

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>293 ml Guadalcanal X-343</i>
SUBJECT	

QMC FORM 1121
1 Aug 45

1. FILE UNDER NO. 293 - Unknown X-343 (ANM Cemetery, Guadalcanal)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **7 Aug. 50**
4. FROM: **National Memorial Cemetery of the Pacific Honolulu, Hawaii**
5. TO: **QMG**
6. SUBJECT: **Transmittal of Corrected QMC Forms 14**

7. DOCUMENT FILED UNDER NO. **314.6 - Hawaii Nat'l Cem.**

eb

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.

1. FILE UNDER NO. 293 - Unk. Guadalcanal L-343

SYNOPSIS

2. TYPE OF DOCUMENT: Ltr
3. DATE: 21 July 50
4. FROM: National Memorial Cemetery of the Pacific, Honolulu, Hawaii
5. TO: TQMIG, Dept of the Army, Wash., D. C.
6. SUBJECT: Transmittal of QMC Form 1194 and QMC Forms 1042.

7. DOCUMENT FILED UNDER NO. 293 - MORRIS, John Francis 6999571

mf

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.

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	8730 01541	26 07 50 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-343			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUADALCANAL SOLOMON ISLANDS	E	159	6	0492 64 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	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.

GEORGE

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

PREV. IDENTIFIED AS KOLESS, LLOYD GEORGE, 3820772
REMAINS ARE UNIDENTIFIABLE.

NMCP -- SEC P GR-3X

FILE
8 AUG 1950

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

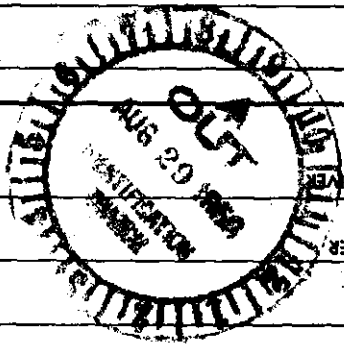
KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER



WORK SHEET DISINTERMENT DIRECTIVE

1	
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SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 8730-00000	DATE 11 7 50 DAY MONTH YEAR
NAME UNKNOWN X-343	SERIAL NUMBER 211661	RANK ---	ARM Q
CEMETERY ANN CEMETERY, GUADALCANAL, B.S.I.		DISPOSITION OF REMAINS 0 0492 64 CODE DIST. PT.	
ROW E	GRAVE 159 6	COUNTRY	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION			
NAME UNKNOWN X-343	SERIAL NUMBER Unk	RANK Unk	DATE OF DEATH 30 Nov '42
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USN	RELIGION Unk
		IDENTIFICATION VERIFIED BY GEORGE M. CLARK 1st Lt., INF NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Temporary Casket	CONDITION OF REMAINS 10 Skeletal

OTHER MEANS OF IDENTIFICATION QMC Form 1042 & Cemetery Record.	
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MINOR DISCREPANCIES	
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REMAINS PREPARED AND PLACED IN CASKET	
DATE 18 Apr '49	BY E. ROBINSON

CASKET SEALED BY DONALD C. HERR	EMBALMER (Signature) <i>Donald C. Herr</i>
---	--

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY STANLEY...
--------------------------------	---

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 COMPANY OFFICER P. S. V...	SIGNATURE OF GRS INSPECTOR <i>Stanley E. ...</i>
---	--

1 Prepare Discrepancy Report QMC Form 1194 for major discrepancies.

RECORD OF CO210000-147465
REMAINS UNIDENTIFIABLE

DISINTERMENT DIRECTIVE

2

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 01541

DATE

26 07 50
DAY MONTH YEAR

NAME

UNKNOWN X-343

SERIAL NUMBER

GRADE

ARM

8

RACE

0

RELIGION

6

CEMETERY

QUADALCANAL SOLOMON ISLANDS

PLOT

E

ROW

159

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

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

PREV. IDENTIFIED AS KOLESS, LLOYD GEORGE, 382077Z
REMAINS ARE UNIDENTIFIABLE.

P

345-

RECORD OF CUSTODIAL TRANSFER

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

AIRMAIL

243 Brink Guadalcanal X343

GRS Pacific

3 July 1950

SUBJECT: Identification of World War II Deceased

**TO : Commanding Officer
American Graves Registration Service
Pacific Zone
APO 953, c/o Postmaster
San Francisco, California**

1. Reference is made to the following Unknown remains now stored in US Army Museum, Schofield Barracks, F.H.:

Unknown I-243, ANMC Guadalcanal, Unit B, Page 3
I-243

2. Subject cases have been reviewed and this Office approves the classification of the above Unknown as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

**HERBERT G. LAY
CAPT QMC
Memorial Division**

**J. Miller:del
G. Salser**

cc: Administrative Section



** 243 GRS Pacific*

** 243 Brink Guadalcanal X347*

AIRMAIL

1. FILE UNDER NO. 293 - U.S. Guadalupe - 343 (ARM Cemetery)

SYNOPSIS

2. TYPE OF DOCUMENT: 3rd Ind 3. DATE: 18 March 1949
4. FROM: OAKS
5. TO: CO, ACBS, PAV, A O 958, 30th, San Francisco, Calif.
6. SUBJECT: Transmittal of Board Proceedings (1948)

7. DOCUMENT FILED UNDER NO. 293 - 35, Pacific (Board Proceedings)

mab

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 Unknown X-343 Guadalcanal			2. DATE OF REPORT 28 January 1948			
3. NAME OF CEMETERY U. S. Military Cemetery, Guadalcanal U. S. Army Mausoleum 1		4. PLOT E	5. ROW 159 B	6. GRAVE 6 63	7. DATE OF DISINTERMENT REINTERMENT 28 Jan 48 28 Jan 48	

PHYSICAL DESCRIPTION **Age about 30 possible younger.**

8. ESTIMATED WEIGHT 125 lbs.	9. ESTIMATED HEIGHT 5' 3"	10. COLOR OF HAIR U.T.D.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
7th US Army Island (Guadalcanal) X-343

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND FOR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
None.
UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

L. G. DICKEY
1st Lt., RA O-1167395 *Lyle G. Dickey* *15 Feb 1949*

14. WAS BODY BURNED? TO WHAT EXTENT?
 YES NO

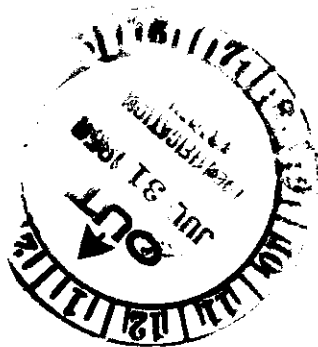
15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
Platyknemia of both femurs and tibias.

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.

~~APPROVED UNIDENTIFIABLE~~
~~NOV 2 1948~~

Received 17 May 1950 OQMG
Not identifiable from *J. Miller Ident Sec*
informal *29 June 50*



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-343				Guadalcanal		2. DATE OF REPORT 28 January 1948		
3. NAME OF CEMETERY U. S. Military Cemetery Guadalcanal U. S. Army Mausoleum 1.			4. PLOT E	5. ROW 159 B	6. GRAVE 6 63	7. DATE OF DISINTERMENT 28 Jan 48		REINTERMENT 28 Jan 48
PHYSICAL DESCRIPTION Age about 30 possible younger.								
8. ESTIMATED WEIGHT 125 lbs.		9. ESTIMATED HEIGHT 5' 3"		10. COLOR OF HAIR U.T.D.		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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?						
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Platyknemia of both femurs and tibias.								
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.								

FILE **J. K. White**
21 FEB 1948

TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>X-343</p> <p>Guadalcanal</p>	<p>TOOTH MISSING</p>		
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD CROWN, PORCELAIN CROWN</p>		
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p>		
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING, SILVER FILLING</p>		
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY, DECAYED</p>		

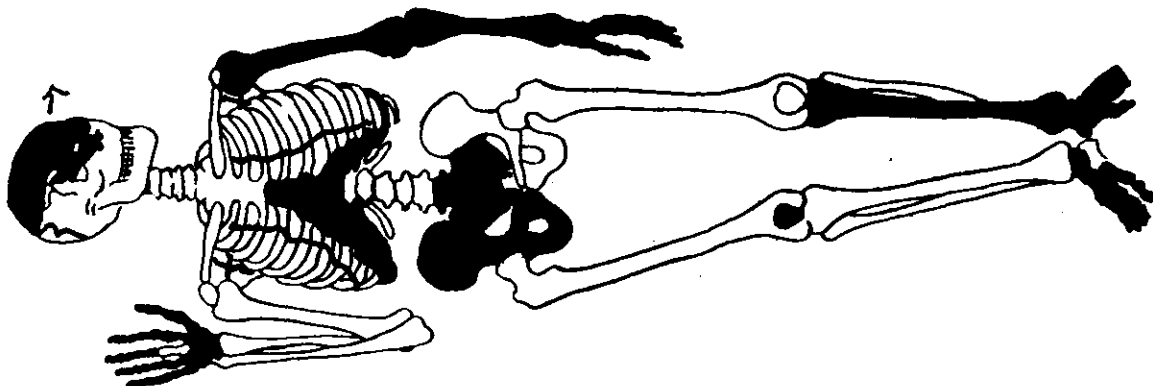
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			DRIFT											GOM		SFC. MAR. NT. MISS
Side View																
Top View																
Side View																
		R OF									R OD		GOM	R O	PART. IMP.	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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. R-16 may have been impacted during life.

FILE
 J. K. WILCO
 21 FEB 1947

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

- 1 extra left scapula.
- 1 lateral fragment of the right tibia.
- 1 extra left humerus.
- 1 extra left radius.
- 1 extra left ulna.

/s/ Chas. E. Snow

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short rugged 30 yr old man with some interesting skeletal features. The face appears to have been rather short and broad with rectangular outlines. The cheek bones are quite prominent. The nasal opening appears to have been very narrow. The mandible is right angled and forms a very short jaw line. The chin forms a rather pointed median eminence. Both femora are rather stout with flattened shafts which are especially wide in the sub-trochanteric region (platymeria.) The tibia are likewise flattened in the lateral plane. The knee joint surfaces of the tibial head are bent backward. There are facets at the ankle joints which indicate the habit of squatting. These features along with the rugged nature of the bones may be taken to suggest a primitive habitess which suggest mountainous or country terrain. The man may be of mixed Indian blood.

The extra bones mentioned above have been associated together and catalogued GIL Unknown X-517/

Fluoroscopic Examination Negative. Tooth chart completed.

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
GENERAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED), LIST PARTS AND LOCATION
SKULL		1		Fractured.
VERTEBRAE	CERVICAL	5		
	THORACIC	10		
	LUMBAR	4		
SACRUM		1		Fragment only.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing.
	LEFT	1		
RIBS		22		
STERNUM		1		
CLAVICLES	RIGHT	1	14.5	
	LEFT	1	15.1	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	31.4	
	LEFT	0		
RADII	RIGHT	1	22.7	
	LEFT	0		
ULNAE	RIGHT	1		
	LEFT	0		
HANDS	RIGHT	1		All missing except 3rd metacarpal.
	LEFT	0		Missing.
FEMORA	RIGHT	1	43.7	
	LEFT	1	44.0	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1	35.0	
	LEFT	0		Missing.
FIBULAE	RIGHT	1		Distal head missing.
	LEFT	0		Missing.
FEET	RIGHT	1		Right calcaneus only.
	LEFT	0		Missing.

NUMERO-CLAVICULAR RATIO	42.0	APPROXIMATE AGE (in years)	About 30, possibly younger.
ESTIMATED HEIGHT	159.2 63.0 5' 3"	LEG-HIP BR RATIO	
ESTIMATED WEIGHT	125 lbs.		

ENCLOSURE TO: X-343 Guadalcanal

FILE **J. K. SNOW**
/s/ Chas. E. Snow
CHARLES E. SNOW
ANTHROPOLOGIST

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-343 Guadalcanal -Koless, Lloyd George - Fc 2/c - 3820772 - USN				2. DATE OF REPORT 28 January 1948	
3. NAME OF CEMETERY U.S. Military Cemetery Guadalcanal U.S. Army Mausoleum 1		4. PLOT E	5. ROW 139 B	6. GRAVE 6 63	7. DATE OF DISINTERMENT 28 Jan '48
				REINTERMENT 28 Jan '48	

PHYSICAL DESCRIPTION **Age about 30 possible younger.**

8. ESTIMATED WEIGHT 125 lbs	9. ESTIMATED HEIGHT 5'3"	10. COLOR OF HAIR U.T.D.	11. RACE White
---------------------------------------	------------------------------------	------------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Koless, Lloyd George Fc 2/c 3820772 USN, died 30 Nov 1943, P-E, R-39, Gr-6.

Two (2) embossed plates reading: Lloyd G. Koless 3820772 Fc 2/c USN.

One (1) duplicate I.D. tag reading: Lloyd G. Koless 3820772 USN.

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

None

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

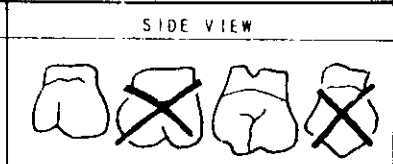
Platyknemia of both femurs and tibias.

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)

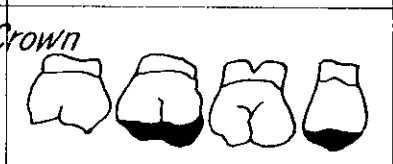
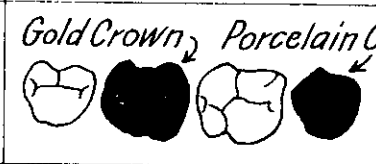
None

E. N. H. 3

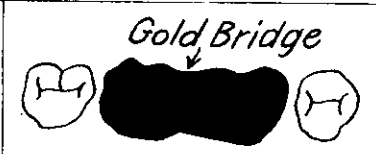
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:
-Koles, Lloyd G. X-343 Guadal canal



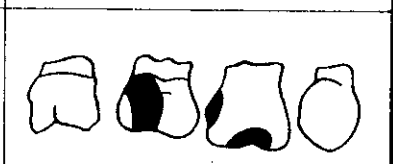
3820772--USN--
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



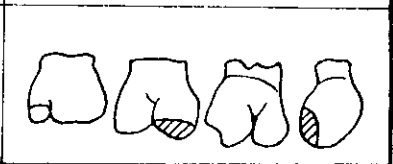
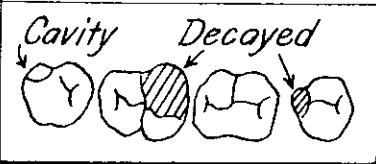
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
																	SEC (MAX) PT. MISS
Side Views		X		X	X	X	X	X	X	X	X	X	X	X	X	X	G OM
Top Views																	
Side Views		X						X	X								
			A OF												G OM	A O	PART. IMP.
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

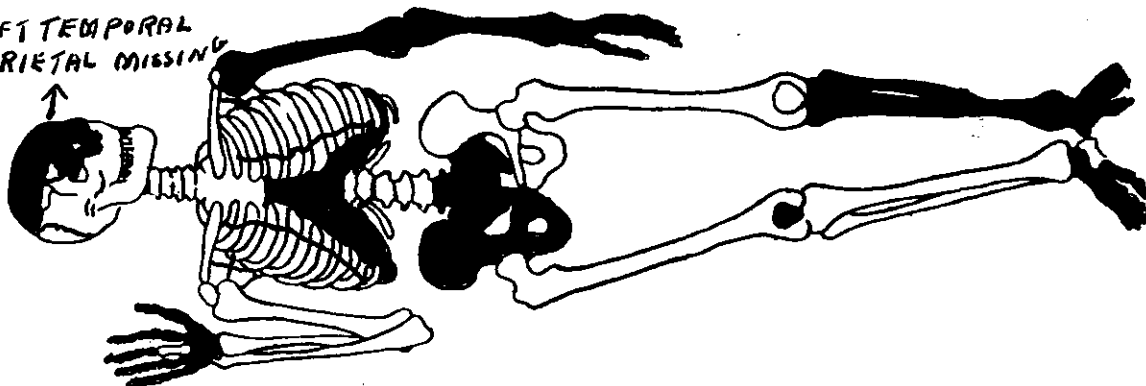
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R-16 may have been impacted during life.

56

19. BLACK OUT PARTS OF BODY NOT RECORDED

LEFT TEMPORAL AND PARIETAL MISSING



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

- 1 extra left scapula.
- 1 lateral fragment of the right tibia.
- 1 extra left humerus.
- 1 extra left radius.
- 1 extra left ulna.

Charles E. Snow

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short rugged 30 yr old man with some interesting skeletal features. The face appears to have been rather short and broad with rectangular outlines. The cheek bones are quite prominent. The nasal opening appears to have been very narrow. The mandible is right angled and forms a very short jaw line. The chin forms a rather pointed median eminence. Both femora are rather stout with flattened shafts which are especially wide in the sub-trochanteric region (platymeria). The tibia are likewise flattened in the lateral plane. The knee joint surfaces of the tibial head are bent backward. There are facets at the ankle joints which indicates the habit of squatting. These features along with the rugged nature of the bones may be taken to suggest a primitive habitess which suggest mountainous or country terrain. The man may be of mixed Indian blood.

The extra bones mentioned above have been associated together and catalogued CIL Unknown X-517

Fluoroscopic Examination Negative. Tooth chart completed.

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 MUSEUM, APO 957

SIGNATURE
O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY & OSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fractured
VERTEBRAE	CERVICAL	5		
	THORACIC	10		
	LUMBAR	4		
SACRUM		1		Fragment only.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing.
	LEFT	1		
RIBS		22		
STERNUM		1		
CLAVICLES	RIGHT	1	14.5	
	LEFT	1	15.1	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	31.4	
	LEFT	0		
RADII	RIGHT	1	22.7	
	LEFT	0		
ULNAE	RIGHT	1		
	LEFT	0		
HANDS	RIGHT	1		All missing except 3rd metacarpal.
	LEFT	0		Missing.
FEMORA	RIGHT	1	43.7	
	LEFT	1	44.0	
PATELLAE	RIGHT	0		Missing
	LEFT	1		
TIBIAE	RIGHT	1	35.0	
	LEFT	0		Missing.
FIBULAE	RIGHT	1		Distal head missing.
	LEFT	0		Missing.
FEET	RIGHT	1		Right calcaneus only.
	LEFT	0		Missing

HUMERO-CLAVICULAR RATIO 42.0		APPROXIMATE
ESTIMATED HEIGHT 159.2-63.0-5'3"	AGE	About 30 possibly younger YEARS
ESTIMATED WEIGHT 125 lbs.		LEG-HIP BR RATIO

ENCLOSURE TO: ~~Koloss, Lloyd George~~ X-343 Guadalcanal

Chas. E. Snow
Charles E. Snow
ANTHROPOLOGIST

NARRATIVE

The C. I. L. Unknown X-517 removed from the casket of Koless, Lloyd George, 3820772, FC 2/c, was removed from the files and compared with the remains of Daigre, R. J., 2747501 and Frese, R. L., 121108 in an attempt to absorb the C. I. L. Unknown X-517.

No association could be made, and the C. I. L. Unknown X-517 returned to the file.

These three (3) men were buried in adjoining graves in Guadalcanal Cemetery.

RESTRICTED

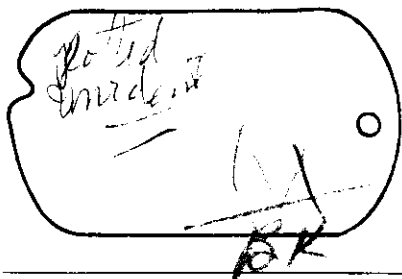
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11 July 1950

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-343	Guadalcanal Unidentifiable	Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	USM
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

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

EMERGENCY ADDRESSEE (Name, relationship, and address)

UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	UNIDENTIFIABLE
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.
20 July 50	10:00 AM	Permanent Type Casket	Cross	P		345

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	ANK Cemetery, Guadalcanal, B.S.I.

PLOT No.	ROW No.	GRAVE No.
E	159	6

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant Jewish	Chaplain Fitzgerald Chaplain Higuchi Mr. Silverstein	

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

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

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

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Ethel Kawatachi ETHEL KAWATACHI, Secretary	Alvan C. Baker ALVAN C. BAKER, Supt., NMCP

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.

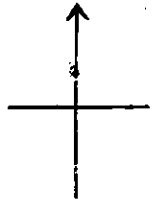
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
LEFT RING FINGER			<p>CAVITIES</p> <p>CAVITY DECAYED</p>
LEFT MIDDLE FINGER			<p>MISSING TEETH</p> <p>TOOTH MISSING</p>
LEFT INDEX FINGER			<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>
LEFT THUMB			<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>
RIGHT THUMB			

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



REMARKS:

AUG 2 1950
 Identification Section

RESTRICTED

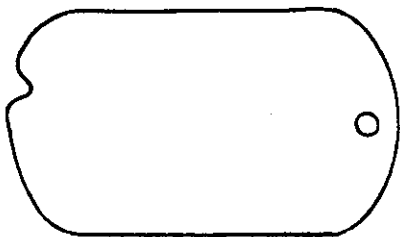
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11 July 1950

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-343		Guadaleanal Unidentifiable	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN	
RACE Unknown	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) 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 20 July 50	HOUR 10:00 AM	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	ROW No.	GRAVE No. 345
-------------------------------------	-------------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANN Cemetery, Guadaleanal, B.S.I.
--	---

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

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

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>Ethel Kawatachi</i> ETHEL KAWATACHI, Secretary	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Alvan C Baker</i> ALVAN C. BAKER, Supt., NMCP
---	---

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:


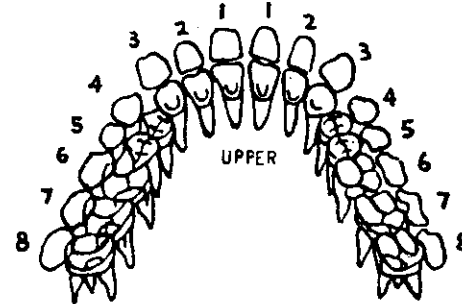
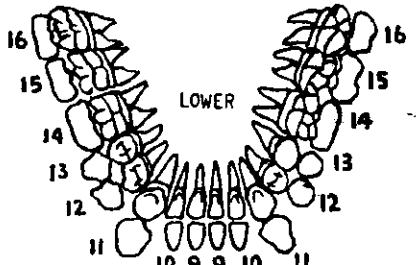




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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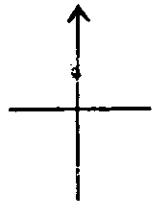
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

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

AUG 3 1950
Identification Section



REMARKS:

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF IMPERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">21 Jan. 1949</p>
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;"> ID Tag Koless, Lloyd G. 3520 172 USN </div>	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unidentified (Formerly Koless, Lloyd G.) UNKNOWN X-343 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 <p align="center">KIA</p>	DATE OF DEATH <p align="center">30 Nov. 42</p>
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">Board Proceedings, Hq. AGRS (PAZ) AFO 958 dtd 12 Jan. 1949.</p>	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">Yes</p>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>		
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Army Mausoleum, Schofield Barracks, T. H.</p>		
DATE OF BURIAL <p align="center">14 Jan. 48</p>	HOUR 	BURIED IN (Shroud, blanket, or name of other) <p align="center">Final type casket</p>
TYPE OF GRAVE MARKER 	PLOT No. 	ROW No.
GRAVE No. 		
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">ANA Cemetery, Guadalcanal, B.S.I.</p>	
PLOT No. <p align="center">E</p>	ROW No. <p align="center">159</p>	GRAVE No. <p align="center">6</p>
TYPE OF RELIGIOUS CEREMONY <p align="center">--</p>	PERSON CONDUCTING BURIAL RITES <p align="center">--</p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">--</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">--</p>	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Not applicable due to</p>	RANK 	SERIAL No.
ORGANIZATION 	GRAVE No. 	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">manner of storing caskets.</p>	RANK 	SERIAL No.
ORGANIZATION 	GRAVE No. 	
SIGNATURE OF PERSON PREPARING REPORT <p align="center">I. K. USHER - Clerk</p>		SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center">EARL B. YANCY, CWO, USN</p>
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for General 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.

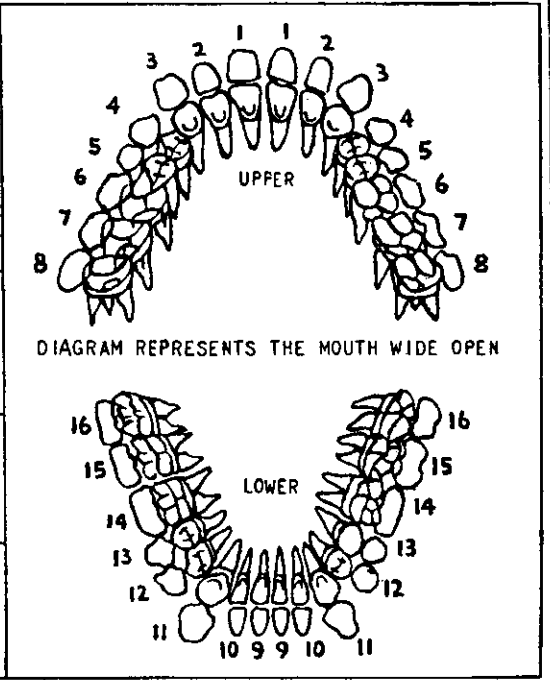
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

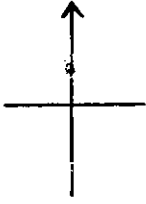
FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



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



Identification Section



REMARKS:

RESTRICTED

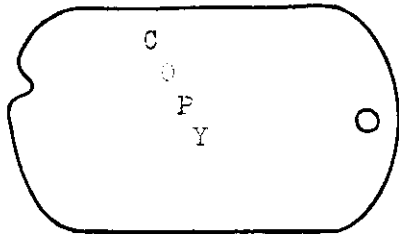
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Oct. 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-343

~~USMC, Island Forces~~

SERIAL No.

~~382 07 72~~

GRADE

~~FC-2c~~

ORGANIZATION

Unknown

BRANCH OF SERVICE

~~USIT~~

RACE

Unknown

RELIGION

~~Protestant~~

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Tulagi, BSI

CAUSE OF DEATH

Unknown

DATE OF DEATH

50 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)

~~Identified from name marking the grave.~~

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

One wrist watch.

Turned over to Lowell R. Hattery, Lt, USNR,
Personnel Officer at Tulagi, BSI

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Army-Navy-Marine Cemetery, Guadalcanal, BSI

DATE OF BURIAL

(Reburial)

17 Sept 45

HOUR

0845

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE
MARKER

Wooden Cross

PLOT No.

"B"

ROW No.

159

GRAVE No.

6

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USMC BSI Cemetery, 1. Tulagi, BSI

PLOT No.

B

ROW No.

3

GRAVE No.

51

TYPE OF RELIGIOUS
CEREMONY

Unknown

PERSON CONDUCTING BURIAL RITES

Unknown

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

No

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

No

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Prese, Raymond L.

RANK

Lt (j)

SERIAL No.

101108

ORGANIZATION

USNR

GRAVE No.

5

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Daire, Rivet J.

RANK

FC-2c

SERIAL No.

274 75 01

ORGANIZATION

USS Denver

USN

GRAVE No.

7


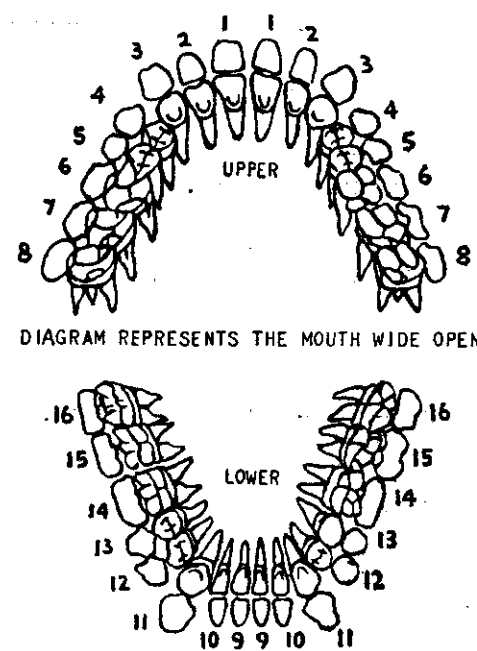




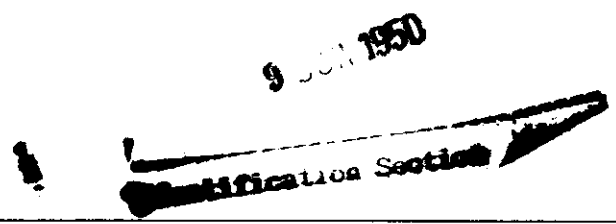
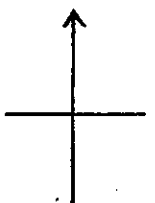
SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

JOHN R. MOLEY, 1st Lt, GRC

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

RESTRICTED

LEFT LITTLE FINGER	<p>Section 3. 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	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>				
RIGHT INDEX FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>				
RIGHT MIDDLE FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
RIGHT RING FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div> <div style="text-align: right;">  </div>				
REMARKS:					

RESTRICTED

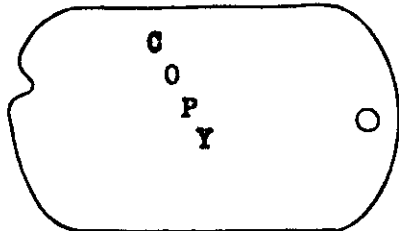
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Oct. 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-345 ROBERT, Lloyd George		SERIAL No. -662-07-72
GRADE -70-2c	ORGANIZATION Unknown	BRANCH OF SERVICE -USN
RACE Unknown	RELIGION -Protestant	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Tulagi, BSI	CAUSE OF DEATH Unknown	DATE OF DEATH 30 Nov 42
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) *identified from name on cross marking the grave.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

One wrist watch.

**Turned over to Lowell E. Hattery, Lt, USNR,
Personnel Officer at Tulagi, BSI**

~~APPROVED UNIDENTIFIABLE~~
~~APPROVED UNIDENTIFIABLE~~

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Army-Navy-Marine Cemetery, Guadalcanal, BSI

DATE OF BURIAL (Reburial) 17 Sept 45	HOUR 0845	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER Wooden Cross	PLOT No. "E"	ROW No. 189	GRAVE No. 6
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USN & USMC Cemetery, #1, Tulagi, BSI	PLOT No. B	ROW No. 3	GRAVE No. 51
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TYPE OF RELIGIOUS CEREMONY Unknown	PERSON CONDUCTING BURIAL RITES Unknown	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) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Fress, Raymond L.	RANK Lt (jg)	SERIAL No. 101108	ORGANIZATION USNR	GRAVE No. 6
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Daigne, Rivet J.	RANK MM 2c	SERIAL No. 274 75 01	ORGANIZATION USS Denver USN	GRAVE No. 7
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SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT JOHN R. NOLAN, 1st Lt, QMC
--------------------------------------	--

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


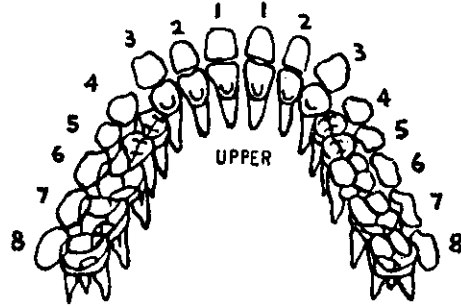




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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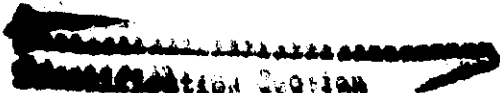
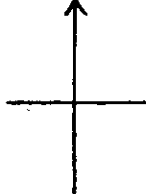
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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

JUN 1950

REMARKS:

KOLESS, Lloyd George, 3820772, was approved as
NON-RECOVERABLE 9-12-49.

No possible association J.J.M.