

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 unk Guadalcanal X 341

Jernierly Russ, Robert C.

QMC FORM 1121  
1 Aug 45

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8730 02416

DATE 15 01 50 DAY MONTH YEAR

NAME *OM* *JL* UNKNOWN

SERIAL NUMBER NX-000341

GRADE

ARM 0

RACE 0 RELIGION 6

CEMETERY GUADALCANAL SOLOMON IS

PLOT ROW GRAVE E143 9

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  REMAINS  MARKER

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 1194a for minor discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

SIGNATURE (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS VERIFIED 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 UNIDENTIFIABLE

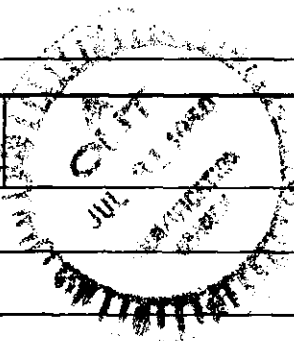
NOTE *F 07-20*

DATE FILE RECORDS ANNOTATED DATE 22 MAY 50 NAME Jannis SR. MEM. DIV.

*1194-143-9* *15*

**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	



# DISINTERMENT DIRECTIVE

2

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 02416

DATE  
15 01 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-000341		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUADALCANAL SOLOMON IS	E143		9	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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	EMBALMER (Signature)
CASKET SEALED BY	

# CHANGE

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 UNIDENTIFIABLE

**RECORD OF CUSTODIAL TRANSFER**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>1. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>2. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>3. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>4. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>5. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>6. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>7. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
<b>8. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE

**DISINTERMENT DIRECTIVE**

<b>SECTION A — NAME AND BURIAL LOCATION OF DECEASED</b>				<b>DIRECTIVE NUMBER</b> 8730 00000	<b>DATE</b> 25   5   49 DAY   MONTH   YEAR
<b>NAME</b>  UNKNOWN		<b>SERIAL NUMBER</b> X-341	<b>RANK</b> 0	<b>ARM</b> 0	<b>DATE OF DEATH</b> DAY   MONTH   YEAR
<b>CEMETERY</b> GUADALCANAL				<b>DISPOSITION OF REMAINS</b> 0 0492 64 CODE   DIST. PT.	<b>CAUSE OF DEATH</b> 6
<b>PLOT</b> E	<b>ROW</b> 143	<b>GRAVE</b> 9	<b>COUNTRY</b> SOLOMON ISLANDS		

**SECTION B — CONSIGNEE AND NEXT OF KIN**

<b>NAME AND ADDRESS OF CONSIGNEE</b> HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII  (BY ADMINISTRATIVE ORDER)	<b>NAME AND ADDRESS OF NEXT OF KIN</b>
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**SECTION C — DISINTERMENT AND IDENTIFICATION**

<b>NAME</b> UNKNOWN X-341 Guadalcanal	<b>SERIAL NUMBER</b> Unk	<b>RANK</b> Unk	<b>DATE OF DEATH</b> 30 Nov 47	<b>DATE DISINTERRED</b> 18 Apr 49
<b>IDENTIFICATION TAG ON</b> <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	<b>ORGANIZATION</b>	<b>RELIGION</b> Unk.	<b>IDENTIFICATION VERIFIED BY</b> Earl B. Yancy, CWO, USA NAME AND TITLE	

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

<b>NATURE OF BURIAL</b> Temporary Casket	<b>CONDITION OF REMAINS</b> Skeletal
<b>OTHER MEANS OF IDENTIFICATION</b> QMC FORM 1042 & Ltr, QGMN 293, dated 1 April 1949	

**MINOR DISCREPANCIES**

None

**REMAINS PREPARED AND PLACED IN CASKET**

<b>DATE</b> 18 Apr 49	<b>BY</b> J. H. ROBINSON, EMB.
<b>CASKET SEALED BY</b> M. C. DUNMAN	<b>EMBALMER (Signature)</b> <i>M. C. Dunman</i> M. C. DUNMAN

<b>CASKET BOXED AND MARKED</b> <b>DATE</b> 9 June 49 <b>BY</b> M. C. DUNMAN	<b>SHIPPING ADDRESS VERIFIED BY</b> R. I. FRASK
--	--

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

*R. I. Frask*  
R. I. FRASK

SIGNATURE OF GRS INSPECTOR

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

**RECORD OF CUSTODIAL TRANSFER**

<b>1. SHIPPED</b>			
FROM: S. ARMY MAUSOLEUM NO. 3	KIND OF CONVEYANCE: TRUCK	SIGNATURE OF SHIPPER: <i>J. E. Wilson</i>	DATE: 13 JUN 1949
TO: CHIEF HAWAII	NAME OF CONVOYER:	SIGNATURE OF RECEIVER: <i>James B Harris</i>	DATE: JUN 14 1949
<b>2. SHIPPED CAPTAIN O.M.C.</b>			
FROM:	KIND OF CONVEYANCE:	SIGNATURE OF SHIPPER:	DATE:
TO:	NAME OF CONVOYER:	SIGNATURE OF RECEIVER:	DATE:
<b>3. SHIPPED</b>			
FROM:	KIND OF CONVEYANCE:	SIGNATURE OF SHIPPER:	DATE:
TO:	NAME OF CONVOYER:	SIGNATURE OF RECEIVER:	DATE:
<b>4. SHIPPED</b>			
FROM:	KIND OF CONVEYANCE:	SIGNATURE OF SHIPPER:	DATE:
TO:	NAME OF CONVOYER:	SIGNATURE OF RECEIVER:	DATE:
<b>5. SHIPPED</b>			
FROM:	KIND OF CONVEYANCE:	SIGNATURE OF SHIPPER:	DATE:
TO:	NAME OF CONVOYER:	SIGNATURE OF RECEIVER:	DATE:
<b>6. SHIPPED</b>			
FROM:	KIND OF CONVEYANCE:	SIGNATURE OF SHIPPER:	DATE:
TO:	NAME OF CONVOYER:	SIGNATURE OF RECEIVER:	DATE:
<b>7. SHIPPED</b>			
FROM:	KIND OF CONVEYANCE:	SIGNATURE OF SHIPPER:	DATE:
TO:	NAME OF CONVOYER:	SIGNATURE OF RECEIVER:	DATE:

RRRC 293 (1 Apr 49) 1st Ind  
SUBJECT: Board Proceedings No. 770

APR 19 1949

American Graves Registration Service, (Pacific Zone), APO 958

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

1. Basic communication complied with.
2. Herewith Report of Storage in accordance with information contained in basic letter.
3. It is requested that Corrected Disinterment Directive for decedent be furnished this Headquarters.

FOR THE COMMANDING OFFICER:

1 Incl  
WD QMC Form 1042  
(Unknown X-341)

FRANK W. GREEN, JR.  
Major, QMC  
Chief, RR Div

X Hg.

X 1949 correct for disinterment X-341



1. FILE UNDER NO. 293 - Unks. Guadalcanal X- 341 (ANM Cemetery)

### SYNOPSIS

2. TYPE OF DOCUMENT: 3rd Ind 3. DATE: 18 March 1949

4. FROM: OLMG

5. TO: CO, AGRS, PAZ, APO 958, 4PM, San Francisco, Calif.

6. SUBJECT: Transmittal of Board Proceedings (945)

7. DOCUMENT FILED  
UNDER NO. 293 - GRS, Pacific (Board Proceedings)

msb

#### 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.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-341 Guadalcanal</b>				2. DATE OF REPORT <b>4 February 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Formerly of Guadalcanal</b>		4. PLOT <b>E</b>	5. ROW <b>143</b>	6. GRAVE <b>53 9</b>	7. DATE OF DISINTERMENT <b>4 Feb 48</b>	REINTERMENT <b>4 Feb 48</b>
PHYSICAL DESCRIPTION <b>Age: 24 - 26 (?)</b>						
8. ESTIMATED WEIGHT <b>150 to 155</b>	9. ESTIMATED HEIGHT <b>5' 10"</b>	10. COLOR OF HAIR <b>Dark brown, Long wave. Medium texture.</b>		11. RACE <b>White</b>		

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

**CYRIL C. DISNEY**  
1st. Lt., FA 0-1167395 *Cyril C. Disney* **15 Feb 1949**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?  
**Head and right arm.**

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Persistent metopic suture.**

**Healed fracture of the nasal bridge.**

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)

**Sole of right shoe with size 6½ stamped on inner sole. No width.**

**APPROVED UNIDENTIFIABLE**

**NOV 2 1948**

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-341 Guadalcanal				2. DATE OF REPORT 4 February 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Formerly of Guadalcanal		4. PLOT E	5. ROW 143	6. GRAVE 53 9	7. DATE OF DISINTERMENT 4 Feb 48	REINTERMENT 4 Feb 48

PHYSICAL DESCRIPTION Age: 24 - 26 (?)					
8. ESTIMATED WEIGHT 150 to 155	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR Dark brown, Long wave, Medium texture.		11. RACE 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.

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Persistent metopic suture.

Healed fracture of the nasal bridge.

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)

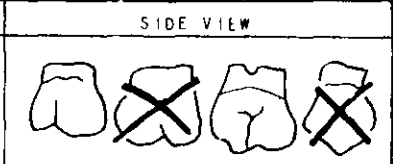
Sole of right shoe with size 6 $\frac{1}{2}$  stamped on inner sole. No width.

**FILE** *W. H. Galt*

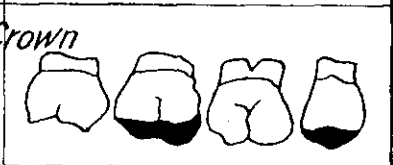
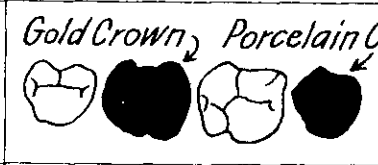
**81 FEB 1948**

*211615*

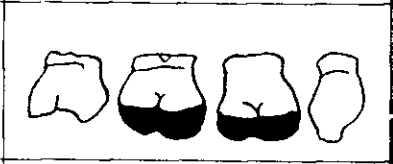
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:  
**X-341**



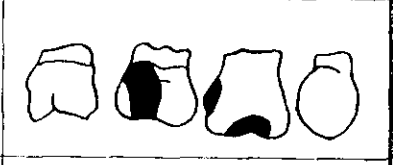
**Quadalcanal**  
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



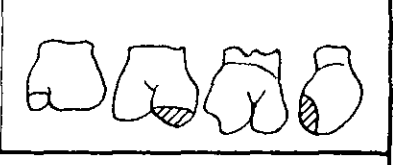
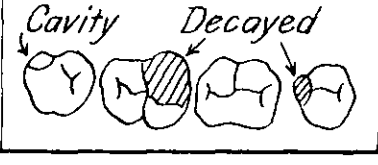
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



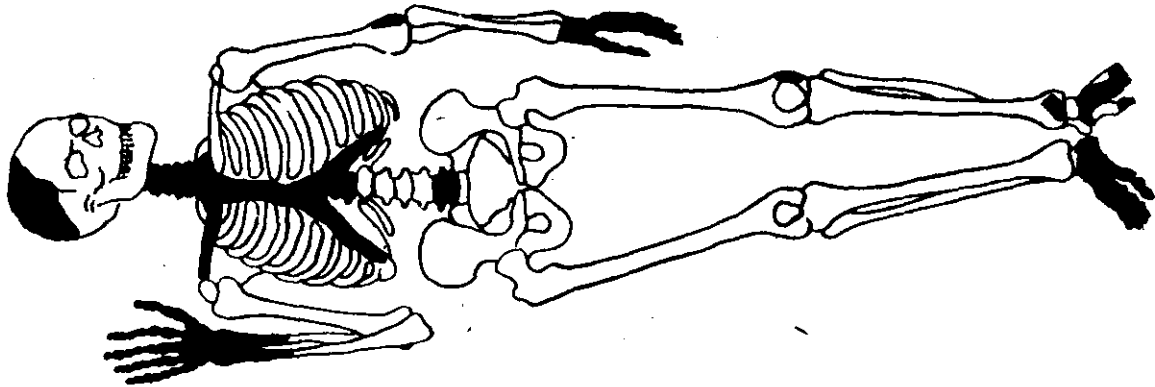
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊙	A OM	A OM	⊙											⊙	⊙
Side View															
Top View															
Side View															
A F	⊙	A O,F	A O,F,F											A O,F	A O,F
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

- Remarks:
1. Crowded lower anteriors.
  2. R-5 is in torsion version.

FILE J. E. MICO  
 8 FEB 1949

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 two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

One (1) extra left radius.

One (1) extra left ulna (upper 1/3 missing)

/s/ Chas. E. Snow  
 Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall slender, small jointed man in his middle twenties with long dark brown wavy hair.

The skull is a large average in size and a broad elliptic in shape.

The backhead is moderately projecting and the forehead is high and wide and prominent. The browridge, glabella region presents a little brow appearance. The face is short and wide and almost square in front view. In profile the face is quite straight and the nose bones are very low and suggest a concave nose.

The cheek bones are fairly prominent and the upper lip very short and the palate is large and very low. The lower jaw is average in width and structure. The jaw angle is very small and the gonial eversion far more pronounced on the right side than on the left. The right side of the lower jaw is larger than the left and the chin is shallow and bilateral in type.

The above extra bones have been catalogued CIL Unknown X-550.

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

SIGNATURE  
 /s/ O. W. Greenwood  
 O. W. GREENWOOD

*J. K. White*


81 FEB 1949

**CENTRAL IDENTIFICATION LABORATORY  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	54.4	
VERTEBRAE	CERVICAL	3		3rd, 4th, 5th, 6th missing.
	THORACIC	8		2nd, 3rd, 11th, 12th missing.
	LUMBAR	4		5th missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.5	
	LEFT	1		
RIBS		24		
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	15.9	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	35.9	
	LEFT	1	35.7	
RADII	RIGHT	1		Lower 1/2 missing.
	LEFT	1	26.1	
ULNAE	RIGHT	1		Lower 1/2 missing.
	LEFT	1	27.5	
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1	47.5	
	LEFT	1	47.3	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	38.2	
	LEFT	1		Ends eroded.
FIBULAE	RIGHT	1		Ends eroded.
	LEFT	1	37.5	
FEET	RIGHT	1		All missing but talis.
	LEFT	1		All missing but talis, calcaneus, 1st & 5th metatarsal, and 2 phalanges.

HUMERO-CLAVICULAR RATIO	44.5	APPROXIMATE AGE (in years) 24 - 26 (?)
ESTIMATED HEIGHT 178 - 5' 10"		LEG-HIP BR RATIO 55.9
ESTIMATED WEIGHT 150 to 155 lbs.		

ENCLOSURE TO: X-341 Guadalcanal

  
 Chas. E. Snow  
 CHARLES E. SNOW  
 ANTHROPOLOGIST

Formerly Russ, Robert C. ANM CEM., GUADALCANAL, B.S.I.

E 143 9

*Now stored X-341 Schofield Mass.*

C 53

**APPROVED UNIDENTIFIED** NOV 23 1948

X-341 ANM CEM., GUADALCANAL, B.S.I.

E 143 9

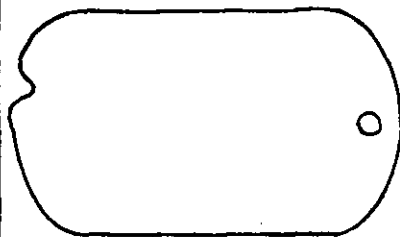
RESTRICTED

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  
18 July 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-341</b>		(GUADALCANAL (UNIDENTIFIABLE)	SERIAL NO. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>USN</b>	
RACE <b>White</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

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

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

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 <b>21 June 1942</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT NO. <b>4</b>	ROW NO. <b>9</b>	GRAVE NO. <b>25</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ANM Cemetery, Guadalcanal BSI</b>	PLOT No. <b>E</b>	ROW No. <b>143</b>	GRAVE No. <b>9</b>
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TYPE OF RELIGIOUS CEREMONY <b>Catholic Protestant</b>	PERSON CONDUCTING BURIAL RITES <b>Eugene B. Fisher, Chaplain Albert A. Click, Chaplain</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>NAT file 3/10/50</b>
--	---	--

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Brousseau, Gregory</b>	RANK <b>LTJG</b>	SERIAL NO. <b>0-256438</b>	ORGANIZATION <b>USN</b>	GRAVE NO. <b>232</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Barry</i> Margaret E. Barry, Chief Clerk, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> James B. Harris, Capt., GRS
---	--

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

333 de imp - 341



**Section 3.— UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


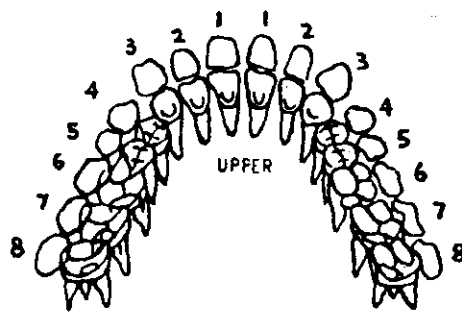




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

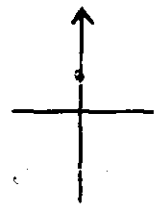
<b>HEIGHT</b>	<b>WEIGHT</b>	<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	<b>BIRTHMARKS, SCARS, OR TATTOOS</b>
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<b>WEAPON AND SERIAL NO.</b>	<b>LAUNDRY MARKS</b>	<b>WHERE BODY WAS BURIED OR FOUND</b>
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**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

Unknown N-561, Guadalcanal  
Section 1, Grave No. 250

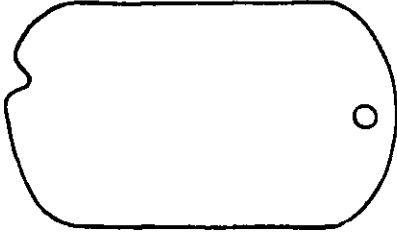
RESTRICTED

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) <b>UNKNOWN X-341</b> <b>(GUADALCANAL (UNIDENTIFIABLE))</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>USN</b>
RACE <b>White</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Falegi, R. S. I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH <b>30 Nov 42</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

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 <b>21 June 1949</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>Q</b>	ROW No.	GRAVE No. <b>250</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AHM Cemetery, Guadalcanal NSI</b>	PLOT No. <b>Z</b>	ROW No. <b>143</b>	GRAVE No. <b>9</b>
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TYPE OF RELIGIOUS CEREMONY <b>Catholic Protestant</b>	PERSON CONDUCTING BURIAL RITES <b>Eugene L. A Fisher, Chaplain Albert F Glick, Chaplain</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
--	--	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Brousson, Gregory</b>	RANK <b>Maj</b>	SERIAL NO. <b>O-256428</b>	ORGANIZATION <b>USAF</b>	GRAVE No. <b>222</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Parry</i> <b>Margaret E Parry, Chief Clerk, HSC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B Harris</i> <b>James B Harris, Capt., GRS</b>
---	---

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.


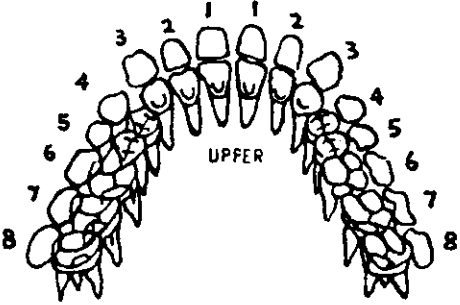




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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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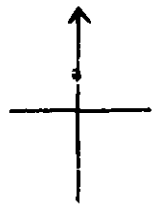
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

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

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

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



**REMARKS:**

**Unknown I-341, Guadalcanal  
Section Q, Grave No. 250**

Now Stored X-341 U.S. Army Maus., Schofield Barracks, T. H.

**APPROVED UNIDENTIFIABLE**

**NOV 23 1949**

**APPROVED UNIDENTIFIABLE**

**NOV 23 1948**

**RESTRICTED**

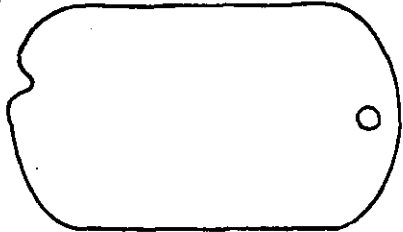
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

**12 Apr 49**

*Imprint Identification Tag If Possible.*  
**DO NOT TYPE**



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-341 Unidentified (Formerly Bass, Robert G.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>USN</b>
RACE <b>White</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Ltr DA, OQMG, QUART 293, BASS, Robert G., 626 O2 15 USN, 1 Apr 49, Subj: Board Proceedings No. 770</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

**APPROVED UNIDENTIFIABLE**  
**NOV 21 1949**

**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 <b>14 Jan 48</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Final type casket</b>	TYPE OF GRAVE MARKER	PLOT No.	ROW No. <b>0</b>	GRAVE No. <b>53</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ANM Cemetery, Guadalcanal, B.S.I.</b>	PLOT No. <b>E</b>	ROW No. <b>143</b>	GRAVE No. <b>9</b>
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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) ---		

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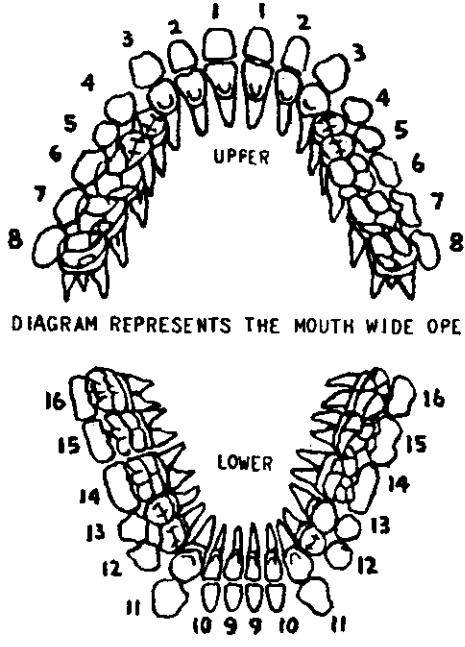




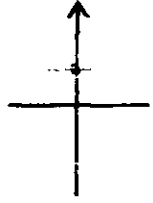
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	-------------	-------------------	---------------------	------------------

SIGNATURE OF PERSON PREPARING REPORT <i>I. I. USHER</i> <b>I. I. USHER - Clerk</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Earl B. Tancy</i> <b>EARL B. TANCY, CWO, USA</b>
--	---

**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**

*20612*

LEFT LITTLE FINGER	Section 5 UNIDENTIFIED REMAINS.				
	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
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:					

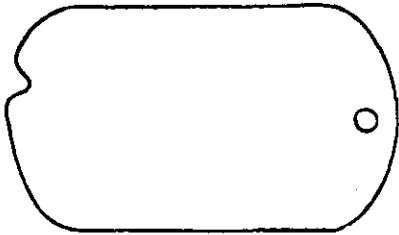
**RESTRICTED**

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  
**21 Jan. 1949**

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>Unidentified (Formerly UNKNOWN X-341 Russ, Robert C.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>USM</b>
RACE <b>White</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Board Proceedings (770) Hq. AGRS (FAZ) APO 958 dtd 12 Jan. 1949.</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**APPROVED UNIDENTIFIABLE**  
**None**  
**NOV 21 1949**

**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 <b>14 Jan. 49</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Final type casket</b>	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ARM Cemetery, Guadalcanal, B.S.I.</b>	PLOT No. <b>2</b>	ROW No. <b>143</b>	GRAVE No. <b>9</b>
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TYPE OF RELIGIOUS CEREMONY <b>---</b>	PERSON CONDUCTING BURIAL RITES <b>---</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>---</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>---</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>I. K. USHER - Clerk</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>Earl B. ... CWO, USA</b>
--	--

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**

**J. E. ...**  
**31 FEB 1949**



**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.

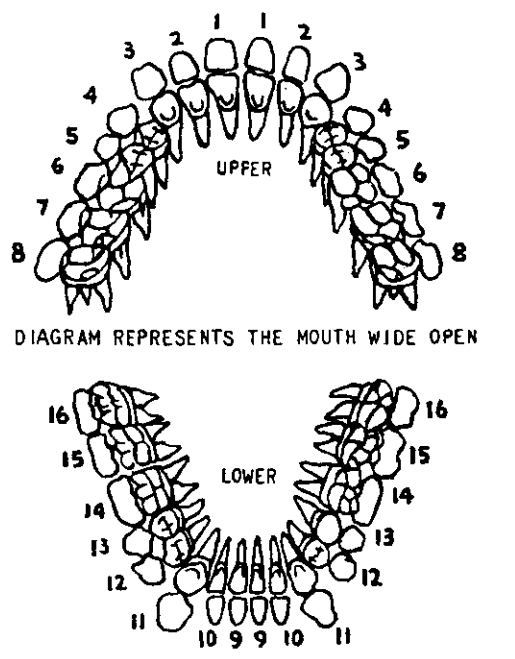
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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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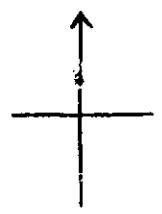
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

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



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




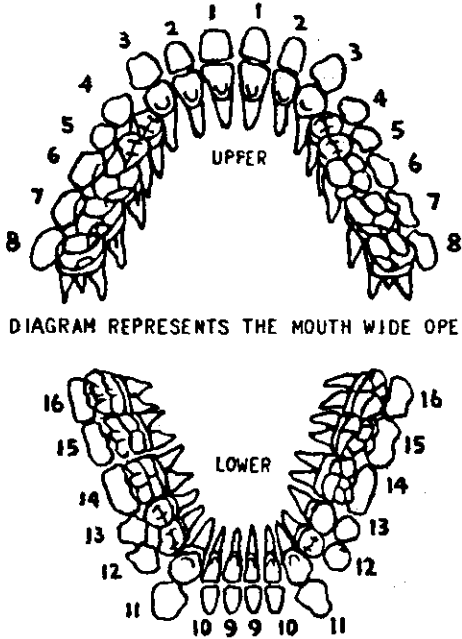





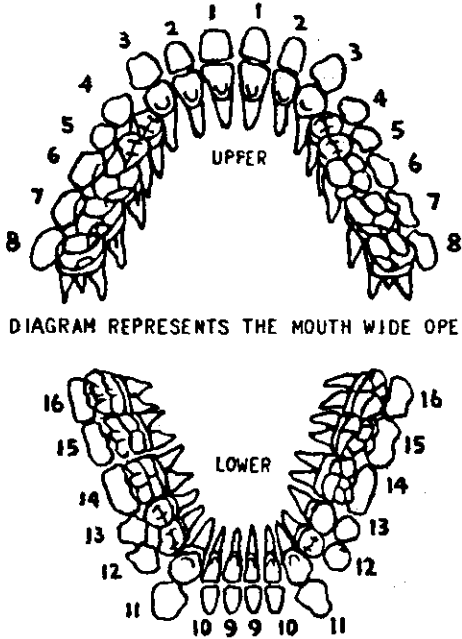





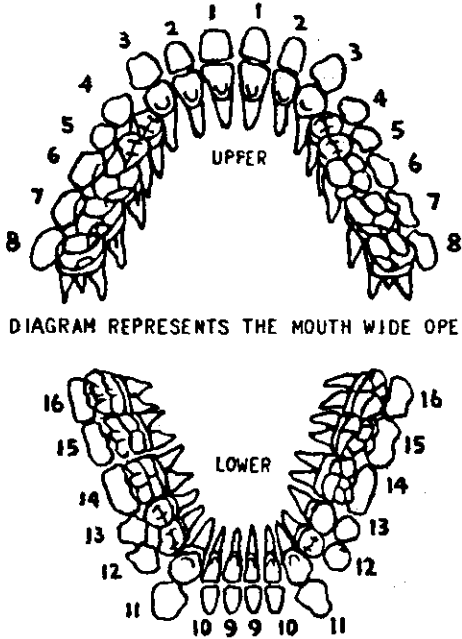





REMARKS:

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)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 12 Apr 49
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;">                     Plotted                      Russ: R.C. [initials]                      6260215110                      USN                 </div>		<b>Section 1.—IDENTIFICATION.</b>				
		NAME (Last, first, middle initial) UNKNOWN X-341 Unidentified (Formerly Russ, Robert C.)			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 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) Ltr DA, OQMG, QMGMN 293, RUSS, Robert C., 626 02 15 USN, 1 Apr 49, Subj: Board Proceedings No. 770				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>APPROVED UNIDENTIFIABLE</span> <span style="font-size: 1.2em; font-weight: bold;">NOV 21 1949</span> </div>						
<b>Section 2.—BURIAL.</b> 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. C	GRAVE No. 53
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. 143	GRAVE No. 9
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. 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**

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>																	
	<b>INSTRUCTIONS:</b> (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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">                  UPPER                  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN                  LOWER             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="3">                 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY             </td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN LOWER	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
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RIGHT THUMB																		
RIGHT INDEX FINGER																		
RIGHT MIDDLE FINGER																		
RIGHT RING FINGER																		
RIGHT LITTLE FINGER	REMARKS: <div style="text-align:right; margin-top: 20px;">  </div>																	