

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>2434th Guadalcanal X-339</i>
SUBJECT	<i>Formerly Downing, Robert F.</i>

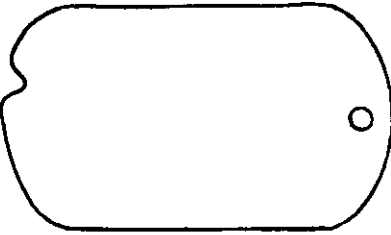
QMC FORM 1121
1 Aug 45

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
2. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
3. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
4. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
5. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
6. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
7. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
8. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
9. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE
10. SHIPPED		FROM	TO	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE

RECEIVED

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 19 July 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.		
		NAME (Last, first, middle initial) UNKNOWN X-339			(GUADALCANAL (UNIDENTIFIABLE) Unknown		
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE USNR	
		RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY	
PLACE OF DEATH Tulagi, B. S. I.		CAUSE OF DEATH KIA			DATE OF DEATH 30 Nov 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		UNIDENTIFIABLE					
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 National Memorial Cemetery of the Pacific, Honolulu, T. H.							
DATE OF BURIAL 21 June 1948	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. 4	ROW No.	GRAVE No. 252	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, BSI			PLOT No. E	ROW No. 151	GRAVE No. 7	
TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L. A. Fisher, Chaplain Albert F. Click, Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes-	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Lann, Donald H			RANK S Sgt	SERIAL No. 20105882	ORGANIZATION USAGF	GRAVE No. 224	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT <i>Margaret L. Barry</i> Margaret L. Barry, Chief Clerk, EDC			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> James B. Harris, Capt., GRC				
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

A-7.4 air/jr

RESTRICTED

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.


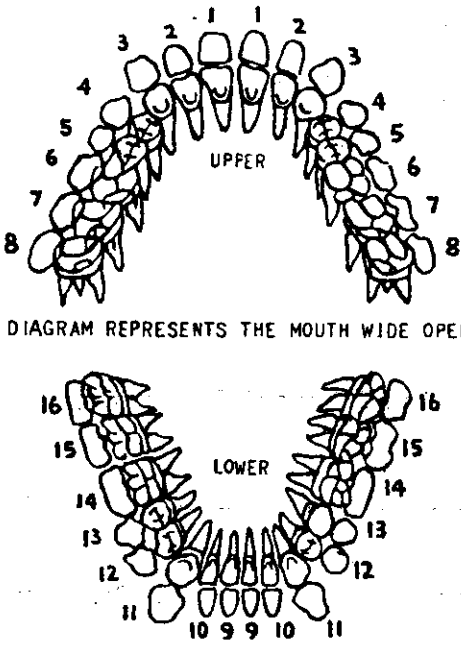




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

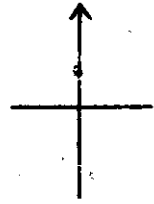
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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>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>	

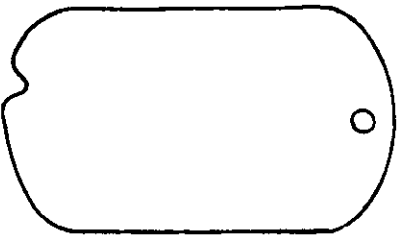


FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Unknown X-339, Guadalcanal
Section 4, Grave No. 252

RESTRICTED

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 19 July 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-339 (GUADALCANAL UNIDENTIFIABLE)		SERIAL NO. Unknown		
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USMC		
		RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Talagi, B. S. I.		CAUSE OF DEATH KIA		DATE OF DEATH 30 Nov 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		UNIDENTIFIABLE				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
21 June 1949	1000	Permanent Type Casket	Cross	Q		282
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AMM Cemetery, Guadalcanal, NSI			PLOT No. H	ROW No. 151	GRAVE No. 7
TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Margaret L A Fisher, Chaplain Albert F Click, Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes-		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) None, Donald H			RANK S Sgt	SERIAL No. 30106882	ORGANIZATION USMC	GRAVE No. 224
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT  Margaret E Parry, Chief Clerk, HSG			SIGNATURE OF GRS OFFICER VERIFYING REPORT  James B Harris, 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

Section 3.—UNIDENTIFIED REMAINS.


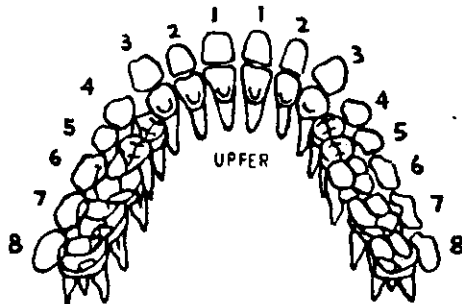




INSTRUCTIONS:

(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.

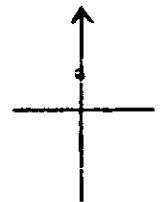
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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:

**Unknown I-520, Guadalcanal
Section Q, Grave No. 252**

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 8730 09439	DATE 15 05 49 DAY MONTH YEAR		
NAME UNIDENTIFIED	SERIAL NUMBER X-000339	GRADE	ARM Q	RACE O	RELIGION 6
CEMETERY GUADACANAL SOLOMON ISLANDS	PLOT E	ROW 151	GRAVE 7	DISPOSITION OF REMAINS 032 4 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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNIDENTIFIED	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND

SHIPPING ADDRESS VERIFIED BY

DATE BY

CHANGE

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

UNIDENTIFIABLE



CHARGE

MAJOR DISCREPANCY IDENTIFICATION DATA

1. REMAINS OF UNKNOWN **X-339 Guadalcanal** 2. DATE OF REPORT **12 November 1948**

3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	E	L	77	DISINTERMENT	REINTERMENT
			7	10 Nov 48	12 Nov 48

PHYSICAL DESCRIPTION **Age: 30 (plus) years.**

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT K-5'6 7/8"-P-5' 4 1/8"	10. COLOR OF HAIR Light Brown	11. RACE 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

CYRIL C. DISNEY
1st. Lt., FA 0-1167395 *Cyril C. Disney* 1 Feb 1949

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

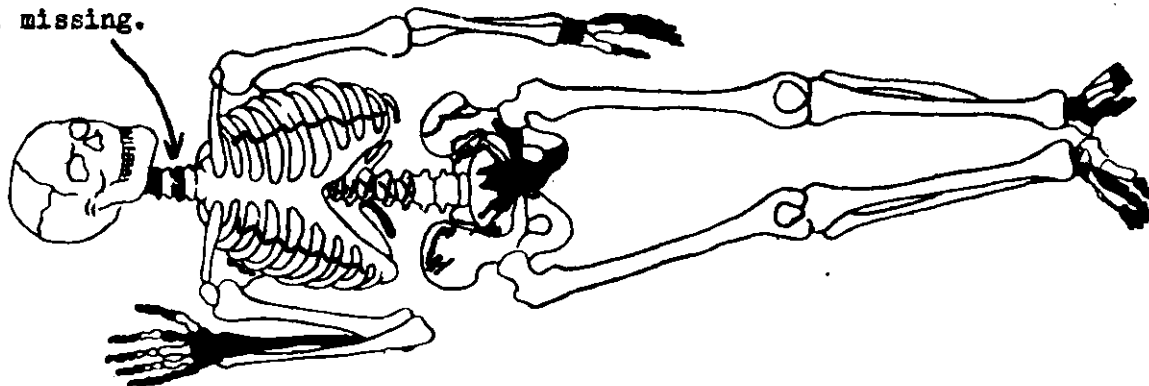
Metopic suture.

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.

19. BLACK OUT PARTS OF BODY NOT RECORDED

No. 2. 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:

- One (1) articulating right radius and right ulna.
- One (1) left talus.

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

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a man 30 (plus) years of age, short in height and of average muscularity.

The skull is elliptical in shape, with slight browridges.

The vault is average.

The glabella region is depressed.

The forehead is medium with a vertical form.

The backhead projects.

The external occipital protuberance is pronounced.

The nasal bones are broad.

The lower borders of the nasal aperture are sharp.

The palate is narrow and ovoid.

The lower jaw is average in size and of medium strength.

The chin projects and has narrow bilateral eminences, forming a cleft.

The extra parts listed under item #20 have been classified as CIL Unknown X-459.

Height estimates:

Rollet:	163	64.17	5' 4 1/8"
Krogman	170	66.93	5' 6 7/8"
Pearson:	164	64.57	5' 4 1/2"

Fluoroscopic examination negative.

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
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	52.0	
VERTEBRAE	CERVICAL	4		#'s 2, 4, & 6 missing.
	THORACIC	6		6 missing.
	LUMBAR	5		2 fragmentary.
SACRUM		1		Fragmentary.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM U.T.D.	Crest of ilium and pubis eroded.
	LEFT	1		Fractured and eroded, pubis missing.
RIBS		23		Fractured and eroded, 1 missing.
STERNUM		1		
CLAVICLES	RIGHT	1	14.5	
	LEFT	1	14.8	
SCAPULAE	RIGHT	1		Eroded.
	LEFT	1		"
HUMERI	RIGHT	1	31.4	
	LEFT	1	31.2	
RADII	RIGHT	0		Missing.
	LEFT	1	23.6	
ULNAE	RIGHT	1	25.7	
	LEFT	1	25.9	
HANDS	RIGHT	1		All missing except 3 metacarpals, 3 phalanges.
	LEFT	1		All missing except 2 metacarpals.
FEMORA	RIGHT	1	43.4	
	LEFT	1	43.4	
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1	36.8	
	LEFT	1	37.0	
FIBULAE	RIGHT	1	36.5	
	LEFT	1	36.5	
FEET	RIGHT	1		All missing except 3 tarsals, 3 metatarsals.
	LEFT	1		All missing except 1 tarsal, 3 metatarsals.

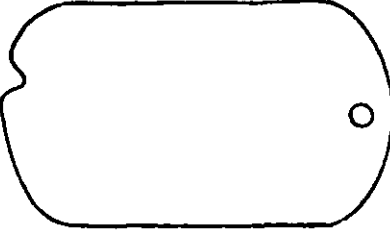
HUMERO-CLAVICULAR RATIO	APPROXIMATE AGE (in years) 30 (plus) years.
ESTIMATED HEIGHT See Item #21	LEG-HIP BR RATIO
ESTIMATED WEIGHT U.T.D.	

/s/ M. Trotter
M. TROTTER
ANTHROPOLOGIST

ENCLOSURE TO: X-339 Guadalcanal

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 12 April 1949
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<i>Imprint Identification Tag If Possible.</i> DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) Unidentified (Formerly Downing, Robert F.) UNKNOWN X-339	SERIAL No. Unknown		
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USNR
	RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov. 42
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EMERGENCY ADDRESSEE (Name, relationship, and address)
 Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See OQMG ltr, QMGMN 293, DOWNING, Robert Franklin 633 90 39 - USNR, 4 April 1949, Subj: Board Proceedings No. 783
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) 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
 US Army Mausoleum, Schofield Barracks, T.H. Casket

DATE OF BURIAL 14 Jan 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. L	GRAVE No. 77
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, B.S.I.	PLOT No. E ROW No. 151 GRAVE No. 7
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TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) -	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) -
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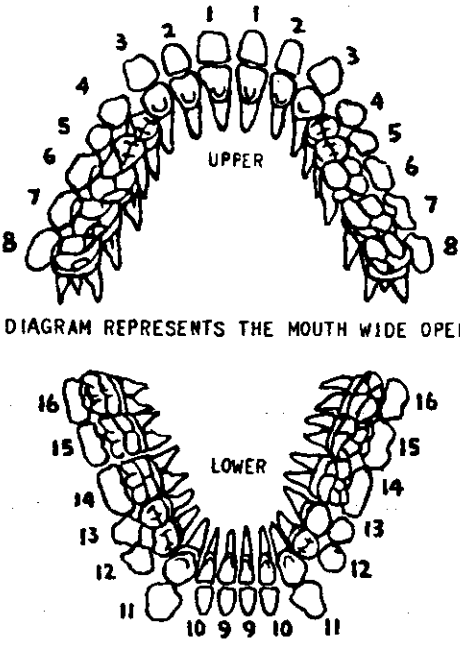




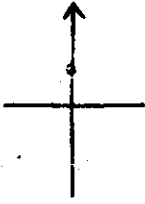
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to manner of	RANK -	SERIAL NO. -	ORGANIZATION -	GRAVE NO. -
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) storing caskets.	RANK -	SERIAL NO. -	ORGANIZATION -	GRAVE NO. -
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SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  EARL B. YANCY / CWO, USA
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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

LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS:					

RESTRICTED

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

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

DATE OF REPORT

12 April 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unidentified UNKNOWN X-399		(Formerly Downing, Robert F.)	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USNR	
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 42
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See COMD ltr, QMGN 293, DOWNING, Robert Franklin 633 90 39 - USNR, 4 April 1949, Subj: Board Proceedings No. 783
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) 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
US Army Mausoleum, Schofield Barracks, T.H.

DATE OF BURIAL 14 Jan 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. L	GRAVE No. 77
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANN Cemetery, Guadalcanal, B.S.I.	PLOT No. E	ROW No. 151	GRAVE No. 7
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TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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) Not applicable due to manner of	RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. -
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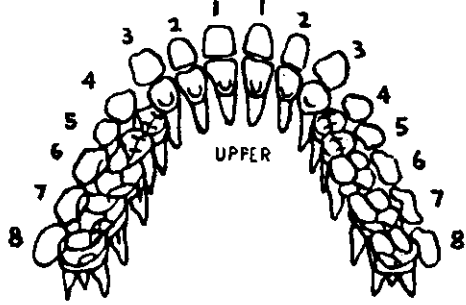




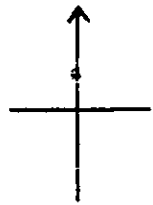
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) storing caskets.	RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. -
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SIGNATURE OF PERSON PREPARING REPORT <i>I. K. USHR</i> I. K. USHR - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Earl B. Yancy</i> EARL B. YANCY, CWO, USA
--	---

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

4 cl 12

LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
			BIRTHMARKS, SCARS, OR TATTOOS	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center;">  </div>			
	REMARKS:			

RESTRICTED

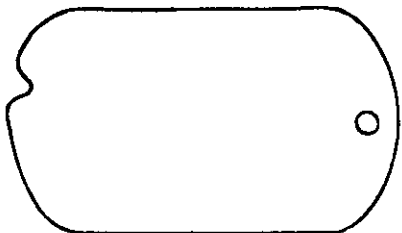
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

21 Jan. 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unidentified (Formerly Downing, Robert F.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USNR
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov. 42
---	------------------------------	------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Board Proceedings (783) Hq. AGRS (PAZ) APO 958 dtd 12 Jan. 1949.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) 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
US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL 14 Jan. 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, B.S.I.	PLOT No. E	ROW No. 151	GRAVE No. 7
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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) ---
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Earl B. Lancy</i> EARL B. LANCY, CWO, USA
--	---

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.

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Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


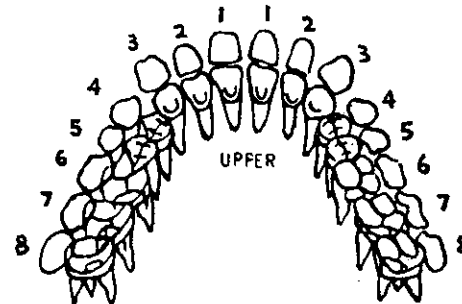




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	


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



REMARKS:

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

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 21 Jan. 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) Unidentified (Formerly UNKNOWN X-339 Downing, Robert F.)				SERIAL No. Unknown		
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE USNR		
		RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Tulagi, B.S.I.		CAUSE OF DEATH KIA			DATE OF DEATH 30 Nov. 42			
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Board Proceedings (783) Hq. AGRS (PAZ) APO 958 dtd 12 Jan. 1949.						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>								
Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US 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. 48		Final type casket						
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	ANM Cemetery, Guadalcanal, B.S.I.					E	151	7
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				---	---	---	---	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)				RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
manner of storing caskets.				---	---	---	---	
SIGNATURE OF PERSON PREPARING REPORT <i>I. K. USHER</i> I. K. USHER - Clerk				SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Carl E. Tancy</i> CARL E. TANCY CWO, USA				
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

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.

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

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB


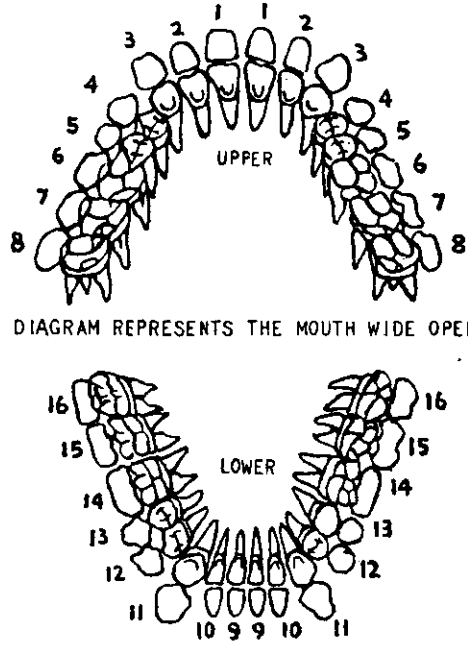




RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



REMARKS: