

FILE IDENTIFICATION TOPPER

FILE NUMBER

243unk Guadalcanal X-340

SUBJECT

Formerly Sanarias, Catalina

QMC FORM 1121
1 Aug 45

DISINTERMENT DIRECTIVE

DUPLICATE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 03441

DATE
15 05 49
DAY MONTH YEAR

NAME UNKNOWN X-340 SERIAL NUMBER GRADE ARM Q RACE 0 RELIGION 6

CEMETERY GUADALCANAL SOLOMON ISLANDS PLOT F ROW 202 GRAVE 6 DISPOSITION OF REMAINS 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN 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 119 for discrepancies.)

CHANGE

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE UNIDENTIFIABLE. PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 588.

Handwritten signature and notes:
NAT'L MEM CEM OF THE PACIFIC
PLOT Q, GRAVE 588

RECORD OF CUSTODIAL TRANSFER

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

RESTRICTED

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

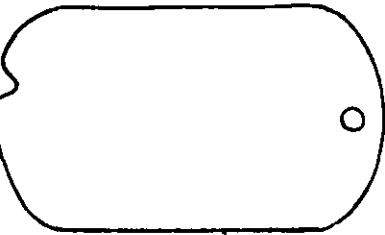
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

19 July 1949

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.



NAME (Last, first, middle initial)

UNKNOWN X-340

(GUADALCANAL
(UNIDENTIFIABLE)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

USN

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

1 Dec 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)

UNIDENTIFIABLE

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

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			563

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
ANM Cemetery, Guadalcanal, B. S. I.	F	202	6

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant	Eugene L A Fisher, Chaplain Albert F Click, Chaplain	

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


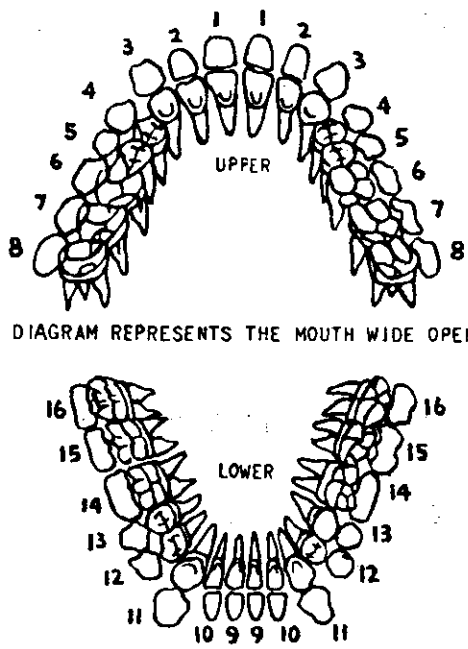




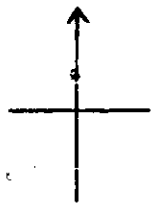
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Montgomery, George	Pfc	37004368	USAGF	563

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.

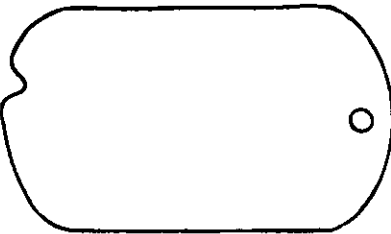
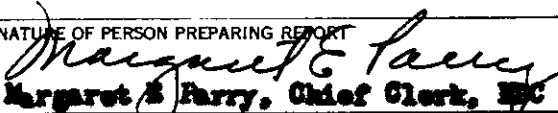
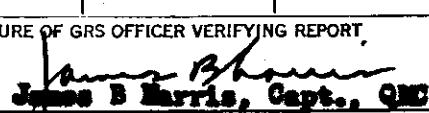
SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E Parry</i> Margaret E Parry, Chief Clerk, HQ	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James I Harris</i> James I Harris, Capt., HQ
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, 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.


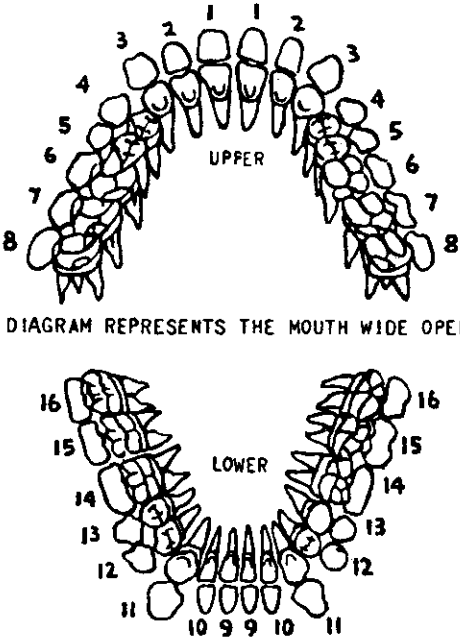




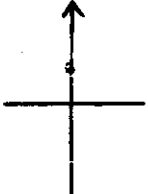
RESTRICTED

LEFT LITTLE FINGER	<p>Section 2 - UNIDENTIFIED REMAINS.</p> <p>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.</p>				
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: Unknown X-340 Guadalcanal, BSI Section 4, Grave No. 588					

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-340 (GUADALCANAL (UNIDENTIFIABLE))				SERIAL No. Unknown	
	GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE USN	
	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 1 Dec 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) UNIDENTIFIABLE				
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 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		500
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. 7	ROW No. 202	GRAVE No. 6
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) Montgomery, George			RANK Pfc	SERIAL No. 23004308	ORGANIZATION USNCF	GRAVE No. 500
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, HQ			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

LEFT LITTLE FINGER	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.			
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			
	MISSING TEETH  TOOTH MISSING			
RIGHT THUMB	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	REMARKS: <p align="center">Unknown X-340 Guadalcanal, NWI Section Q, Grave No. 508</p>			

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief, Navy Liaison Section, Rep Br, Mem Div.	Chief, Recording Unit, Rec Sec, Rep Br.	21 Apr 49	<p>1. The attached Report of Storage is forwarded herewith. It is requested your records be amended accordingly.</p> <p>1 Attach Rep of Storage for Unk. X-340</p> <p style="text-align: right;"><i>W.L.</i> MARSDEN 73880 76304</p>
2	Chief, Rec Sec R/R Er Mem Div	Chief, Navy Liaison Sec Rep Er Mem Div	13 May 49	<p>1. Records of this Section have been amended accordingly. Returned for your action.</p> <p style="text-align: center;">SNEDIGAR 5198</p> <p style="text-align: right;"><i>Jackson</i> JACKSON 72267</p> <p>2 Incls Report of Inerment 293 File-Sanaris, Catalino</p> <p style="text-align: right;"><i>NAT FILE Mem Div Jimm Branch 31 May 50</i></p>

1. FILE UNDER NO. 293 - Unk. (Guadalcanal) X-340 (~~Marine Cemetery~~)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 4 Apr 49
4. FROM: OQMG
5. TO: CO, American CRS, Pacific Zone, APO 958, San Francisco, Calif.
6. SUBJECT: Board Proceedings No. 780

7. DOCUMENT FILED 293 - SANARIS, Catalino 497 96 53
UNDER NO.

mf's

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.



6

DISINTERMENT DIRECTIVE

206

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
11750 03441

DATE
15 05 45
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X-000340

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
GURUJALANAL SOLURUK IS 15 10 15
04501 154
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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS MARKER
LACONIA 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 CASKET SEALED BY BY ABALMER (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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

UNIDENTIFIABLE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-340				2. DATE OF REPORT 28 January 1948			
3. NAME OF CEMETERY Guadalcanal				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
U. S. Army Mausoleum 2					B	49	DIS INTERMENT 28 Jan 48
				REINTERMENT 28 Jan 48			

PHYSICAL DESCRIPTION Age: Approx. 21 - 22			
8. ESTIMATED WEIGHT 130 lbs.	9. ESTIMATED HEIGHT 168 - 66.14 - 5'6 1/8"	10. COLOR OF HAIR	11. RACE Indian ? white

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

UNIDENTIFIABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CIRIL C. DISNEY
 1st. Lt., FA O-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

Large perforation of left olecranon fossa.

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.

Done 7

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

X-340

Quadalcanal

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

Gold Crown, Porcelain Crown

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

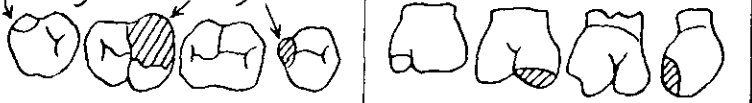
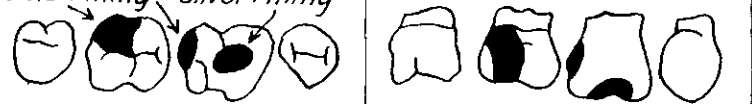
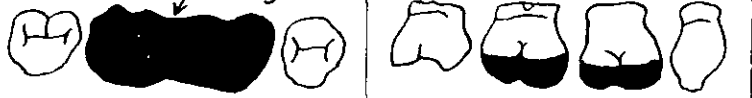
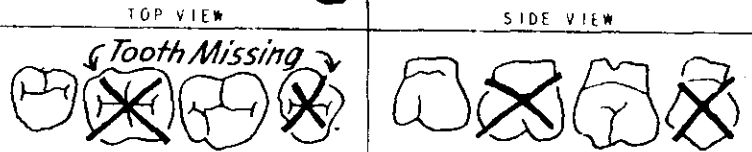
Gold Bridge

FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling

CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed

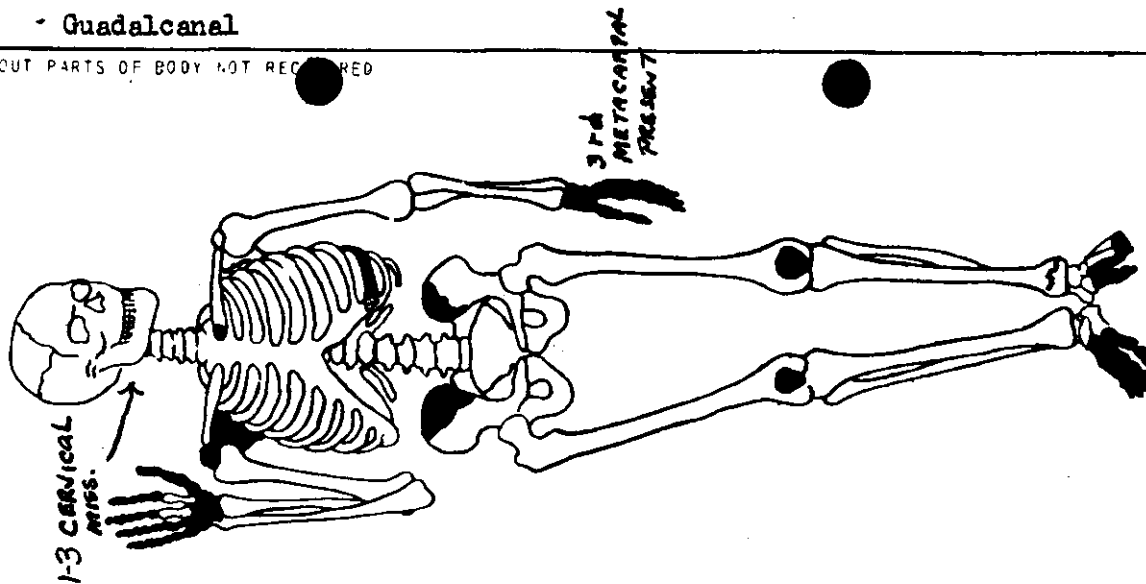


RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			R OD		R D				R L							
Side View																
Top View																
Side View																
	R F	R O										R O		R O		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Broken Tooth

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

19. BLACK OUT PARTS OF BODY NOT 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 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

One (1) extra left humeri.

/s/ Chas. E. Snow

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather small, narrowhipped, broadshouldered young man of 21-22 yrs., perhaps of mixed Mexican origin. The skull is small in size and has an oval outline. The backhead has some projection and a small hook like palpable external occipital protuberance. The forehead is narrow - browridge glabella region has small relief. The face is comparatively large and has average proportions. In profile the nose was convex. The mouth parts are very projecting - the chin receding and palate is large. There are well marked canine angles. (The mouth portions around the root of upper canine teeth are sharply angles.) The palate is large and the lower incisor as well as the uppers are shovel-shaped. The lower jaw easily accomodates all of the large teeth in a well formed arch. The chin region is slightly bilateral, with average breadth. The facial features are part Mongoloid (Indian like.) The extra part mentioned above - removed from the casket of X-340 was given CIL Unknown X-514.

Fluoroscopic report negative. Tooth chart taken.

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

**FEDERAL BUREAU OF INVESTIGATION
CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED), LIST PARTS AND LOCATION
SKULL		1	50.5	
VERTEBRAE	CERVICAL	5		1, 3 missing.
	THORACIC	8		1, 2, 8, 9, missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 24.4	Fracture Ilium - parts missing. N N N N
	LEFT	1		
RIBS		23		
STERNUM		1		
CLAVICLES	RIGHT	1	Approx. 15.0	
	LEFT	1		Tip missing.
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		Shattered.
HUMERI	RIGHT	1	31.8	
	LEFT	1	32.0	
RADII	RIGHT	1	24.2	
	LEFT	1	24.0	
ULNAE	RIGHT	1	25.8	
	LEFT	1	25.6	
HANDS	RIGHT	1		All missing except 2, 3 metacarpals.
	LEFT	1		All missing except 3, metacarpal.
FEMORA	RIGHT	1	45.1	
	LEFT	1	45.8	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	37.8	
	LEFT	1		Fractured.
FIBULAE	RIGHT	1	36.7	
	LEFT	1	37.0	
FEET	RIGHT	1		All missing except calcaneum and talus.
	LEFT	1		All missing except calcaneum, talus, cuboid 3 and 4 metatarsals.

NUMERO-CLAVICULAR RATIO 47.0	APPROXIMATE AGE (in years)
ESTIMATED HEIGHT 168-66.14-5'6 1/8"	LEG-HIP BR RATIO
ESTIMATED WEIGHT 130 lbs.	

ENCLOSURE TO: X-340 Guadalcanal

/s/ Chas. E. Snow
CHARLES E. SNOW
ANTHROPOLOGIST

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Sanarias, Catalino 4979653 USN				2. DATE OF REPORT 28 January 1948				
3. NAME OF CEMETERY Guadalcanal U.S. Army Mausoleum 2				4. PLOT	5. ROW B	6. GRAVE 49	7. DATE OF DISINTERMENT 28 Jan '48	REINTERMENT 28 Jan '48

PHYSICAL DESCRIPTION **Approx age 21 - 22**

8. ESTIMATED WEIGHT 130 lbs	9. ESTIMATED HEIGHT 168-66.14-5'6 1/8"	10. COLOR OF HAIR	11. RACE Indian ? White
---------------------------------------	--	-------------------	-----------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) duplicate I.D. tag reading: Cantalino Sanarias #4979653 U.S.N.
 One (1) embossed plate reading: C. Sanarias.
 One (1) embossed plate reading: Cantalino Sanarias #4979653 ST1c USN 12 January 1942
 P-F, R-202, Gr-6.**

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

None

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

Large preforation of left olecranon fossa.

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

Exhibit 3

TOOTH CHART

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

Sanarias, Catalino

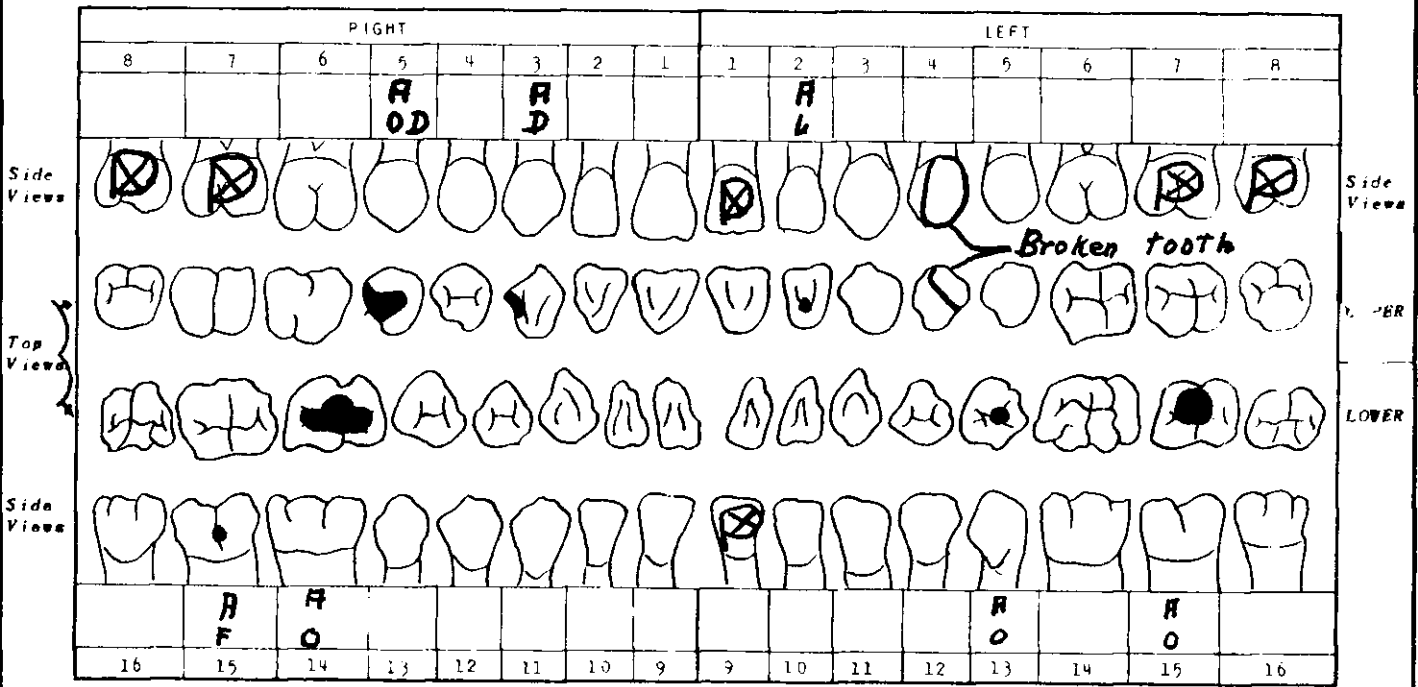
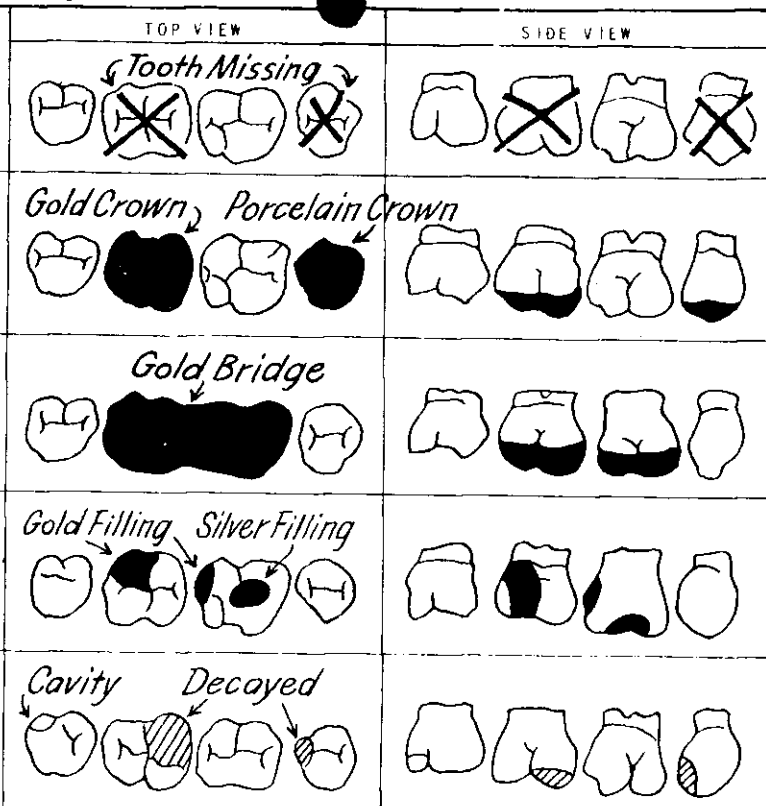
Guadalcanal

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

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

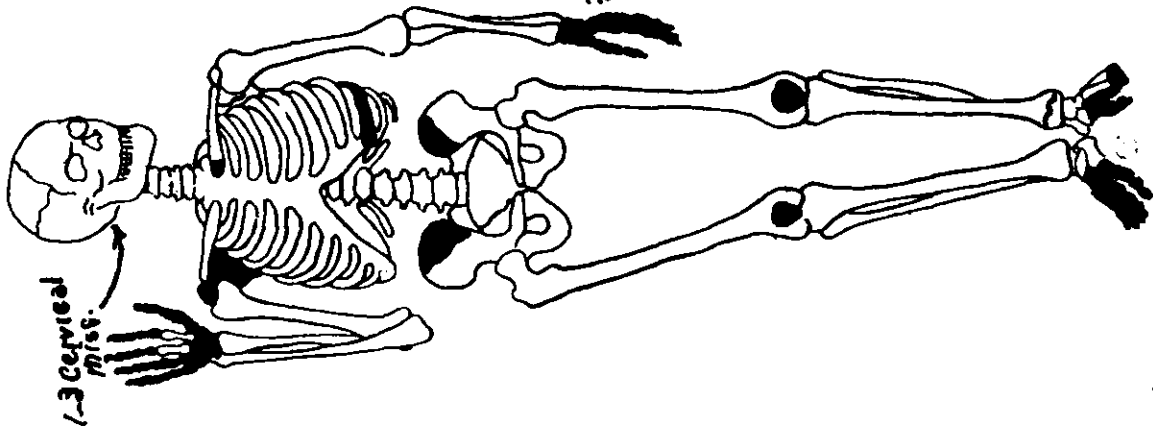
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

One (1) Extra left humeri.

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather small, narrow hipped, broad shouldered young man of 21-22 yrs, perhaps of mixed Mexican origin. The skull is small in size and has an oval outline. The back-head has some projection and a small hook like palpable external occipital protuberance. The forehead is narrow - brow ridge glabella region has small relief. The face is comparatively large and has average proportions. In profile the nose was convex. The mouth parts are very projecting - the chin receding and palate is large. There are well marked canine angles. (The mouth portions around the root of upper canine teeth are sharply angled). The palate is large and the lower incisor as well as the uppers are shovel-shaped. The lower jaw easily accomodates all of the large teeth in a well formed arch. The chin region is slightly bilateral, with average breadth. The facial features are part Mongoloid (Indian like). The extra part mentioned above - removed from the casket of Catalino Sanarias was given CIL Unknown X-514.

Fluoroscopic report negative. Tooth chart taken.

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

SIGNATURE

O. W. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	50.5	
VERTEBRAE	CERVICAL	5		1, 3 missing.
	THORACIC	8		1, 2, 8, 9 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fracture Ilium - parts Missing.
	LEFT	1	24.4	" " " "
RIBS		23		
STERNUM		1		
CLAVICLES	RIGHT	1	Approx 15.0	
	LEFT	1		Tip missing:
SCAPULAE	RIGHT	0		Missing
	LEFT	1		Shattered.
HUMERI	RIGHT	1	31.8	
	LEFT	1	32.0	
RADII	RIGHT	1	24.2	
	LEFT	1	24.0	
ULNAE	RIGHT	1	25.8	
	LEFT	1	25.6	
HANDS	RIGHT	1		All missing except 2, 3, metacarpal.
	LEFT	1		All missing except 3, metacarpal.
FEMORA	RIGHT	1	45.1	
	LEFT	1	45.8	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	37.8	
	LEFT	1		Fractured.
FIBULAE	RIGHT	1	36.7	
	LEFT	1	37.0	
FEET	RIGHT	1		All missing except calcaneum and talus.
	LEFT	1		All missing except calcaneum, talus, cuboid 3 and 4 metatarsals.

HUMERO-CLAVICULAR RATIO 47.0	APPROXIMATE
ESTIMATED HEIGHT 168-66.14-5'6 1/8 IN	YEARS
ESTIMATED WEIGHT 130 lbs	LEG-HIP BR RATIO 53.7

Chas. E. Snow

ENCLOSURE TO: Catalino Sanarias

Charles E. Snow
ANTHROPOLOGIST

RESTRICTED

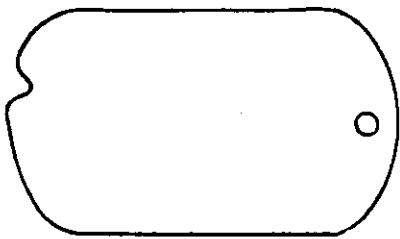
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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 UNKNOWN X-340		(Formerly Sanarias, Catalino)	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE USN
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 1 Dec. 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 (780) 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.
---	------	---	----------------------	----------	---------	-----------

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. F	ROW No. 202	GRAVE No. 6
---	---	----------------------	-----------------------	-----------------------

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) Not applicable due to	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	-----------------------	-----------------------------	-------------------------------	----------------------------

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. 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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


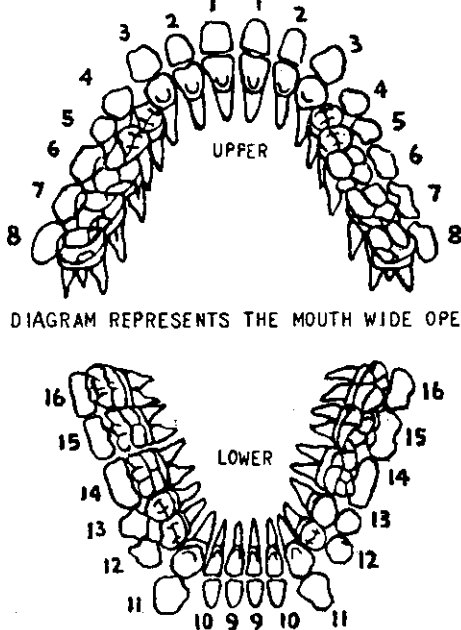




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

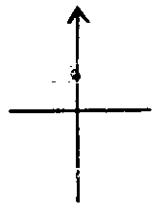
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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:

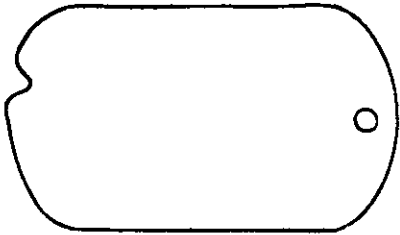
RESTRICTED

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

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 		<p>Section 1.—IDENTIFICATION.</p> <p>NAME (Last, first, middle initial) Unidentified (Formerly Sanarias, Catalino) UNKNOWN X-340</p> <p>SERIAL NO. Unknown</p> <p>GRADE: Unknown ORGANIZATION: Unknown BRANCH OF SERVICE: USM</p> <p>RACE: White RELIGION: Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY:</p>				
PLACE OF DEATH Tulagi, B.S.I.		CAUSE OF DEATH KIA		DATE OF DEATH 1 Dec. 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 (780) 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.
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. F	ROW No. 202	GRAVE No. 6
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) Not applicable due to			RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
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. 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

Section 3. UNIDENTIFIED REMAINS.


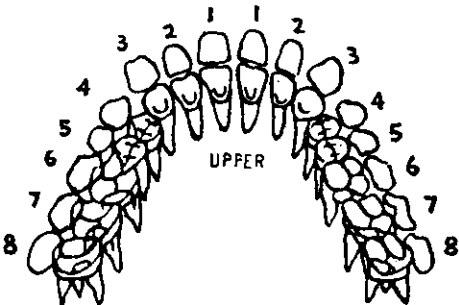




INSTRUCTIONS:

(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.

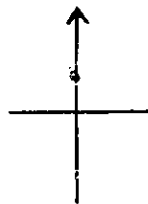
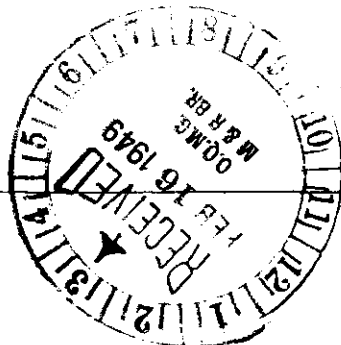
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

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:



RESTRICTED

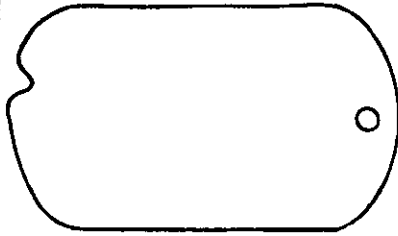
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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-340 (Formerly Sanaris, Catalino)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN
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 1 Dec. 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) Ltr, OQMG, QMGMN 293 Sanaris, Catalino 4979653 - USN dtd 4 Apr 49 Subj: Board Proceedings No. 780.
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. B	GRAVE No. 49
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. F	ROW No. 202	GRAVE No. 6
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) Not applicable due to		RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---	
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. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT EARL B. YANCO, 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:


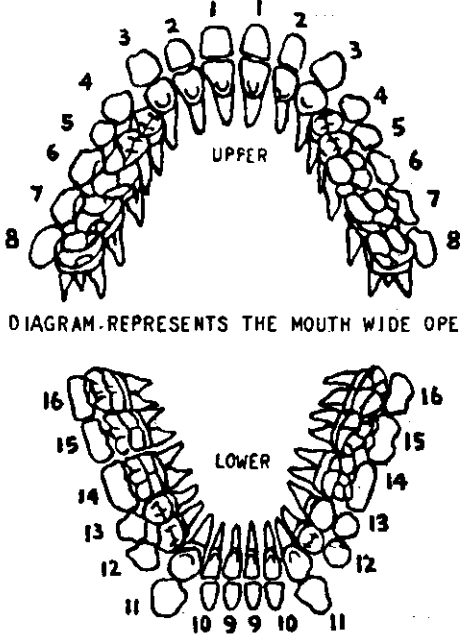





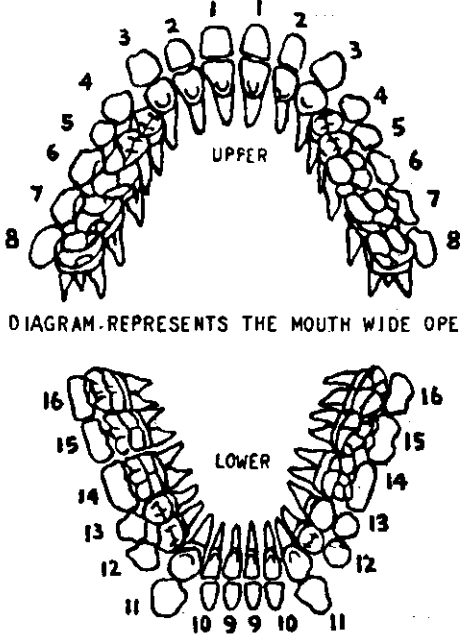





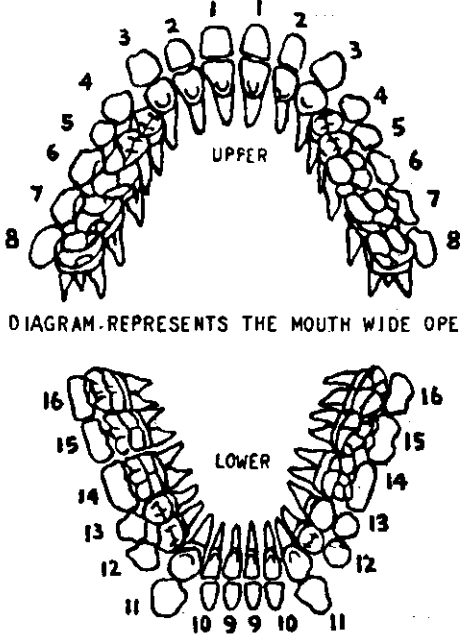




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

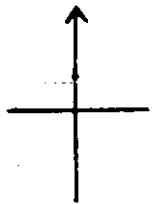
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	<table border="1"> <tr> <td style="width: 50%;"> FILLINGS  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width: 50%; text-align: center; vertical-align: middle;">  <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td> CAVITIES  CAVITY DECAYED </td> </tr> <tr> <td> MISSING TEETH  TOOTH MISSING </td> </tr> <tr> <td> CROWNED TEETH  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td> BRIDGE WORK  GOLD BRIDGE </td> </tr> <tr> <td> (Empty space for other dental notes) </td> </tr> </table>	FILLINGS  SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	CAVITIES  CAVITY DECAYED	MISSING TEETH  TOOTH MISSING	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	BRIDGE WORK  GOLD BRIDGE	(Empty space for other dental notes)	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
FILLINGS  SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>								
CAVITIES  CAVITY DECAYED									
MISSING TEETH  TOOTH MISSING									
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN									
BRIDGE WORK  GOLD BRIDGE									
(Empty space for other dental notes)									



REMARKS:

RESTRICTED

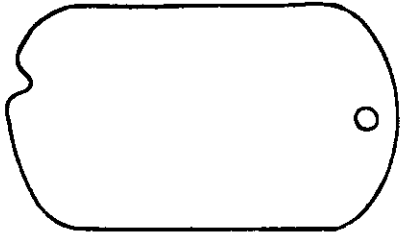
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

**REPORT OF INTERMENT
UNIDENTIFIED 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 I-340 (Formerly Smanis, Catalina)		SERIAL No. 219 79653
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USM
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 1 Dec. 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) Ltr. OQMG, QMGMH 293 Smanis, Catalina 4979653 - USM dtd 4 Apr 49 Subj: Board Proceedings No. 780.
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. 45	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 49
-------------------------------------	------	---	----------------------	----------	---------	------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ARM Cemetery, Guadalcanal, B.S.I.
	PLOT No. 7 ROW No. 202 GRAVE No. 6

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	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.
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SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT Earl B. Yancy EARL B. YANCY, CPO, 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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


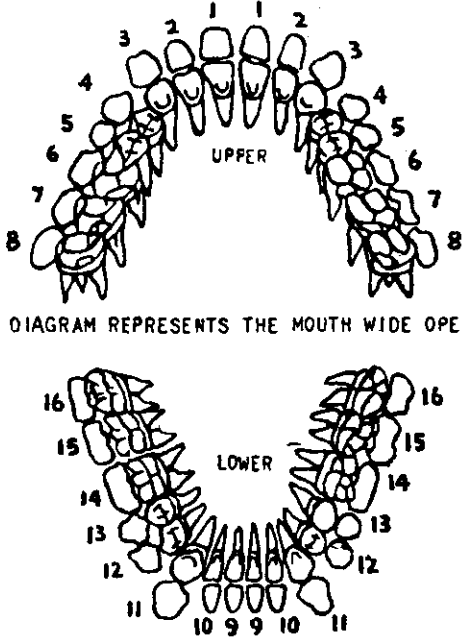




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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