

10
OUGHT DEPT OF ARMY WASH DC CAPT SLOANE EXT 2462

UNCLASSIFIED

COMGENUSARPAC FT SHAFTER TH

WCL
3 418x

PRIORITY

CHARLIE (HEAVES TH II

FROM OUGHT REGULET FILEM ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWN XRAY 46 XRAY 47 XRAY 48 XRAY 57 XRAY 62 XRAY 63 XRAY 67
XRAY 70 XRAY 84 XRAY 85 XRAY 92 XRAY 113 XRAY 114 XRAY 114 ABLE GMA
BAKER AND CHARLIE XRAY 115 XRAY 176 XRAY 176 XRAY 179 XRAY 221 XRAY 227
XRAY 228 XRAY 230 XRAY 232 XRAY 233 XRAY 239 XRAY 240 XRAY 243 XRAY 256
XRAY 257 XRAY 280 ABLE AND BAKER XRAY 292 ABLE AND BAKER XRAY 294 AND
XRAY 303 ALL OF GUADALCANAL PD THIS OFFICE CONCURS IN THE CLASSIFICATION
OF ALL UNKNOWN AS UNIDENTIFIABLE

X993
Lule X-303

(Guadalcanal)

UNCLASSIFIED

OMENT 293
CRS PACIFIC

051502
JAN 49

J.G. HOLLOWAY, LT COL, OMC
MEMORIAL DIVISION

(Resolution of
Unidentified Remains)

QMGT DEPT OF ARMY WASH DC CAPT SLOANE EXT 2462

UNCLASSIFIED

COMGENUSARPAC BT CHAPTER TH

PRIORITY

X

OLDFOGS GRAVES WW II

FROM QMGT REURLET FILE ROGER ROGER ROGER TWO NINE THREE RESOLUTION
OF UNIDENTIFIED REMAINS DATED ONE FIVE DECEMBER FOUR EIGHT

UNKNOWN XRAY FOUR SEVEN XRAY FOUR SEVEN XRAY FOUR EIGHT XRAY FIVE SEVEN
XRAY SIX TWO XRAY SIX SEVEN XRAY SIX SEVEN XRAY SEVEN ZERO XRAY EIGHT FOUR
XRAY EIGHT FIVE XRAY ONE ONE THREE XRAY ONE ONE FOUR XRAY ONE
ONE FOUR ABLE CMA BAKER CHARLIE XRAY ONE ONE FIVE XRAY ONE SEVEN SIX
XRAY ONE SEVEN EIGHT XRAY SEVEN NINE XRAY TWO TWO ONE XRAY TWO TOW SEVEN
XRAY TWO TWO EIGHT XRAY THREE ZERO XRAY TWO THREE XRAY TWO THREE THREE
XRAY TWO THREYNINE XRAY FOUR ZERO XRAY TWO FOUR EIGHT XRAY TWO FIVE SIX
XRAY TWO FIVE SEVEN XRAY TWO EIGHT ZERO ABLE AND BAKER XRAY TWO NINE TWO ABLE
AND BAKER XRAY TWO NINE AND XRAY THREE ZERO THREE CMA ALL OF GUADALCANAL
PD THIS OFFICE CONCURS THE CLASSIFICATION OF ALL UNKNOWN AS UNIDENTIFIABLE

UNCLASSIFIED

QMGT 293
GCS PACIFIC

4 JAN 49

J. G. HOLLOWAY, LT COL, QMC
MEMORIAL DIVISION

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

BRREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.

3. The remainder that have dental anatomy could possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Guadalcanal)

1. QMC Form 1044-1044b
Bone List-Chemical
Laboratory Findings-X-46
2. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-47
3. QMC Form 1044-1044a-1044b-
Bone List-Unknown X-48
4. QMC Form 1044-1044a-1044b
Bone List-Fluoroscopical
Findings for Identification
Unknown X-57

HORACE MANN
Captain, QMC
Chief, RR Div

AIR MAIL

RRREC 293

Subject: Resolution of Unidentified Remains

37 Incls: (All Guadalcanal)

5. QMC Form 1044-1044b-Bone List-Unknown X-62
6. MC Form 1044-1044a-1044b-Bone List-Unknown X-63
7. QMC Form 1044-1044b-Bone List-Major Discrepancy X-67
8. QMC Form 1044-1044b-Bone List-X-70
9. QMC Form 1044-1044b-Bone List-X-84
10. QMC Form 1044-1044b-Bone List-Unknown X-85
11. QMC Form 1044-1044a-1044b-Bone List-Unknown X-92
12. QMC Form 1044-1044b-Bone List-Unknown X-113
13. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114
14. QMC Form 1044-1044b-Bone List-Narrative X-114A
15. QMC Form 1044-1044a-1044b-Bone List-Narrative-X-114B
16. QMC Form 1044-1044b-Bone List-Narrative-Unidentified X-114C
17. QMC Form 1044-1044a-1044b-Bone List-Unidentified X-115
18. QMC Form 1044-1044b-Bone List-Unknown X-176
19. QMC Form 1044-1044b-Bone List-Unknown X-178
20. QMC Form 1044-1044b-Bone List-Unknown X-179
21. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-221
22. QMC Form 1044-1044b-Bone List-Narrative X-227
23. QMC Form 1044-1044b-Bone List-Narrative-X-228
24. QMC Form 1044-1044b-Bone List-X-230
25. QMC Form 1044-1044b-Bone List-Narrative-X-232
26. QMC Form 1044-1044b-Bone List-X-233
27. QMC Form 1044-1044b-Bone List-X-239
28. QMC Form 1044-1044b-Bone List-Narrative-Unknown X-240
29. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-248
30. QMC Form 1044-1044b-Bone List-X-256
31. QMC Form 1044-1044b-Bone List-Unknown X-257
32. QMC Form 1044-1044b-Bone List-Narrative X-280 "A"
33. QMC Form 1044-1044b-Bone List-Narrative-X-280 "B"
34. QMC Form 1044-1044b-Bone List-Narrative X-292-"A"
35. QMC Form 1044-1044b-Bone List-Narrative X-292 "B"
36. QMC Form 1044-1044b-Bone List-Unknown X-294
37. QMC Form 1044-1044a-1044b-Bone List-Narrative-Unknown X-303

146

Serial 100

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC DISINTERMENT DIRECTIVE

Interred 24 February 1949

Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

N 3450

Alvan C. Baker

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47
DAY MONTH YEAR

NAME

~~UNKNOWNX-000303~~

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

~~CEADALCANAL~~

DISPOSITION OF REMAINS

0492 64
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

R208

4 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 DISINTERRED

UNKNOWN X-303

Unk

Unk

Unk

11 Dec. '47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

Unk

Unk

N. R. Joynes, Emb.

Unk

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Casket

Skeletal

OTHER MEANS OF IDENTIFICATION

One (1) Mortuary Plate:

FILE

8 MAY 1949

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 July 1948

BY

W J WILLIS, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

J. N. ROBINSON

W. J. Willis
W. J. WILLIS

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7/8/48 BY J. N. ROBINSON

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.

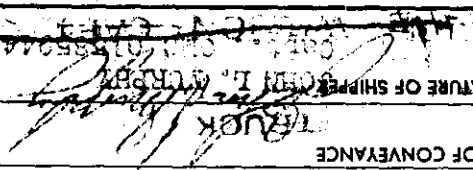

Gilbert L. H. Wong

GILBERT L. H. WONG, CAPT. INT.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
U S ARMY MAUS NO 3		HAWN DIST CENTER		 SIGNATURE OF SHIPPER TRUCK		DATE 19 1 19 60	
1. SHIPPED							
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
HAWN DIST CENTER		NAME OF CONVOYER JAMES B HARRIS CAPTAIN Q M C		 SIGNATURE OF RECEIVER JAMES B HARRIS		DATE	
2. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
3. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
4. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
5. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
8. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
7. SHIPPED							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
KIND OF CONVEYANCE							
TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE							
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-303 Guadalcanal				2. DATE OF REPORT 29 March 1948	
3. NAME OF CEMETERY Guadalcanal		4. PLOT F	5. ROW 208	6. GRAVE 4	7. DATE OF
U. S. Army Mausoleum #1		Box B	74	DISINTERMENT 29 Mar '48	
				REINTERMENT 30 Mar '48	

PHYSICAL DESCRIPTION **Age U.T. D.**

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
--	--	--------------------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) embossed plate (on box) reads: Unknown X-303, Plot-F, Row-208, Grave-4.
One (1) embossed plate reads: Unidentified.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None
Cyril E. Disney 14 Dec 1948

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? All bones fractured.
--	--

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. 37

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:

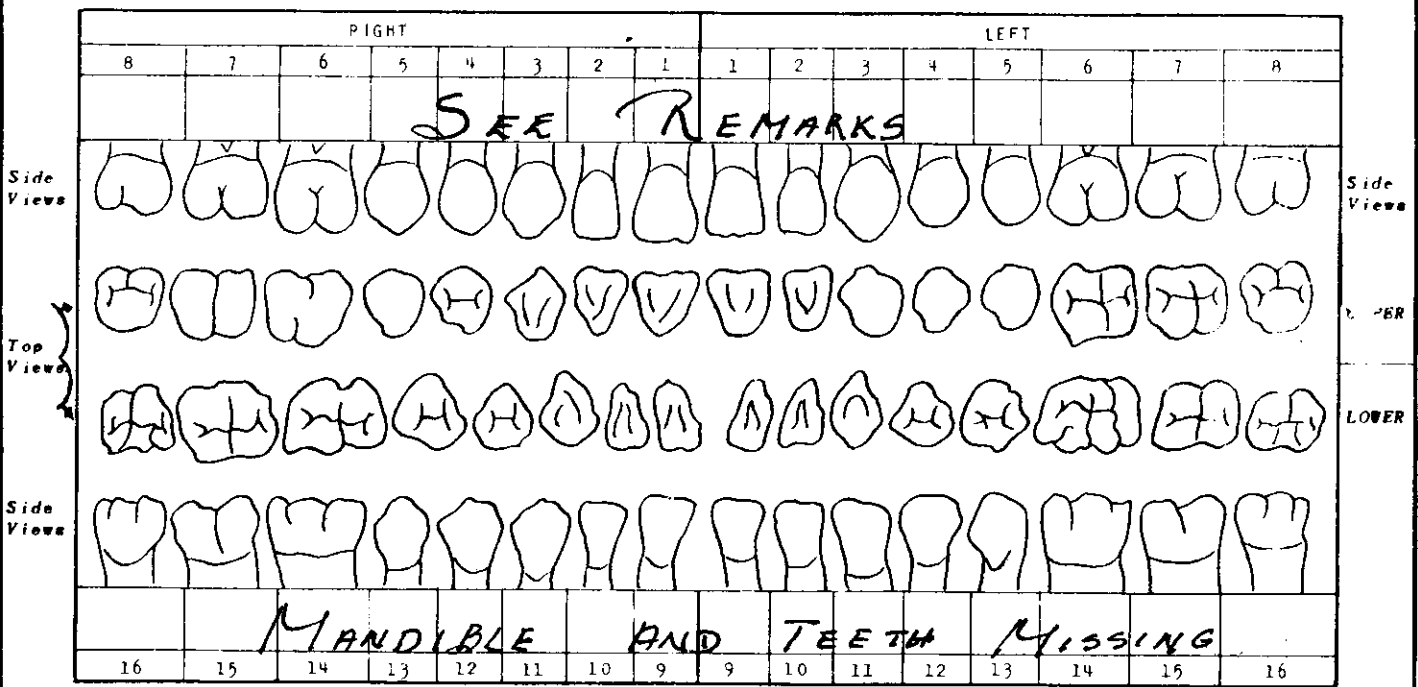
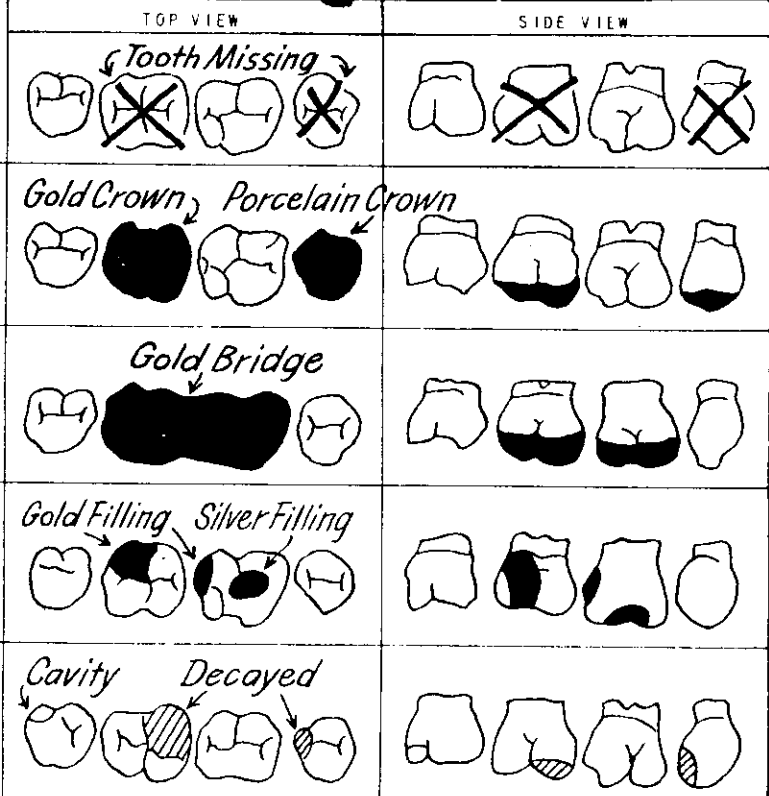
Unknown X-303
Guadalcanal

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:

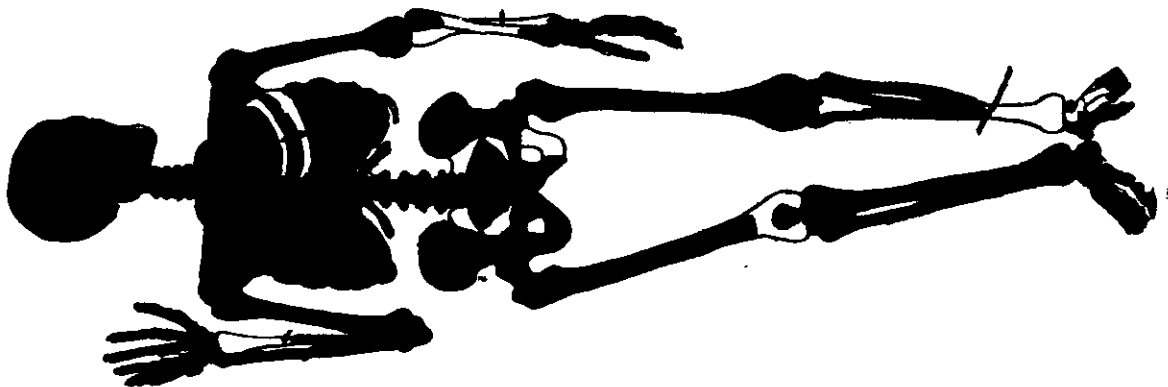


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS:

1. One R-2 with no restorations. The rest of the maxilla and teeth are missing.

19. BLACK OUT PARTS OF BODY NOT REQUIRED



20.

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

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

An extra left ulna and distal head of left femur.

Paul L. Cravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Due to absence of parts, no information is available. The extra parts are catalogued and filed as C.I.L. Unknown X-646, because they were of a taller and more slender individual.

Fluoroscopical examination unnecessary. One (1) tooth charted.


I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
O. W. GREENWOOD, CAPT., QMC

SIGNATURE

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

**CENTRAL NOTIFICATION LABORATORY & MUSEUM
BONE LIST.**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		"
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	1		All missing except left ischium.
RIBS		2		22 missing - fractured.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	1		1/3 of distal end present.
	LEFT	1		Fragment of body.
ULNAE	RIGHT	0		Missing.
	LEFT	1		Multiple fractures.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1		Fragment of distal end present.
	LEFT	0		Missing.
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Distal extremity and 1/3 of shaft present.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	1		Fragment of talus, portion of 2nd & 3rd metatarsals.
NUMERO-CLAVICULAR RATIO		U. T. D.	APPROXIMATE	
ESTIMATED HEIGHT		U. T. D.	AGE	U. T. D. YEARS
ESTIMATED WEIGHT		U. T. D.	LEG-HIP BR RATIO	U. T. D.
ENCLOSURE TO: Unknown X-303 Guadalcanal				 Paul D. Gravenor Lab. Supervisor ANTHROPOLOGIST

NARRATIVE

The remains of Unknown X-306, Guadalcanal, P-G, R-237, Gr-5 and Unknown X-303, Guadalcanal, P-F, R-208, Gr-4, and Unknown X-307, Guadalcanal, P-C, R-238, Gr-5; Unknown X-305, Guadalcanal, P-G, R-223, Gr-9, were processed simultaneously and was found to be only partial remains; and Unknown X-303 had an extra left ulna and a left distal femor head. Therefore the remains of X-258 and 258 "A", Guadalcanal, P-F, R-212, Gr-5 who had previously been processed was called in and the C.I.L. Unknown X-636 from X-258 was checked.

No associations were possible among any of the remains checked. The extra parts from X-303 were catalogued as C.I.L. X-646.

662

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

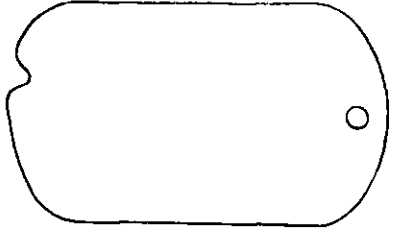
REPORT OF INTERMENT
(TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

20 October 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)



unknown X-303

RANK unknown	SERIAL NUMBER unknown	COUNTRY unknown
ORGANIZATION unknown	BRANCH unknown	DATE OF DEATH unknown
RACE unknown	RELIGION unknown	PLACE OF DEATH unknown

SEP 26 12 59 PM '45
MEMORIAL SERVICE
RECEIVED BRANCH AND
RECEIVED BRANCH

PLACE OF DEATH: Tulagi, BSI

CAUSE OF DEATH: unknown

IDENTIFICATION TAGS FOUND ON BODY: 1 2 NONE

DISPOSITION OF SUBSTITUTE TAGS, IF MADE: YES NO

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 BSI

DATE OF BURIAL 26 Sept 45 reburial	HOUR 1453	PLOT NO. F	ROW NO. 208	GRAVE NO. 4	GRAVE MARKER Wooden Cross
--	--------------	---------------	----------------	----------------	------------------------------

TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL T-5 William N. Toney
--	---

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.
Previously buried in Plot B, Row 6. Grave 134, as unknown X-53 in the USN & USMC Cemetery #1, Tulagi BSI

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Glover, Millidge E.	RANK S2/c	SERIAL NO. 834 07 73	ORGANIZATION USNAB USNR	GRAVE NO. 3
BODY ON RIGHT, NAME (Last, First, Middle Initial) Spearing, George L.J. Jr.	RANK AP1/c	SERIAL NO. 410 27 45	ORGANIZATION VP-91 USN	GRAVE NO. 5

PERSON CONDUCTING BURIAL RITES

VERIFIED BY G. P. S. OFFICER
John R. Nolan
1st Lt OMC
for JOHN R. NOLAN, 1st Lt., OMC

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

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

100 100

INSTRUCTIONS FOR BURIAL






1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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

3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage 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>
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>

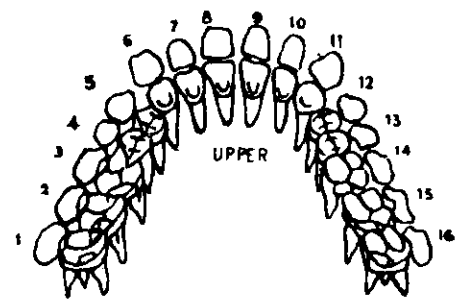
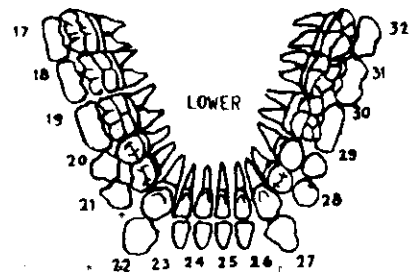
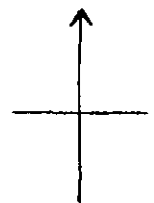


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

6 SEP 1946

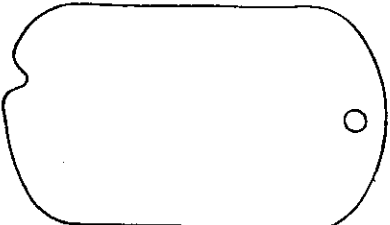
Left Little Finger	
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

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

20 Oct 1945

	For Imprint of Identification Tag NAME (Last, First, Middle Initial) Unknown X-303		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown	BRANCH Unknown	
	RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

PLACE OF DEATH Tulagi, BSI	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 type="checkbox"/> YES <input checked="" 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
--	---

NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal, BSI

DATE OF BURIAL Reburial 26 Sept 1945	HOUR 1453	PLOT NO. F	ROW NO. 208	GRAVE NO. 4	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY Previous service unknown	PERSON REPORTING BURIAL /s/ T/5 William H. Tussey
--	--

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.
 Previously buried in Plot B, Row 6, Grave 134, as unknown X-53 in the USN & USMC Cemetery #1, Tulagi, BSI.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Glover, Millidge E.	RANK S 2/c	SERIAL NO. 834 07 73	ORGANIZATION USNAB USNR	GRAVE NO. 3
BODY ON RIGHT, NAME (Last, First, Middle Initial) Spearing, George L.J. Jr.	RANK AP 1/c	SERIAL NO. 410 27 45	ORGANIZATION VP-91 USN	GRAVE NO. 5
PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER /s/ (Signature Illegible) 1st Lt., QMC /t/ for 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

FILE
15 DEC 1945

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
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WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED
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2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.

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

FILLINGS



SILVER FILLING
GOLD FILLING

CAVITIES



CAVITY
DECAYED

MISSING TEETH



TOOTH MISSING

CROWNED TEETH



PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK



GOLD BRIDGE

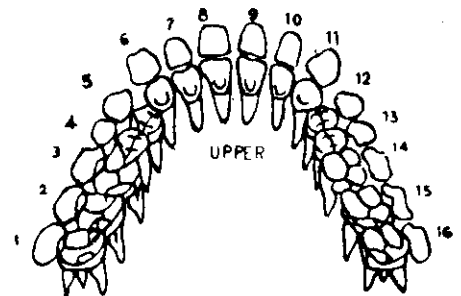
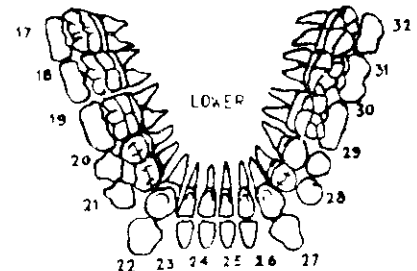


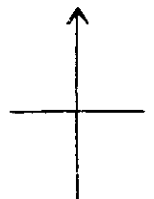
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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.

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 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

18 April 1945

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

UNIDENTIFIED BODY X-53

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	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
27 Dec. 1944 (Reburial)	0830	B	6	134	Wooden Cross

USN & USMC CEMETERY #1 TULAGI, B.S.I.

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

Sgt. Richard G. Meyer

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)	RANK	SERIAL NO.	ORGANIZATION
WASHBURN, R.	Unknown	Unknown	USN
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
JESSEE, R.M.	Unknown	Unknown	USN

PERSON CONDUCTING BURIAL RITES Unknown

VERIFIED BY G. R. S. OFFICER *John R. Nolan*
 JOHN R. NOLAN
 1st Lt., QMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

Incl # 53

INSTRUCTIONS FOR BIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. 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.

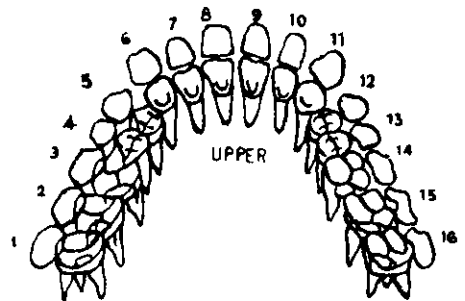
WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

LEFT THUMB

FILLINGS



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

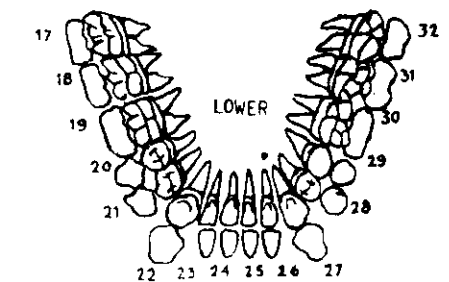


RIGHT THUMB

CAVITIES



MISSING TEETH



4

CROWNED TEETH



3

BRIDGE WORK



SKETCH AND MAP REFERENCE

2

1

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME