

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNT. Guadalcanal, Solomon Is. X-313

SUBJECT

GMC FORM 1121  
1 Aug 45

51 12256

AIR MAIL

QMGM 293  
GES Pacific

18 March 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Reference is made to letter your headquarters, file RRREC-293, dated 18 January 1949.

2. This Office concurs in classification of the following Unknowns as unidentifiable: X-157, X-165, X-166, X-168-A, X-168-B, X-168-C, X-168-D, X-170, X-171, formerly USMC, Barrackpore, India; ~~X-313~~ formerly ANMC Guadalcanal; X-3, X-4, X-5, X-6, formerly USMC, Kunning, China; X-269, X-889 formerly Remains Depot, Shanghai, China; X-301, X-40, X-46, X-65, X-67, X-85, X-87, X-189, X-190, X-191, X-325, X-327, X-887, X-894, formerly USMC, Shanghai, China.

3. Decision on cases involving the following Unknowns will be forwarded on a separate communication: X-12-A, X-12-C, X-86, formerly USMC, Guadalcanal; X-23, X-25, X-31, X-106, X-168-A, X-168-B, X-168-C, X-168-E, formerly Halawa; X-213, X-255, formerly Remains Depot, Shanghai, China; X-86, X-136, X-152, X-153, X-154, X-278, X-302, X-303, X-304, X-305-B, X-876, formerly USMC, Shanghai, China.

FOR THE QUARTERMASTER GENERAL:

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

AIR MAIL

*Copy to War Relocation Authority (San Francisco) X-213*

AIR MAIL  
HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

RRREC 293

JAN 18 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith fifty-four (54) QMC Forms 1044 for Barrackpore, Guadalcanal, Halawa, Kuming, Shanghai Remains Depot and Shanghai Cemeteries, stamped and signed in accordance with letter, DA OCMG, QMGMU 293 GRS (Pacific Zone) Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

54 Incls

- |   |                               |
|---|-------------------------------|
|   | HORACE MANN                   |
| 1. QMC Form 1044-1044a-1044b-<br>Bone List X-157-Barrackpore  | Captain, QMC<br>Chief, RR Div |
| 2. QMC Form 1044-1044b-Bone List-<br>X-165-Barrackpore  |                               |
| 3. QMC Form 1044-1044b-Bone List-<br>X-166-Barrackpore  |                               |
| 4. QMC Form 1044-1044a-1044b-Bone<br>List-X-168 "A"-Barrackpore   |                               |
| 5. QMC Form 1044-1044b-Bone List-<br>X-168 "B"-Barrackpore  |                               |
| 6. QMC Form 1044-1044b-Bone List-<br>X-168 "C"-Barrackpore  |                               |
| 7. QMC Form 1044-1044b-Bone List-<br>X-168 "D"-Barrackpore  |                               |
| 8. QMC Form 1044-1044a-1044b-Bone List-<br>X-170-Barrackpore  |                               |
| 9. QMC Form 1044-1044a-1044b-Bone List<br>Fluoroscopical Findings<br>Chem. Lab. Findings-QMC Form<br>1042-X-12 "A" (Isolated Burial)<br>Guadalcanal |                               |
| 10. QMC Form 1044-1044a-1044b-Bone List<br>X-171-Barrackpore  |                               |

AIR MAIL

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RR:EC 293

SUBJECT: Resolution of Unidentified Remains

54 Incls

11. QMC Form 1044-1044a-1044b-Bone List-  
QMC Form 1042-Isolated Burial #12 "C"-  
Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List-  
X-86-Guadalcanal
13. QMC Form 1044-1044a-1044b-Bone List-  
X-313-Guadalcanal
14. QMC Form 1044-1044b-Bone List-X-23-Halawa
15. QMC Form 1044-1044a-1044b-Bone List-X-25  
Halawa
16. QMC Form 1044-1044b-Bone List-X-31-Halawa
17. QMC Form 1044-1044b-Bone List-X-106-Halawa
18. QMC Form 1044-1044a-1044b-Bone List-X-168-"A"  
Halawa
19. QMC Form 1044-1044b-Bone List-X-168 "B"-Halawa
20. QMC Form 1044-1044a-1044b-Bone List-X-168-"C"-  
Halawa
21. QMC Form 1044-1044a-1044b-Bone List-X-168-"E"-  
Halawa
22. QMC Form 1044-1044a-1044b-Bone List-X-3-Kunming
23. QMC Form 1044-1044a-1044b-Bone List-X-4-Kunming
24. QMC Form 1044-1044a-1044b-Bone List-X-5-Kunming
25. QMC Form 1044-1044a-1044b-Bone List-X-6-Kunming
26. QMC Form 1044-1044a-1044b-Bone List-X-213-  
Remains Depot
27. QMC Form 1044-1044a-1044b-Bone List-X-255-  
Remains Depot
28. QMC Form 1044-1044a-1044b-Bone List-X-301-  
Remains Depot
29. QMC Form 1044-1044a-1044b-Bone List-Fluoroscopic  
Findings-X-869-Remains Depot
30. QMC Form 1044-1044b-X-889-Remains Depot
31. QMC Form 1044-1044a-1044b -Bone List-X-40-Shanghai
32. QMC Form 1044-1044a-1044b-Bone List X-46-Shanghai
33. QMC Form 1044-1044a-1044b-Bone List-X-65-Shanghai
34. QMC Form 1044-1044b-Bone List-X-67-Shanghai
35. QMC Form 1044-1044a-1044b-Bone List-X-85-Shanghi
36. QMC Form 1044-1044b-Bone List-X-86-Shanghai
37. QMC Form 1044-1044a-1044b-Bone List-X-87-Shanghai
38. QMC Form 1044-1044a-1044b-Bone ListX-136-Shanghai
39. QMC Form 1044-1044a-1044b-Bone List-X-152-Shanghai
40. QMC Form 1044-1044a-1044b-Bone List-X-153-Shanghai
41. QMC Form 1044-1044a-1044b-Bone List-X-154-Shanghai
42. QMC Form 1044-1044a-1044b-Bone List-X-189-Shanghai
43. QMC Form 1044-1044a-1044b-Bone List-X-190-Shanghai

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

54 Incls

44. QMC Form 1044-1044a-1044b-Bone List-X-191-Shanghai
45. QMC Form 1044-1044a-1044b-Bone List-X-278-Shanghai
46. QMC Form 1044-1044a-1044b-Bone List-X-302-Shanghai
47. QMC Form 1044-1044a-1044b-Bone List-X-303-Shanghai
48. QMC Form 1044-1044a-1044b-Bone List-X-304-Shanghai
49. QMC Form 1044-1044b-Bone List-X-305 "B" Shanghai
50. QMC Form 1044-1044a-1044b-Bone List-X-325-Shanghai
51. QMC Form 1044-1044a-1044b-Bone List-X-327-Shanghai
52. QMC Form 1044-1044a-1044b-Bone List-X-376-Shanghai
53. QMC Form 1044-1044b-Bone List-X-387-Shanghai
54. QMC Form 1044-1044a-1044b-Bone List-X-394-Shanghai

3  
AIR MAIL

OF THE PACIFIC

Interred 14 March 1949

DISINTERMENT DIRECTIVE

F 595

*Alvan C Baker* Cemetery Superintendent

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

ALVAN

DIRECTIVE NUMBER

8730 00000

DATE

26 09 47  
DAY MONTH YEAR

NAME

*M/* UNKNOWNX-000313

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

GUADALCANAL

DISPOSITION OF REMAINS

0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

C174 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 UNKNOWN X-313	SERIAL NUMBER Unk	RANK Unk	DATE OF DEATH Unk	DATE DISTINTERRED 17 November 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION Unk	RELIGION Unk	IDENTIFICATION VERIFIED BY Arthur A. Latham 1st Lt., NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket	CONDITION OF REMAINS Skeletal
----------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION  
Grave marker and mortuary plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 1 July 1948 BY WILLIAM J WILLIS, EMBALMER

CASKET SEALED BY J.N. ROBINSON EMBALMER (Signature) WILLIAM J. WILLIS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE 7/1/48 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. INF.  
SIGNATURE OF GRS INSPECTOR

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

80

RECORD OF CUSTODIAL TRANSFER

FROM		U S ARMY MAUS NO 3		TO		HAWN DIST CENTER	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		James B. Harris	
SIGNATURE OF SHIPPER		<i>John E. Murphy</i>		SIGNATURE OF RECEIVER		<i>James B. Harris</i>	
DATE		24 FEB 1949		DATE		24 FEB 1949	
FROM		Capt., OMC 01685944		TO		Capt., OMC 01685944	
KIND OF CONVEYANCE				NAME OF CONVOYER		JOHN E. MURPHY	
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
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			
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			
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

RECEIVED  
 ECCTO ST  
 JAMES B. HARRIS  
 MAINTAINING  
 DR. HARRIS

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-313</b> <span style="float: right;"><b>Guadalcanal</b></span>				2. DATE OF REPORT <b>29 March 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 1</b>  <b>Formerly of Guadalcanal</b>		4. PLOT  <b>C</b>	5. ROW  <b>174</b>	6. GRAVE  <b>4</b>	7. DATE OF DISINTERMENT <b>29 Mar '48</b>	REINTERMENT <b>29 Mar '48</b>

PHYSICAL DESCRIPTION <b>Age 22 to 24 years.</b>					
8. ESTIMATED WEIGHT <b>160 to 165 lbs.</b>	9. ESTIMATED HEIGHT <b>176-69.29-5'10 1/2"</b>	10. COLOR OF HAIR <b>U.T.D.</b>		11. RACE <b>White</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate on remains reads: Unknown X-313 - Plot C, Row 174, Gr. 4.**  
**One (1) embossed plate on box reads: Unknown X-313 - Plot C, Row 174, Grave 4.**

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

**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.**

None

**ROBERT D. JOHNSON**  
**AD 37478** *Robert D. Johnson* *Apr '49*

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

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

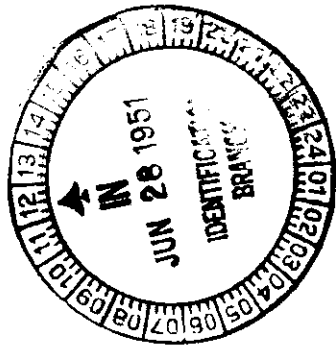
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

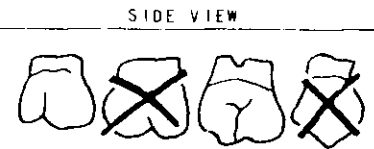
None





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

X-313



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Guacalcanal



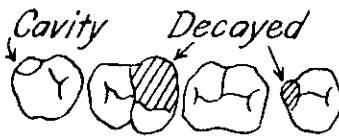
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLINGS 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:

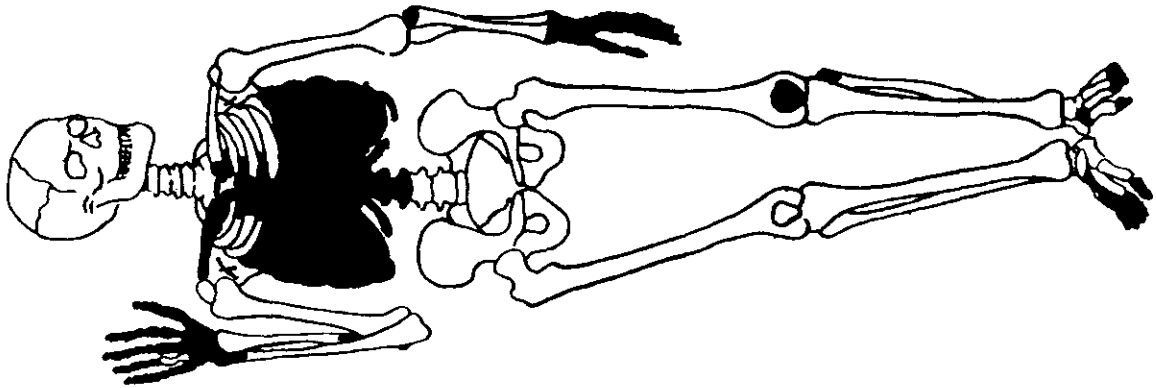


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	(90)				(F)				(M.D)				(R 90)	← DRIFT	
Side View															Side View
Top View															Top View
Side View															Side View
	→ DRIFT													← DRIFT	
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16

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

REMARKS:  
Original chart may show L-5 extracted instead of L-6 and L-16 extracted instead of L-14.

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 \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.

Paul L. Gravenor

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man in his early 20's of average build and muscularity. The skull is small in size, round, oval in shape with prominent parietal bosses and a moderate degree of backhead projection. The forehead is low and sloping. The nasal root is low and indicates a very prominent nose. The face is convex. The mouth parts protrude slightly. The chin is deep and presents a rounded eminence of medium width.

Teeth charted. Fluoroscopic examination unnecessary.

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  
 CENTRAL IDENTIFICATION LABORATORY  
 AND MAUSOLEUM, APO 957


SIGNATURE

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGY  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	49.7	Fractured - fragment of right parietal miss.
VERTEBRAE	CERVICAL	7		
	THORACIC	7		5 missing.
	LUMBAR	3		2 missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.6	
	LEFT	1		
RIBS		7		Fractured - 17 missing.
STERNUM		1		Portion of manubrium present.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	approx. 15.0	Sternal end missing.
SCAPULAE	RIGHT	1		Eroded.
	LEFT	1		"
HUMERI	RIGHT	1	34.7	
	LEFT	1	34.8	
RADII	RIGHT	1		Proximal head missing.
	LEFT	1		Proximal and distal ends missing.
ULNAE	RIGHT	1		Lower 1/3 missing.
	LEFT	1	Approx. 20.3	Distal end missing.
HANDS	RIGHT	1		All missing except #4 metacarpal.
	LEFT	0		Missing.
FEMORA	RIGHT	1	46.0	
	LEFT	1	48.7	
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1	38.6	
	LEFT	1	38.7	
FIBULAE	RIGHT	1	38.5	
	LEFT	1		Proximal head missing.
FEET	RIGHT	1		Calcaneus, talus, 1-2-4-5 metatarsals present.
	LEFT	1		Calcaneus, talus, cuboid, 1-2-3-4-5 metatarsals present.

NUMERO-CLAVICULAR RATIO	43.5		APPROXIMATE	
ESTIMATED HEIGHT	176-69.29-519.4	AGE	22 to 24	YEARS
ESTIMATED WEIGHT	160 to 165 lbs.		LEG-HIP BR RATIO	55.7

  
 Paul L. Gravenor  
 Lab. Supervisor  
**ANTHROPOLOGIST**

ENCLOSURE TO: X-313 Guadalcanal

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-313

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.

Field burial, probably the body of  
a man killed in action in 1942.

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

Tooth chart could not 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.

4

GRAVE MARKER

Wooden Cross

TYPE OF RELIGIOUS CEREMONY

Catholic, Protestant, Jewish

PERSON REPORTING BURIAL

/s/ T/S 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-312

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

3

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

Unknown X-314

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

5

PERSON CONDUCTING BURIAL RITES

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

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 QUADRUPLICATE 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>UPPER</p> <p>LOWER</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>	
FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	

**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

9215

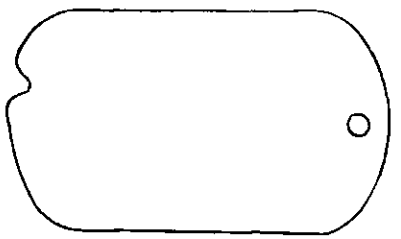
WD QMC FORM 1042  
Rev. 1 February 1945  
(Supersedes form dated  
3 Jan. 1945. Existing stocks  
may be used until exhausted.)

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-313

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

Initials L.V.L. were found on cross  
marking the grave.

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.

Field burial, probably the body of  
a man killed in action in 1942.

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

Tooth chart could not 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.

4

GRAVE MARKER

Wooden Cross.

TYPE OF RELIGIOUS CEREMONY

Catholic, Protestant & Jewish.

PERSON REPORTING BURIAL

T-5 William T. Tracy

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-312

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

3

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

Unknown X-314

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

5

PERSON CONDUCTING BURIAL RITES

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

VERIFIED BY G. R. S. OFFICER

Raymond J. Manuel  
1st Lt. OMC 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
--------------------------	---------------	-----------------------

**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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

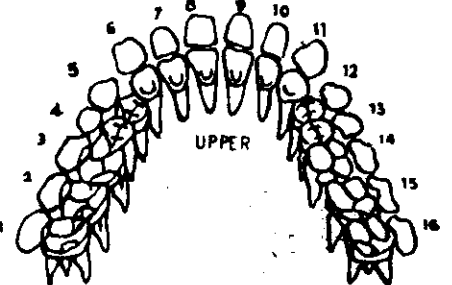
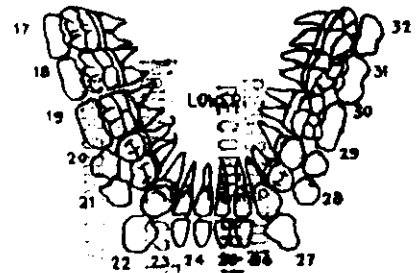
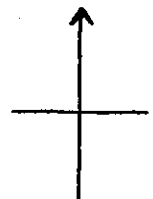


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE



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

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



IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME