

Union

Intercedo N. 14

A I R M A I L

QUICHT 293
GES Pacific 1st Ind.
SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C. 15 April 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 Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, X-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-91A, X-91B, X-94, X-104, X-117, X-177, X-182, X-183, X-190, X-196, X-217, X-219, X-220, X-225, X-226, X-236, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-282, X-285, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-863, X-872, X-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emnylabegan; X-30, formerly Kunning; X-125, X-146, X-149A, X-149 B X-149 C, X-150 A, X-150 B, X-233, X-238, formerly Barrackpore.

3. Further reference is made to inclosures 82 and 83, Unknowns X-315A, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

83 Incls: w/a

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

S. Morgan:lrc
Salsar
JW
cc--Administrative Section

A I R M A I L

X 293 Amp. Dr. Leg. in. (Dr. n. h. l. m. d.) X-304

RES
HJS

C O P Y

A I R M A I L

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 953

AMNOC 283

JAN 24 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Enclosed herewith eighty-three (83) QMG Forms 104a for Kunming, Shanghai, Remains Depot, Guadalcanal, Barrackpore, Shanghai and Englishbagan Cemeteries, stamped and signed in accordance with letter, DA QMG, AMNOC 283 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horace Mann
s/ HORACE MANN
Captain, QMG
Chief, RR Div

85 Incls

1. QMG Form 104a-1044a-1044b-
Bone List X-8-Guadalcanal
2. QMG Form 104a-1044a-1044b-
Bone List X-12-Guadalcanal
3. QMG Form 104a-1044a-1044b-Bone List-
Fluoroscopic Findings X-14-
Guadalcanal
4. QMG Form 104a-1044a-1044b-Bone List-
X-16-Guadalcanal
5. QMG Forms 104a-1044a-1044b-Bone List-
X-19 Guadalcanal
6. QMG Form 104a-1044a-1044b-Bone List-
X-25 Guadalcanal
7. QMG Form 104a-1044a-1044b-Bone List-
X-27 Guadalcanal
8. QMG Form 104a-1044a-1044b-Bone List-
X-32 Guadalcanal

A I R M A I L

FMTC 237

SUBJECT: Resolution of Unidentified Remains

Re: Inc 6

1. QMC Form 1044-1044a-1044b-Bone List
X-88 Guadalcanal
2. QMC Form 1044-1044a-1044b- Bone List
X-85 Guadalcanal
3. QMC Form 1044-1044a-1044b- Bone List
X-40 Guadalcanal
4. QMC Form 1044-1044a-1044b-Bone List-Fluoroscopic Findings
X-41 Guadalcanal
5. QMC Form: 1044b-1044a-1044b-Bone List
X-58-Guadalcanal
6. QMC Form 1044-1044a-1044b-Bone List
X-55-Guadalcanal
7. QMC Form 1044-1044a-1044b-Bone List
X-54 Guadalcanal
8. QMC Form 1044-1044a-1044b-Bone List
X-61 Guadalcanal
9. QMC Form 1044-1044a-1044b- Bone List
X-90 Guadalcanal
10. QMC Form 1044-1044a-1044b-Bone List
X-91 "A" Guadalcanal
11. QMC Form 1044-1044a-1044b-Bone List
X-91 "B" Guadalcanal
12. QMC Form 1044-1044a-1044b-Bone List
X-104 Guadalcanal
13. QMC Form 1044-1044a-1044b-Bone List
X-117-Guadalcanal
14. QMC Form 1044-1044a-1044b-Bone List
X-177 Guadalcanal
15. QMC Form 1044-1044a-1044b-Bone List
X-182-Guadalcanal
16. QMC Form 1044-1044a-1044b-Bone List
X-183 Guadalcanal
17. QMC Form 1044-1044a-1044b-Bone List
X-190 Guadalcanal
18. QMC Form 1044-1044a-1044b-Bone List
X-195 Guadalcanal
19. QMC Form 1044-1044a-1044b-Bone List
X-94 Guadalcanal
20. QMC Form 1044-1044a-1044b- Bone List
X-217 Guadalcanal
21. QMC Form 1044-1044a-1044b-Bone List
X-219-Guadalcanal
22. QMC Form 1044-1044a-1044b-Bone List
X-220 Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone Lis t-
X-225 Guadalcanal

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

- 32. QMC Form 1044-1044a-1044b-Bone List-
X-226-Guadaluca
- 33. QMC Form 1044-1044a-1044b-Bone List-
X-235-Guadaluca
- 34. QMC Form 1044-1044a-1044b-Bone List-
X-257-Guadaluca
- 35. QMC Form 1044-1044a-1044b-Bone List-
X-242-Guadaluca
- 36. QMC Form 1044-1044a-1044b-Bone List-
X-243-Guadaluca
- 37. QMC Form 1044-1044a-1044b-Bone List-
X-244-Guadaluca
- 38. QMC Form 1044-1044a-1044b-Bone List-
X-245-Guadaluca
- 39. QMC Form 1044-1044a-1044b-Bone List-
X-247-Guadaluca
- 40. QMC Form 1044-1044a-1044b-Bone List-
X-249-Guadaluca
- 41. QMC Form 1044-1044a-1044b-Bone List-
X-250-Guadaluca
- 42. QMC Form 1044-1044a-1044b-Bone List-
X-255-Guadaluca
- 43. QMC Form 1044-1044a-1044b-Bone List-
X-277-Guadaluca
- 44. QMC Form 1044-1044a-1044b-Bone List-
X-281-Guadaluca
- 45. QMC Form 1044-1044a-1044b-Bone List-
X-282-Guadaluca
- 46. QMC Form 1044-1044a-1044b-Bone List-
X-285-Guadaluca
- 47. QMC Form 1044-1044a-1044b-Bone List-
X-287-Guadaluca
- 48. QMC Form 1044-1044a-1044b-Bone List-
X-238-Guadaluca
- 49. QMC Form 1044-1044a-1044b-Bone List-
X-290-Guadaluca
- 50. QMC Form 1044-1044a-1044b-Bone List-
X-291-Guadaluca
- 51. QMC Form 1044-1044a-1044b-Bone List-
X-293-Guadaluca
- 52. QMC Form 1044-1044a-1044b-Bone List-
X-295-Guadaluca
- 53. QMC Form 1044-1044a-1044b-Bone List-
X-296-Guadaluca

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

- 54. QMC Form 1044-1044a-1044b-Bone List-
X-297-Guadaluacanal
- 55. QMC Form 1044-1044a-1044b- Bone List-
X-298 Guadaluacanal
- 56. QMC Form 1044-1044a-1044b-Bone List-
X-301-Guadaluacanal
- 57. QMC Form 1044-1044a-1044b-Bone List-
X-304-Guadaluacanal
- 58. QMC Form 1044-1044a-1044b-Bone List-
X-308-Guadaluacanal
- 59. QMC Form 1044-1044a-1044b-Bone List-
X-323-Guadaluacanal
- 60. QMC Form 1044-1044a-1044b-Bone List-
X-324-Guadaluacanal
- 61. QMC Form 1044-1044a-1044b-Bone List-
X-344-Guadaluacanal
- 62. QMC Form 1044-1044a-1044b-Bone List-
X-743 Remains Depot
- 63. QMC Form 1044-1044a-1044b- Bone List-
X-744-Remains Depot
- 64. QMC Form 1044-1044a-1044b-Bone List-
X-368-Remains Depot
- 65. QMC Form 1044-1044a-1044b-Bone List-
X-872-Remains Depot
- 66. QMC Form 1044-1044a-1044b-Bone List-
X-873-Remains Depot
- 67. QMC Form 1044-1044a-1044b-Bone List-
X-874-Remains Depot
- 68. QMC Form 1044-1044a-1044b-Bone List-
X-875-Remains Depot
- 69. QMC Form 1044-1044b-Bone List X-902-
Remains Depot.
- 70. QMC Form 1044-1044a-1044b-Bone List-
X-7-Ennlabegan
- 71. QMC Form 1044-1044a-1044b-Bone List-
X-30 Kunning
- 72. QMC Form 1044-1044a-1044b-Bone List-
X-893 Shanghai
- 73. QMC Form 1044-1044a-1044b-Bone List-
X-125-Barrackpore
- 74. QMC Form 1044-1044a-1044b-Bone List-
X-148-Barrackpore
- 75. QMC Form 1044-1044a-1044b-Bone List X-149-
"A" Barrackpore.

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

83 Incls

76. QMC Forms 1044-1044b-Some List X-149 "D".
Barrackpore
77. QMC Form 1044-1044b-Some List X-149 "C".
Barrackpore
78. QMC Form 1044-1044b-Some List X-150
"A" Barrackpore
79. QMC Form 1044-1044a-1044b-Some List-
X-160 "B" Barrackpore
80. QMC Form 1044-1044a-1044b-Some List-
X-233 Barrackpore
81. QMC Form 1044-1044a-1044b- Some List-
X-238-Barrackpore
82. QMC Form 1044-1044b-Some List X-315 "A"
Barrackpore
83. QMC Form 1044-1044b-Some List X-315 "B"
Barrackpore

AIR MAIL

DISINTERMENT DIRECTIVE

1

43 ³²⁴ *Wak Goodland X324*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8730 00000

DATE 26 09 47 DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER 34

RANK

ARM 0

DATE OF DEATH

CEMETERY CUADALCANAL

DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY P199 1 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

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

CANCELLED

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

BY EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

File 466-50 Johnson

encl 115

RECORD OF CUSTODIAL TRANSFER

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

1 HT

Interred 20 June 1949

DISINTERMENT DIRECTIVE

Q 946

M. C. Dunman Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 00000

DATE

15 03 49
DAY MONTH YEAR

NAME

UNKNOWNX-000324

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

GUADALCANAL SOLOMON IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

F199

1

0492 64

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
Guadalcanal
Unknown X-324

SERIAL NUMBER

Unk

GRADE

Unk

DATE OF DEATH

Unk

DATE DISINTERRED

10 Dec 47

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

Unk

IDENTIFICATION VERIFIED BY
Ltr OCMG 22 Sept 1947
File OJGMU 293
NAME AND TITLE

REMAINS
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uncasketed

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Cemetery Record

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)

None

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

F. E. PRIBEK

CASKET SEALED BY

M. C. DUNMAN

EMBALMER (Signature)

M. C. Dunman
M. C. DUNMAN

CASKET BOXED AND MARKED

DATE

BY

M. C. DUNMAN

SHIPPING ADDRESS VERIFIED BY

R. L. TRASK

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

R. L. Trask
R. L. TRASK

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Administrative file per paragraph 1, OCMG, File OJGMU 293 (Pacific), dated 5 May 1948.

FILE

29 JUL 1949

REFURRIATION
BRANCH
MEM. DIV.

lsyd
628

RECORD OF CUSTODIAL TRANSFER

FROM		U. S. ARMY MUSEUM NO. 3		TO		CHIEF HAWAII	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER		<i>[Signature]</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		17 MAY 1949		DATE			
2. SHIPPED				TO		CAPTAIN Q M C	
FROM				NAME OF CONVOYER		JUL 2 1949	
KIND OF CONVEYANCE				SIGNATURE OF RECEIVER		JUL 2 1949	
SIGNATURE OF SHIPPER				NAME OF CONVOYER		JUL 2 1949	
DATE				SIGNATURE OF RECEIVER		JUL 2 1949	
3. SHIPPED				TO			
FROM				NAME OF CONVOYER			
KIND OF CONVEYANCE				SIGNATURE OF RECEIVER			
SIGNATURE OF SHIPPER				NAME OF CONVOYER			
DATE				SIGNATURE OF RECEIVER			
4. SHIPPED				TO			
FROM				NAME OF CONVOYER			
KIND OF CONVEYANCE				SIGNATURE OF RECEIVER			
SIGNATURE OF SHIPPER				NAME OF CONVOYER			
DATE				SIGNATURE OF RECEIVER			
5. SHIPPED				TO			
FROM				NAME OF CONVOYER			
KIND OF CONVEYANCE				SIGNATURE OF RECEIVER			
SIGNATURE OF SHIPPER				NAME OF CONVOYER			
DATE				SIGNATURE OF RECEIVER			
6. SHIPPED				TO			
FROM				NAME OF CONVOYER			
KIND OF CONVEYANCE				SIGNATURE OF RECEIVER			
SIGNATURE OF SHIPPER				NAME OF CONVOYER			
DATE				SIGNATURE OF RECEIVER			
7. SHIPPED				TO			
FROM				NAME OF CONVOYER			
KIND OF CONVEYANCE				SIGNATURE OF RECEIVER			
SIGNATURE OF SHIPPER				NAME OF CONVOYER			
DATE				SIGNATURE OF RECEIVER			

REPAIRING RECORDS SECTION

JUL 2 1949

JAMES B HARRIS

JUL 2 1949

MAY 11 1949

6

293

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8738 00000

DATE 26 09 43 DAY MONTH YEAR

NAME [REDACTED]

SERIAL NUMBER 7-324

RANK

ARM DATE OF DEATH DAY MONTH YEAR

CEMETERY SUEBALKANAL

DISPOSITION OF REMAINS CODE DIST. PT.

PLOT ROW GRAVE COUNTRY FIDE SOLOMON ISLANDS

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE [REDACTED]

NAME AND ADDRESS OF NEXT OF KIN [REDACTED]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

1. Prepare Discrepancy Report GRC Form 1104a for any discrepancies.

DISBURSEMENT DIRECTIVE

6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE	
NAME		SERIAL NUMBER		DATE OF DEATH	
COUNTRY		BANK		DAY MONTH YEAR	
PLOT		DISPOSITION OF REMAINS		DAY MONTH YEAR	
ROW		CAUSE OF DEATH		CODE	
GRAVE		DIST. PT.			

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

HONOLULU NATIONAL CEMETERY
 TERRITORY OF HAWAII
 (BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION LOCATION	ORGANIZATION	REGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKED			NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

CONDITION OF REMAINS

NATURE OF BURIAL

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMARKS PREPARED AND PLACED IN CASE

DATE

CASSETT SEVED BY

WEATHER OBSERVATIONS

CASSETT BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF DRS INSPECTOR

1. Prepare Disbursement Report QMC Form 1194 for minor discrepancies.

MAJOR DISCREPANCY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-324 Guadalcanal				2. DATE OF REPORT 28 July 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guadalcanal		4. PLOT F	5. ROW L	6. GRAVE 6	7. DATE OF DISINTERMENT 28 Jul 48		REINTERMENT 28 Jul 48

PHYSICAL DESCRIPTION Age 21 to 23 years.

8. ESTIMATED WEIGHT 160 to 165 lbs.	9. ESTIMATED HEIGHT 180 - 70.87 - 5'10 3/4"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

None.

U N I D E N T I F I A B L E
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

1st Lt., EA 0-1187395 *Cyril C. Quincy 20 Jan 1949*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Extensive erosion.**

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.

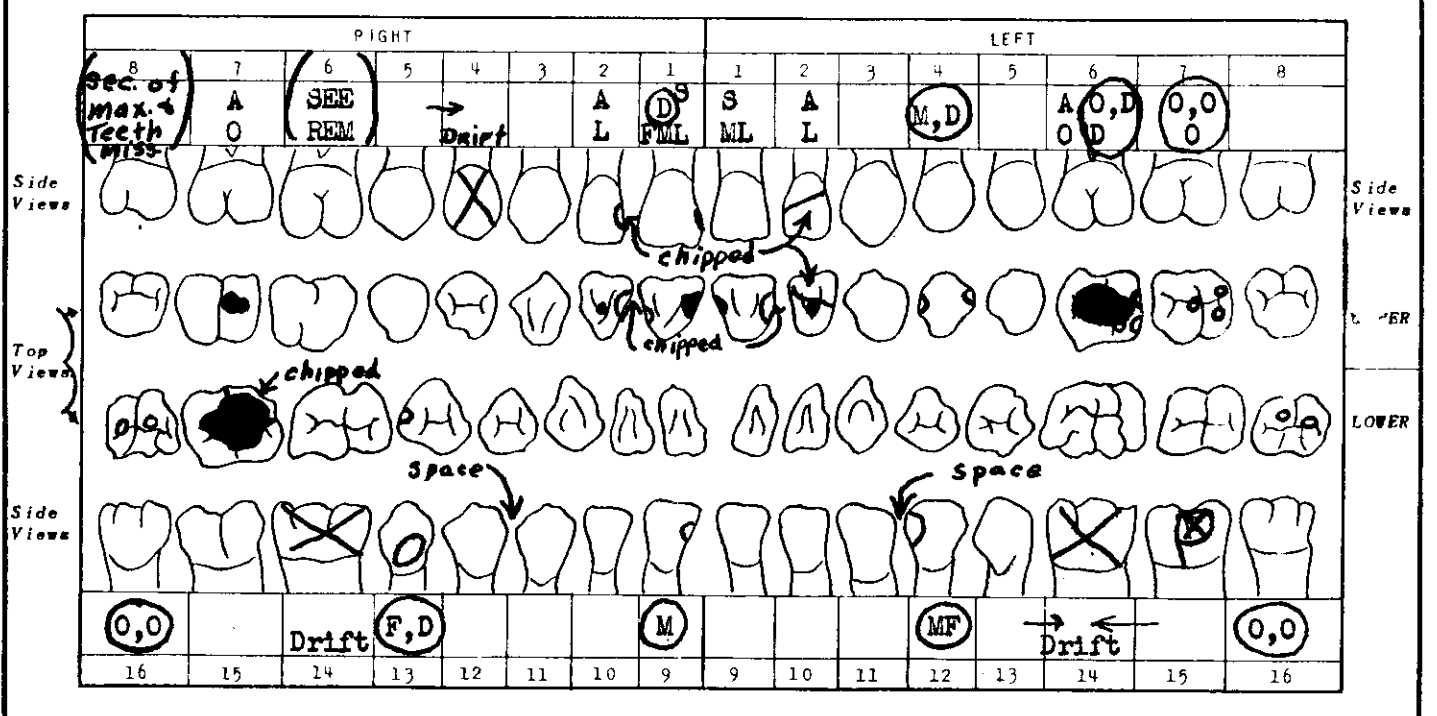
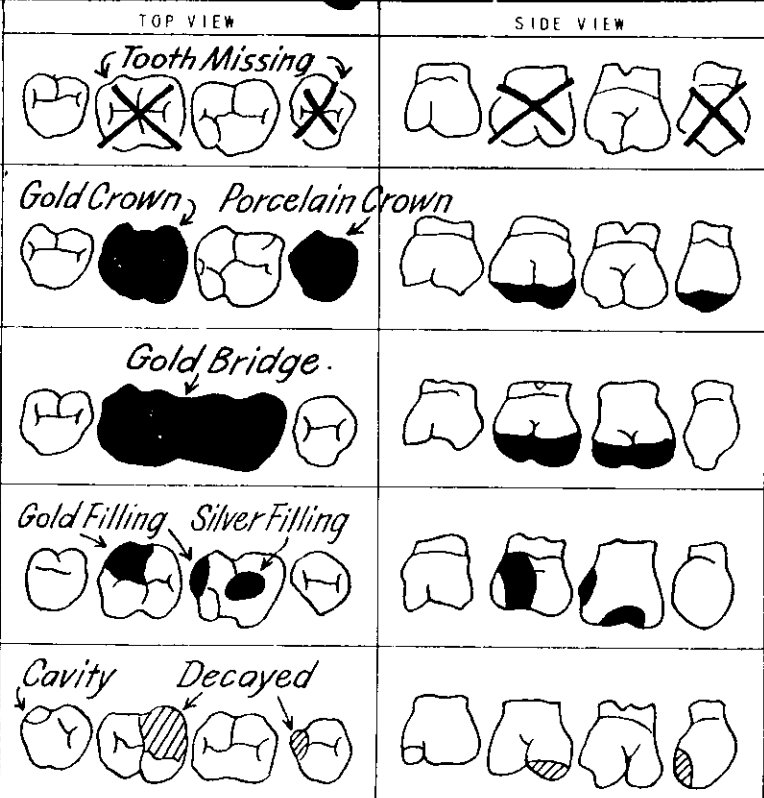
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:
X-324
U. S. Army Mausoleum #2

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

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:



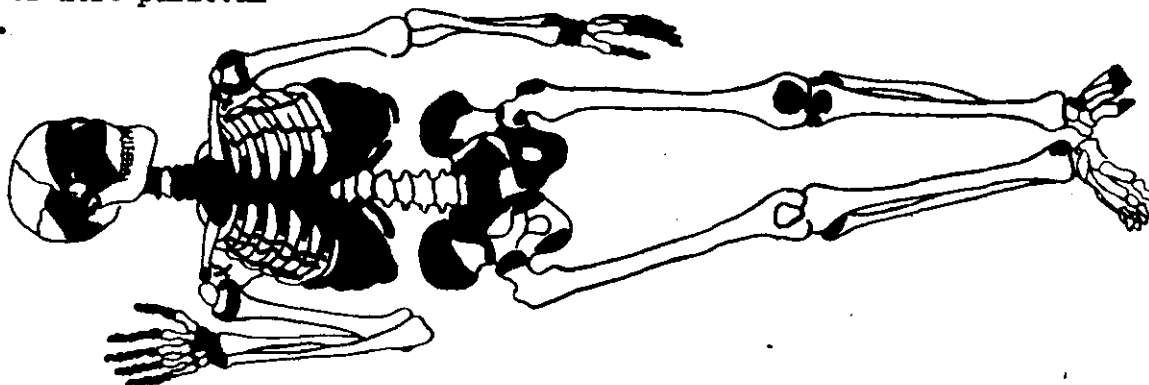
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS:

1. R-6 section is too broken to say anything definite. The tooth is missing.
2. Guttapercha filling on R-15.
3. Near on the incisal edges of the lower anteriors.
4. L-12 and L-13 are in a slight torsion version.

19. BLACK OUT PARTS OF BODY NOT RECORDED

Portion of left parietal 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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.

/s/ M. Trotter
M. TROTTER SIGNATURE OF MEDICAL OFFICER **ANTHROPOLOGIST**

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a tall man 21 to 23 years of age (estimate based on dental condition) of average muscularity weighing between 160 and 165 lbs. The skull is ovoid in shape. The vault is average height. The forehead is sloping. The backhead is rounded. The palate is deep and "U" shaped. The mandible is average in structure with slight gonial flare. The chin is deep and rounded slightly protruding with narrow bilateral eminences and gives the appearance of having been a cleft chin.

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., OMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957.

SIGNATURE /s/ **O. W. GREENWOOD**
O. W. GREENWOOD

CENTRAL IDENTIFICATION LABORATORY
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fractured. Portion of the occipital right and left parietal, frontal right and left temporal, maxilla, all of the nasal missing.
VERTEBRAE	CERVICAL	4		3 missing (4, 6 and 7.)
	THORACIC	12		Fragments only.
	LUMBAR	5		Fragments only.
SACRUM		1		Portion of body and portion of left wing present only.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fragments only.
	LEFT	1		" "
RIBS		12		Fragments, 12 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Distal and sternal end eroded.
	LEFT	1		" " " " "
SCAPULAE	RIGHT	1		Body eroded.
	LEFT	1		" "
HUMERI	RIGHT	1	approx. 33.7	Proximal head eroded.
	LEFT	1		
RADII	RIGHT	1	26.5	
	LEFT	1	26.3	
ULNAE	RIGHT	1		Distal end missing.
	LEFT	1	approx. 27.3	" " "
HANDS	RIGHT	1		2 carpals & 5 metacarpals present only.
	LEFT	1		5 metacarpals present only.
FEMORA	RIGHT	1		Head missing.
	LEFT	1	48.7	Head eroded, greater trochanter missing.
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	1		Distal end eroded.
	LEFT	1	39.2	Proximal end eroded.
FIBULAE	RIGHT	1		Proximal head missing.
	LEFT	1		Proximal end missing.
FEET	RIGHT	1		
	LEFT	1		(3) tarsals missing.

HUMERO-CLAVICULAR RATIO U.T.D.	APPROXIMATE AGE (in years)
180 - 70.87 ESTIMATED HEIGHT 5' 10 3/4"	21 to 23
ESTIMATED WEIGHT 160 to 165 lbs.	LEG-HIP BR RATIO U.T.D.

ENCLOSURE TO: X-324 GUadalcanal

/s/ M. Trotter
M. TROTTER
ANTHROPOLOGIST

RESTRICTED

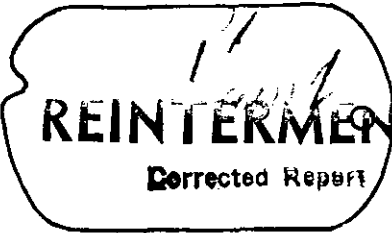
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
REINTELEMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

28 Oct 1948

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-324 (Formerly Dudenski, J.H.)		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Probably White	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Cavutu, B. S. I.	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	See OMC Ltr, OCMGR 293, Dudenski, J.G., Lockett, G.R., (Guadalcanal) B. S. I., 12 Oct 48, Subj: Burial Information.
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U. S. Army Mausoleum, Schofield Barracks, T.H.

DATE OF BURIAL	HOOR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 1948	---	Metal Lined Casket			K	6

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	Army, Navy, Marine Cemetery, Guadalcanal

PLOT No.	ROW No.	GRAVE No.
F	199	1

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
---	---	

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to manner	---	---	---	---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
of storing caskets.	---	---	---	---

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Earl B. Yancy</i> EARL B. YANCY, CMC, USA	<i>Horace Mann</i> HORACE MANN, Capt, QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Incl 3'

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


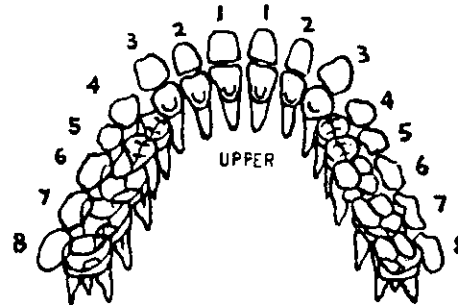
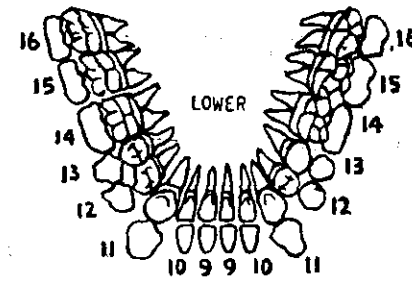




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</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>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD QMG FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

**REPORT OF INTERMENT
STORAGE**
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

28 Oct 1948

*Imprint Identification Tag If Possible.
DO NOT TYPE*

REINTERMENT
Corrected Report

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-324 (Formerly Dudenski, J.H.)		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Probably White	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guantanamo, B. S. I.	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	See OQMG Ltr, QMGMR 293, Dudenski, J.G., Lockett, G.R., (Guadalcanal) B. S. I., 12 Oct 48, Subj: Burial Information.
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U. S. Army Mausoleum, Schofield Barracks, T.H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 1948	---	Metal Lined Casket			K	6

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Army, Navy, Marine Cemetery, Guadalcanal	F	199	1

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
---	---				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)				
---	---				

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to manner	---	---	---	---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
of storing caskets.	---	---	---	---

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Earl B. Yancy</i> EARL B. YANCY, CWO, USA	<i>Horace Mann</i> HORACE MANN, Capt, QMG

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Incl 3²

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB


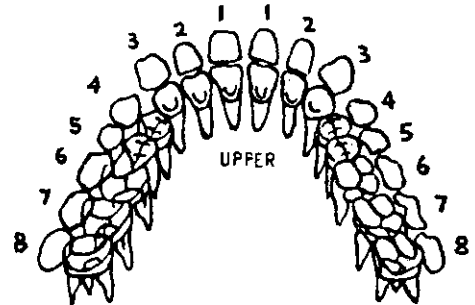




RIGHT THUMB

RIGHT INDEX FINGER


RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

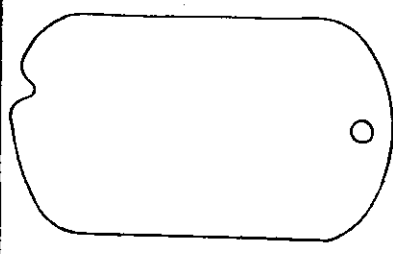


REMARKS:

2573

U-473

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 18 October 1945
---	--	---

	For Imprint of Identification Tag NAME (Last, First, Middle Initial) Dudenski, J. H.		
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY USA
	ORGANIZATION Unknown	BRANCH Unknown	REGISTRATION AND RECORDS BRANCH
	RACE Unknown	RELIGION Unknown	DATE OF DEATH Unknown

PLACE OF DEATH Gavutu, 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.) Identified from name on cross marking the grave.
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

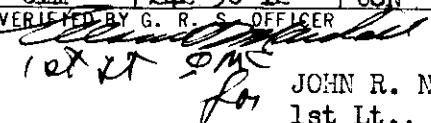
DATE OF BURIAL 18 Sep 45	HOUR 0740	PLOT NO. F	ROW NO. 199	GRAVE NO. 1	GRAVE MARKER Wooden Cross
-----------------------------	--------------	---------------	----------------	----------------	------------------------------

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

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.

Embossed plate bearing name and serial no. buried with body.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Beginning of row.	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Clarke, Irwin R.	RANK CMM	SERIAL NO. 242-50-12	ORGANIZATION USN	GRAVE NO. 2
PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER  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 []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:

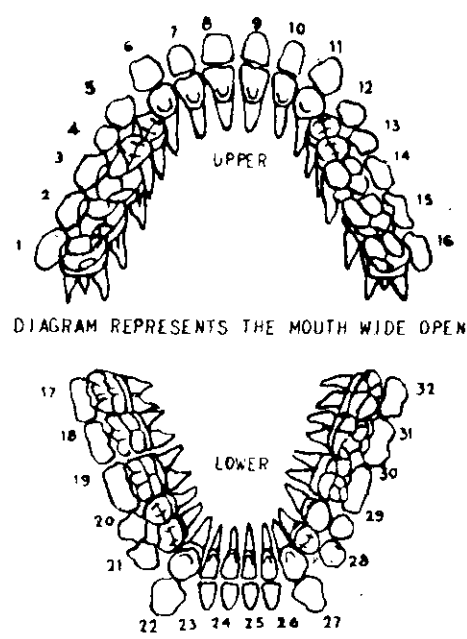
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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>




SKETCH AND MAP REFERENCE



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

6 SEP 1948

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 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 18 Oct 1945	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) Dudenski, J. H.			SERIAL No.	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE USA
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Gavutu, B. S. I.		CAUSE OF DEATH Unknown			DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) X		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Identified from name on cross marking the grave.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
DATE OF BURIAL Reburial 18 Sep 45	HOUR 0740	BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER Wooden Cross F	PLOT No. 199	ROW No. 1
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Embossed plate bearing name and serial no. buried with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Beginning of row.			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Clarke, Irwin R.			RANK CMM	SERIAL No. 242-50-12	ORGANIZATION USN	GRAVE No. 2
SIGNATURE OF PERSON PREPARING REPORT Unknown			SIGNATURE OF GRS OFFICER VERIFYING REPORT John R. Nolan 1st Lt., QMC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


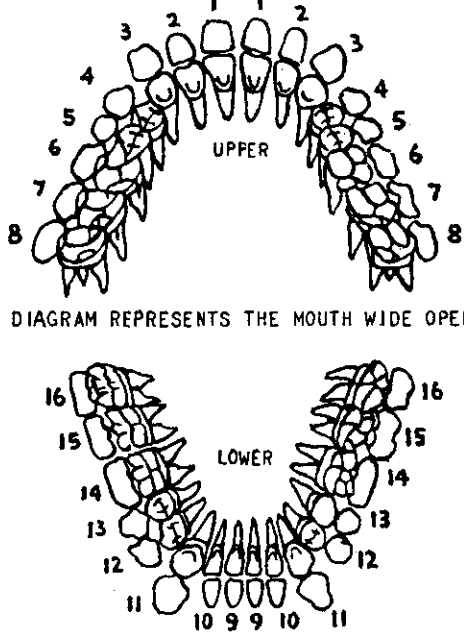




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

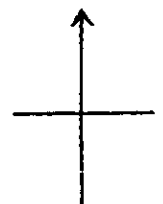
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: