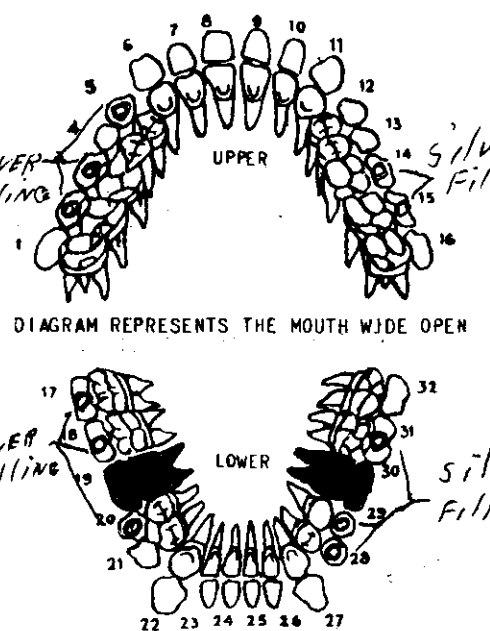




1. **PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent 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

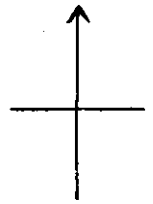
a 2. **LOCATION OF GRAVE:** Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

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	 <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



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

6 SEP 1945

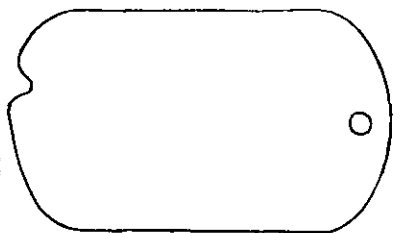
Left Little Finger	
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

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
 17 October 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)
 Unknown X-297

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, B.S.I.

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
26 Sept 45	1547	F	194	6	Wooden Cross

TYPE OF RELIGIOUS CEREMONY
 Previous Service Unknown

PERSON REPORTING BURIAL
 /s/ T-5 William H. Tussey

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)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Diaz, Rene A.	Pfc	820081	2nd MAW	5
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Osakowicz, John S.	SK 3/c	642 55 93	USS Bunker Hill	7

PERSON CONDUCTING BURIAL RITES
 Unknown

VERIFIED BY G. R. S. OFFICER
 /s/ Ellsworth Marshall
 1st Lt., QMC
 for /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 AND 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

FILED
 18 OCT 1945

INSTRUCTIONS FOR [REDACTED]IAL

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
GOLD FILLING

CAVITIES



CAVITY
DECAYED

MISSING TEETH



TOOTH MISSING

CROWNED TEETH



PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK



GOLD BRIDGE

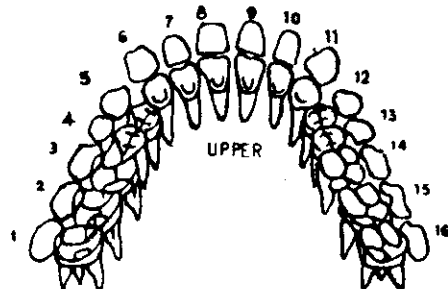
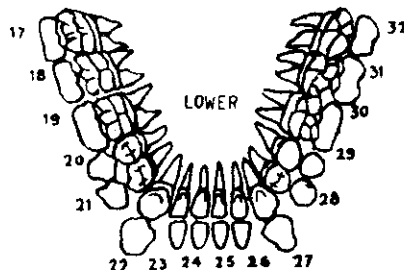


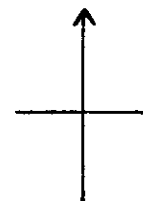
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

A TRUE COPY

C. M. Iseley
C. M. ISELEY
Lt. Col., GSC



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

Little Finger
Left

Ring Finger
Left

Middle Finger
Left

Index Finger
Left

Thumb
Left


Thumb
Right

Index Finger
Right

Middle Finger
Right

Ring Finger
Right

Little Finger
Right

WD OMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		REPORT OF INTERMENT (TM 10-639 and AR 30-1815)		DATE REPORT FILLED OUT 15 April 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-46			
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 21 Dec. 1944 (Reburial)	HOUR 0930	PLOT NO. B	ROW NO. 5	GRAVE NO. 112	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					
TYPE OF RELIGIOUS CEREMONY Previous Service Unknown			PERSON REPORTING BURIAL <i>John R. Nolan</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.					
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) CRAM, Alvin L.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial) EDWARDS, George H.		RANK Unknown	SERIAL NO. 376-17-38	ORGANIZATION USN	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

L-6#46

INSTRUCTIONS FOR DIAL

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.

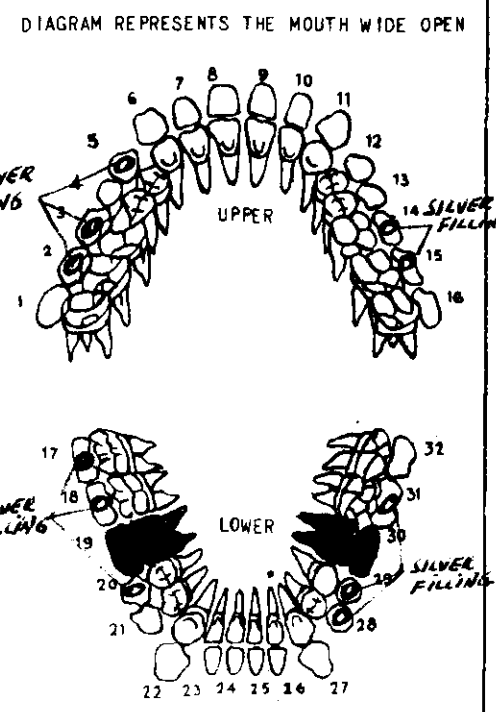
3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE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

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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME