

293 - Unk. Guadalcanal (Misc) (X-95, X-99, X-118, X-312, X-314, X-320)

QMGMT 293  
GRS Pacific

1st Ind

SUBJECT: Resolution of Unidentified Remains

DEPARTMENT OF THE ARMY, QMG, WASHINGTON 25, D. C. 11 January 1949

TO: Commanding Officer, American Graves Registration Service, Pacific  
Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures, with-  
drawn.

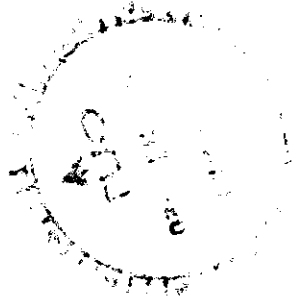
2. Subject cases have been reviewed and this office concurs in the  
classification of Unknowns X-95, X-99, X-118, X-312, X-314, and X-320, all  
formerly Guadalcanal, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

6 Incls: w/d

T. H. METZ  
Lt. Colonel, QMG  
Memorial Division

C O P Y



X 293 Unk Guadalcanal X-312

HONOLULU NATIONAL CEMETERY  
OF THE PACIFIC  
Interred 3 March 1949  
M 332  
DISINTERMENT DIRECTIVE

-Cemetery Superintendent

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

NAME **UNKNOWN X-000312** SERIAL NUMBER **X-000312** RANK **8** ARM **8** DATE OF DEATH  
DAY MONTH YEAR

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

PLOT **C174** ROW **3** GRAVE **3** COUNTRY **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 **UNKNOWN X-312** SERIAL NUMBER **Not Ind** RANK **Not Ind** DATE OF DEATH **Not Ind** DATE DISTINTERRED **Not Ind**

IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION RELIGION **Not Ind** IDENTIFICATION VERIFIED BY **GILBERT L H WONG, CAPT., INF**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Temporary casket** CONDITION OF REMAINS **Skeletal**

OTHER MEANS OF IDENTIFICATION **Cemetery records and mortuary plates**

MINOR DISCREPANCIES / **None**

REMAINS PREPARED AND PLACED IN CASKET  
DATE **1 July 48** BY **W J WILLIS, EMBALMER**

CASKET SEALED BY **J P SIMONI** EMBALMER (Signature) *Joseph P. Simoni*  
J P SIMONI

CASKET BOXED AND MARKED  
DATE **13 Jan 49** BY **J P SIMONI** SHIPPING ADDRESS VERIFIED BY **C J SURINE, CWO, USA**

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

*C. J. Surine*  
**C J SURINE, CWO, USA**  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
"Inspected for identification only per paragraph  
QOMG, file QMGMO 293 (Pacific), dated 5 May 1948."  
RECORDS ASSISTANT  
DATE **20 May 49**  
NAME *[Signature]*  
R. A. V. ER.

*and 79*

RECORD OF CUSTODIAL TRANSFER

FROM		U. S. ARMY MUSEUM NO. 3		TO		CHIEF HAWAIIAN ISLANDS	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		JAMES B. HARRIS	
SIGNATURE OF SHIPPER		<i>[Signature]</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		19 NOV 61		DATE		19 JAN 1949	
2. SHIPPED				3. SHIPPED			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED				5. SHIPPED			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED				7. SHIPPED			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

RECEIVED  
 RECORDS BRANCH  
 JAN 19 1949  
 JAMES B. HARRIS  
 CAPTAIN & M. O. W.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-312      Guadalcanal			2. DATE OF REPORT 30 March 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum #1 Formerly of Guadalcanal		4. PLOT C	5. ROW 174	6. GRAVE 3	7. DATE OF DISINTERMENT    REINTERMENT 30 Mar '48      30 Mar '48	

PHYSICAL DESCRIPTION Age 24 to 26 years.

8. ESTIMATED WEIGHT 145 to 150 lbs.	9. ESTIMATED HEIGHT 170.0-66.9-5'6 7/8"	10. COLOR OF HAIR U. T. D.	11. RACE Probably Mongoloid
--	--	-------------------------------	--------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
 One (1) embossed plate on casket reads: Unknown X-312, Plot-C, Row-174, Grave-3.  
 One (1) embossed plate with remains reads: Unknown X-312, Plot-C, Row-174, Grave-3.

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

None BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY  
 1st. Lt., PA O-1137395 *Cyril C. Disney* 22 Dec 1948

14. WAS BODY BURNED? TO WHAT EXTENT?  
 YES     NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES     NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
 None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

One (1) brown pig-skin New Zealand, hob-nail shoe (no markings).

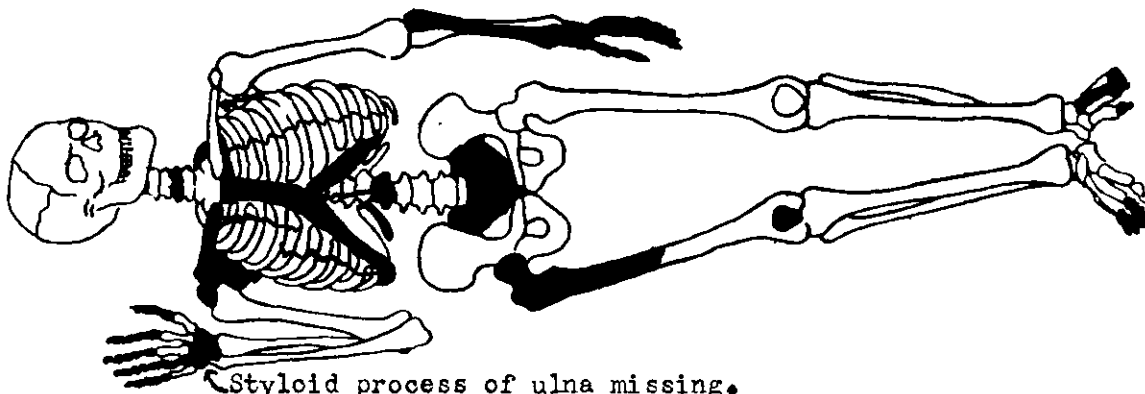
Serial 4

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS: X-312</p>	<p>↙ Tooth Missing ↘</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Guadalcanal</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
	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



Styloid process of ulna 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 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

- One (1) extra left scapula.
- One (1) extra right femora.
- One (1) extra left talus.
- One (1) extra left cuboid.
- One (1) extra # 1 metatarsal.
- One (1) extra # 4 metatarsal.
- One (1) extra # 5 metatarsal.

*Paul L. Gravenor*  
 Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a fairly short, rather slender young man in his middle twenties. The skull is average in size, broad oval in outline. The forehead is quite broad with average slope and height. The face is quite long and rugged, suggesting considerable facial muscularity. The nasal bones are quite low, long and suggest that the nose appears rather flat in relation to the face. The upper jaw presents moderate alveolar prognathism. The palate is quite short and wide. The lower jaw is heavy in structure and very deep with a smoothly rounded chin. The chin is very receding. The general flatness of the facial features, heaviness of the jaw structures, and the excellence of the teeth, suggest the possibility of Mongoloid Ancestry.

The extra bones mentioned in item 20 have been classified as C.I.L. Unknown X-648.

Fluoroscopical 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

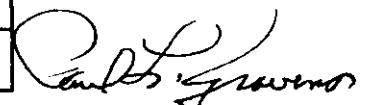
SIGNATURE

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

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.3	
VERTEBRAE	CERVICAL	6		#6 missing.
	THORACIC	8		Slightly fractured; 4 missing.
	LUMBAR	4		#1 missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	
	LEFT	1		
RIBS		22		Fractured; 2 missing.
STERNUM		1		All missing except manubrium.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	14.8	Sternal extremity fractured.
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		Fractured.
HUMERI	RIGHT	1	32.7	
	LEFT	1	32.5	
RADII	RIGHT	1	22.8	
	LEFT	0		Missing.
ULNAE	RIGHT	1	approx 26.8	Styloid process missing.
	LEFT	1	26.6	
HANDS	RIGHT	1		All missing except metacarpals #1, 2, 3 & 5.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Upper 1/2 missing.
	LEFT	1	47.4	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1	37.6	
	LEFT	1	37.8	
FIBULAE	RIGHT	1	36.7	
	LEFT	1	37.1	
FEET	RIGHT	1		All present except a few phalanges.
	LEFT	1		All present except cuneiforms #1, 2, 3, metatarsals #3 & 5 and a few phalanges.
NUMERO-CLAVICULAR RATIO		42.6		APPROXIMATE
ESTIMATED HEIGHT		170.0 66.9 5'6 7/8"	AGE	24 to 26 YEARS
ESTIMATED WEIGHT		145 to 150 lbs.	LEG-HIP BR RATIO	
ENCLOSURE TO: Unknown X-312 Guadalcanal				

  
 Paul D. Gravenor  
 Lab Supervisor  
 ANTHROPOLOGIST

NARRATIVE

Unknown A-312, Plot-C, Row-174, Grave-3, (Guadalcanal) Box-22.

The above mentioned case was given a complete processing, and during the course of processing it was found to consist of the following extra skeletal parts:

One (1) extra left scapula.  
One (1) extra right femora.  
One (1) extra left talus.  
One (1) extra left cuboid.  
One (1) extra # 1 metatarsal.  
One (1) extra # 4 metatarsal.  
One (1) extra # 5 metatarsal.

The remains of:

Unknown X-313, Plot-C, Row-174, Gr-4; (Guadalcanal) (R-C, Gr-17).  
was checked in an effort to associate the extra parts, but no association was possible.

Therefore they have been removed and classified as C.I.L.

648.



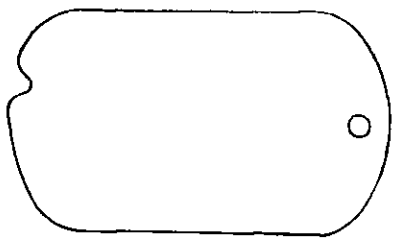
WD QMC FORM 1042  
Rev. 1 February 1945  
(Supersedes form dated  
3 Jan 1945. Existing stocks  
may be used until exhausted.)

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

DATE REPORT FILLED OUT

15 Nov 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-312

RANK  
Unknown

SERIAL NUMBER  
Unknown

COUNTRY  
Unknown

ORGANIZATION  
Unknown

BRANCH  
Unknown

RACE  
Unknown

RELIGION  
Unknown

DATE OF DEATH  
Unknown

PLACE OF DEATH

Guadalcanal 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.

Body found on Hill #27 located on  
Guadalcanal map #104. Coordinates

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

71.7-195.7. No means of identification  
found. Probably the body of a man  
killed in action in that area in 1942.  
No tooth chart could be taken.

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  
Reburial  
12 Oct 1945

HOUR  
1400

PLOT NO.  
C

ROW NO.  
174

GRAVE NO.  
3

GRAVE MARKER  
Wooden Cross

TYPE OF RELIGIOUS CEREMONY

Catholic, Protestant, Jewish.

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)

Unknown X-311

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

2

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

Unknown X-313

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

4

PERSON CONDUCTING BURIAL RITES

Chaplain Julius Kravetz  
Chaplain Franklin H. Board  
Chaplain John P. Morrissey

VERIFIED BY G. R. S. OFFICER

/s/ Raymond T. Manuel, 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

# INSTRUCTIONS FOR BURIAL




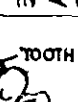


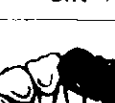

**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent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

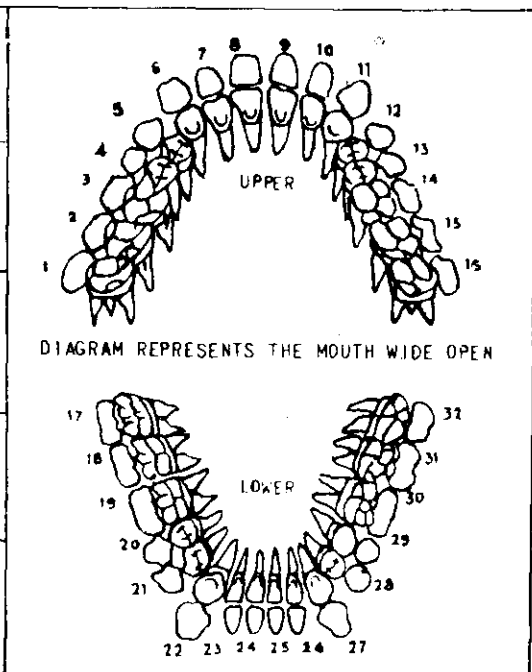
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**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	 SILVER FILLING  GOLD FILLING
CAVITIES	 CAVITY  DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN  GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

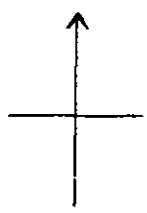


SKETCH AND MAP REFERENCE

A TRUE COPY

E.A. Miller Jr

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



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

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 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)

9215  
 DATE REPORT FILLED OUT

15 Nov 1945

	NAME (Last, First, Middle Initial)		
	Unknown X-312		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Unknown
	ORGANIZATION Unknown	BRANCH Unknown	
RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown	

PLACE OF DEATH Guadalcanal B.S.I.	CAUSE OF DEATH Unknown
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
---	--

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.	Body found on Hill #27 located on Guadalcanal map #104. Coordinates 71.7-195.7. No means of identification found. Probably the body of a man killed in action in that area in 1942. No tooth chart could be taken.
---	--

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. No personal effects found.	71.7-195.7. No means of identification found. Probably the body of a man killed in action in that area in 1942. No tooth chart could be taken.
---	--

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 (Reburial) 12 Oct. 1945	HOUR 1400	PLOT NO. C	ROW NO. 174	GRAVE NO. 3	GRAVE MARKER Wooden Cross.
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TYPE OF RELIGIOUS CEREMONY Catholic, Protestant & Jewish.	PERSON REPORTING BURIAL T-5 William H. Tussy
--	---

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) Unknown X-311	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO. 2
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unknown X-313	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO. 4

PERSON CONDUCTING BURIAL RITES Chaplain Julius Kravetz Chaplain Franklin H. Board Chaplain John P. Mrrrisey	VERIFIED BY G. R. S. OFFICER Raymond J. Manuel 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

# INSTRUCTIONS FOR BURIAL


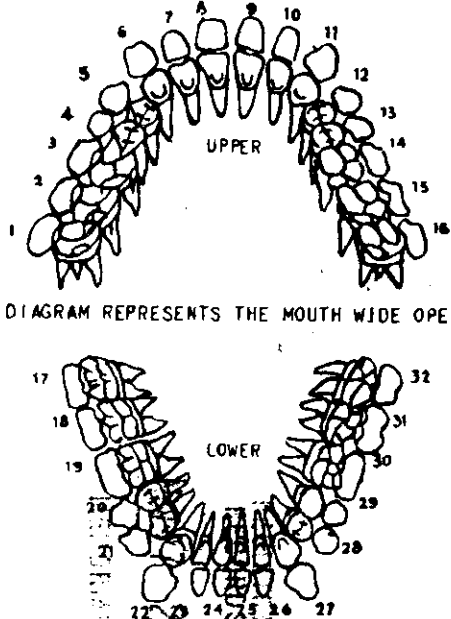




**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent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

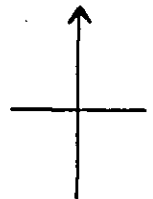
**3. PERSONAL EFFECTS:** List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration 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>	 <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

ORIGIN AND  
 BRANCH



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	

AT PRESENT TIME  
IDENTIFICATION POSSIBLE  
NO CLUES  
CATEGORY III CASE

IDENTIFICATION SECTION  
RECORDS BRANCH  
MEMORIAL DIVISION