FILE IDENTIFICATION TOPPER

293 unk buadalcanal X-344	
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QMC FORM 1121 1 Aug 45

> Redesignater UNIKNOWN 6-344

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Casket Sealed By		EMBALMER (Signature)		
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	certify that all the foregoing operations we eport above is correct.	ere conqueted and accor	mpiisnea unaer my	immediate supervision
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1 Program D1	Deposit Dancet Old Dancet Cold		OF GRS INSPECTOR	LUN KAR
ı rrepare Disc	repancy Report GM C Form 1194a for major	r ascrepancies.		4 HA
REV 15 MAR 46	194		. 9	me 87

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	DISINTERMENT DIRECTIVE								
	SECTION A NAME AND BURIAL LOCATION OF DECEASED		- 1	ST30	JMBER GOTTO	5			
NAME		SERIA	LNUMBI	R	GRADE	ARM			
	x-yli					8			
CEMETERY	······································		PLOT	ROW	GRAVE				

	8	•	6
GRAVE		DISPOSITI	ON OF REMAINS
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NATIONAL MENORIAL CONTENT

NAME AND ADDRESS OF NEXT OF KIN

n amindstrative decision)

SECTION C - DISINTERMENT AND IDENTIFICATION NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY REMAINS NAME AND TITLE MARKER SECTION D - PREPARATION OF REMAINS FOR SHIPMENT CONDITION OF REMAINS NATURE OF BURIAL OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

SECTION B - CONSIGNEE AND NEXT OF KIN

REMAINS PREPARED AND PLACED IN CASKET

NAME AND ADDRESS OF CONSIGNEE

TERRITORY OF

DATE CASKET SEALED BY

CASKET BOXED AND MARKED

DATE I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision

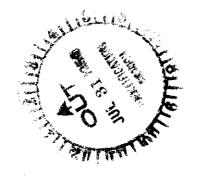
and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

AUG 22 1950

Major Discrepancy	·									
	IDENTIFICA	TION D	ATA							
1. REMAINS OF UNKNOWN Guad	alcanal				2. DATE OF RE 17 Dec					
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7 DA	TE OF				
U. S. Army Mausol	eum No. 2		Box	367	DISINTERMENT	REINTERMENT				
Formerly of U. S.	Mil. Cem., Guadalcanal	E	149	5	16 Dec 47	17 Dec 47				
	PHYS ICAL I	L DESCRIPTIO	N Age 2	25 - 27 ;	years.	<u> </u>				
8. ESTIMATED WEIGHT	9, ESTIMATED HEIGHT .		R OF HAIR		11. RACE					
140	169 - 66.5 ^{ff}		.T.D.		Negroi	đ				
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOUND	WITH REMA	INS	ي . عد .عد	X	-344				
None BY RE/ CYRIL C. DE	SON OF LACK OF SE	Ĵ JFFICI	ENT II	DENTIF	YING DA	TA				
IST. Lt., F	A 0=1167395 Geril	6. Dr	every	7.	Jun 190	79				
YES X NO			/							
15. WAS BODY MANGLED?										
X YES NO	EALED FRACTURES AND BONE MALFOR		orae and	puble .	region irac	cured.				
None			,							
SERVICE, ETC. (If laun	THING, EQUIPMENT AND PERSONAL Edry merks are indistinct such ron when facilities are not avai	otation m	hould be	made and a						
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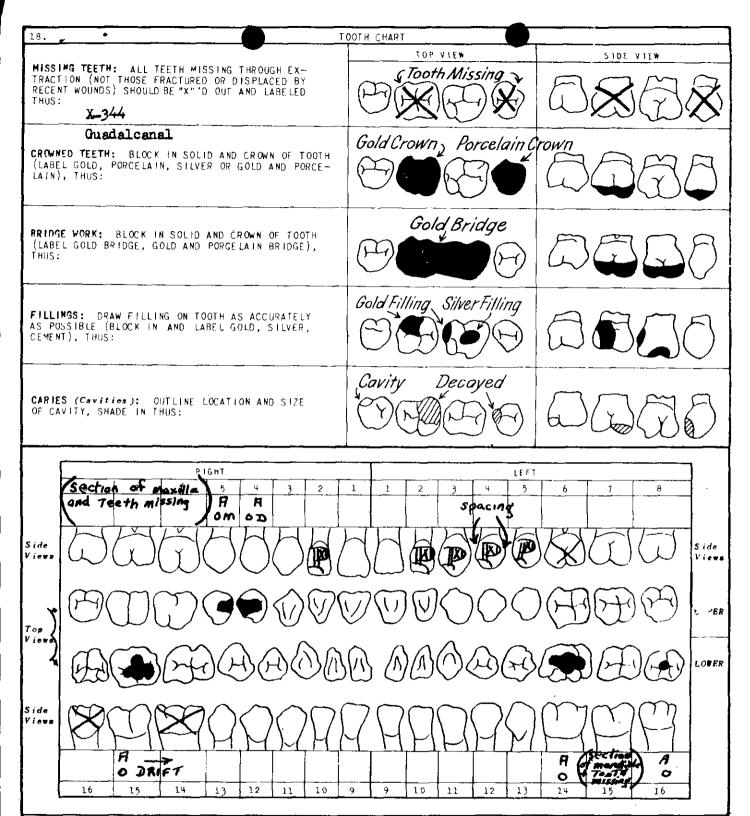
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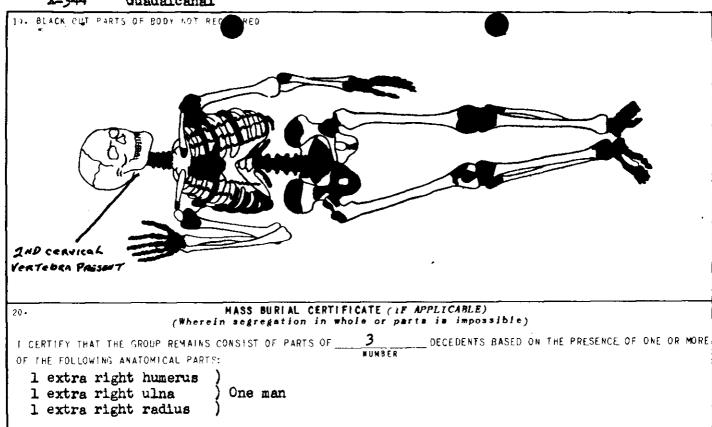
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DENTURES (Pietes): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS

- 1. L-15 might have had a cyst formation at its roots.
- 2. Much abrasion on all teeth.



1 extra right radius - Second man

/s/ Chas. E. Snow
Charles E. Snowsignature of Medical Officer Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a Negro of 25-27 years of age, $5!6\frac{1}{2}!!$ tall and having an estimated weight of 140 pounds. He is small and lightly built. The head is small medium in size. The skull shows left cranial asymmetry. The forehead is high. The highest point of the skull is at the posterior borders of the frontal bone. The skull widens very much just above and a little posterior to the ears. The browridges are large and the nasion depression deep.

The face is wide and has an extremely wide nasal aperture. The nose is flat and concave. There is extreme alveolar prognathism, causing the mouth to project. The jaw is very wide with the chin receding. The chin is slightly bilateral. He possesses a very large and low palate.

It cannot be definitely shown that the skull belongs with the rest of the skeleton due to the fact that the first cervical vertebra is missing and no articulation can be shown.

The extra right humerus, right ulna, and right radius mentioned in Item 20 have been classified as CIL Unknown X-408. The second extra right radius has been calssified as CIL Unknown X-409.

Fluoroscopic report attached.

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. GREEN WOOD, CAPT., QMC CENTRAL IDENTIFICATION LABORATORY signature
/s/ 0. %. Greenwood
0. %. GREENWOOD

CENTRAL IDENTIFICATION LABORATORY

AND MAUSOLEUM APO 957

QMC FORM 1044b

CERTAL IDENTIFICATION LABORAT

BONE LIST

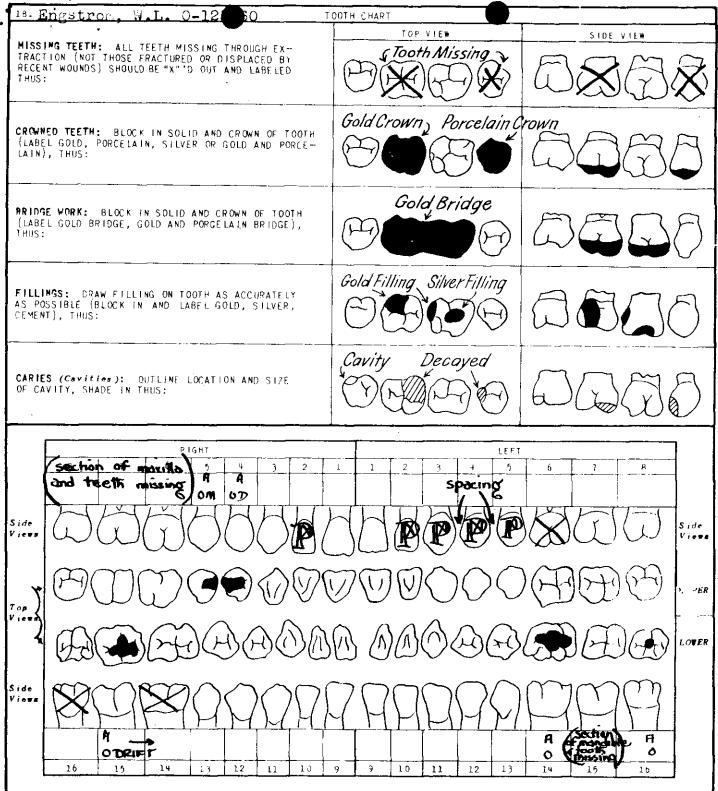
				BONE	LIST	<u> </u>
MAME	S! DE	NO	BONE LEI IN ((IF MISSING OR FRACT	REMARKS UREU, LIST PARTS AND LOCATION
SKULL		1	52.	2		
	CERVICAL	1		, i	6 missing	
VERTEBRAE	THORACIC	5			7 missing.	
	LUMBAR	0			All missing.	
SACRUM		0			Missing.	
INNOMINATES	RIGHT	1	BI-ILIAC	DIAM	Fractured.	
INNUMINATES	LEFT	1			Fractured.	
RIBS		14		· -	Very badly fractu	red.
STERNUM		1			Fractured only ma	
CLAV ICLES	RIGHT	1	13.	7		
	LEFT	1	13.	9		
SCAPULAE	RIGHT	1			Fractured.	
	LEFT	0			Missing.	·
HUMERI	FIGHT	1			Fractured-head mi	ssing.
HUPERI	LEFT	1			Fractured-head mi	ssing.
RAD I I	RIGHT	1	24.	7		
nay i i	LEFT	1_			Fractured both en	ds missing.
ULNAE	RIGHT	1	26.	7		
	LEFT	1			Fractured-inferio	or end missing.
HANDS	RIGHT	0			Missing.	
	LEFT	0	<u> </u>			<u> </u>
FEHORA	RIGHT	1	approx.	43.3		da mi saina
	LEFT	-			Fractured-both en Missing.	ICA MIRSINE.
PATELLAE	RIGHT	0			wrastus.	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LEFT	1	-		Fractured-both en	nda miacina
TIBIAE	RIGHT LEFT	1			Fractured-superio	
	 -	<u>-</u>			ii ii	n n
FIBULAE	RIGHT	1	 		ri ii	11 11
 	RIGHT	<u> </u>		_	Only #2 metatarsa	
FEET		0	 		Missing.	- hannes
WINESO STATES	LEFT	Τ			MATE AGE (in years)	
HUMERO-CLAVICULAR ESTIMATED HEIGHT		.5#			25 - 27 BR RATIO	-
			 			1
ESTIMATED WEIGHT	140 1bs	3.	<u></u>			/s/ Chas. E. Snow
ENCLOSURE TO:	x_344	Guad	dalcanal			CHARLES E. SNOV

GP - AGRS 21

ANTHROPOLOGIST

A JOR DISCREFANCY					4
IDENTIFICATION OF THE PROPERTY	TION DAT	ΓΑ		•	
1. REMAINS OF UNKNOWN Engstrom, Warren L. 123469	Lt.	je u	oh (2. DATE OF RE 17 Dec 1	PORT 947
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of U. S. Mil. Cem. Guadalcanal	4. PLOT 5.	. ROW Вож 149	6. GRAVE 367 5	DISINTERMENT	TE OF REINTERMENT 7 17 Dec 47
PHYSICAL D 8. ESTIMATED WEIGHT 140 169 - 66.5 th 12. Give Description of any official identification found to the control of the control	with REMAINS cet reads : anket res	T. L.	rren Eng	Megroid gstrom, 123	469, USN ⁿ
13.GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUI	CH INFORMATI	ION OBTA	INED FROM	OTHER SOURCES	
14. WAS BODY BURNED? TO WHAT EXTENT?	vertebrae MATIONS	and	pubic re	egion fract	ured
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL E SERVICE, ETC. (If foundry marks are indistinct such n channels for exemination when facilities are not avai	otation who	uld be m			
None .					

ONC FORM 1044 PREVIOUS EDITIONS OF THIS REV 18 MAR 47

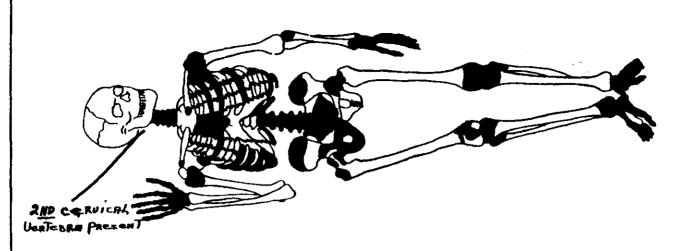


DEMTURES (Places): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Remarks:

1. L-15 might have had cyst formation at its roots.

2 much obrosion on all teeth.



20. MASS BURIAL (Wherein segregation	CERTIFICATE (IF A	PPLICABLE) = i= impossible)		
1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PART OF THE FOLLOWING ANATOMICAL PARTS:	S OF NUMBER	_ DECEDENTS BASED ON	THE PRESENCE OF	ONE OR MORE

1 extra right humerus)

1 extra right ulna) One man

1 extra right radius)

1 extra right radius -- Second man

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a Negro of 25-27 years of age, $5^{\circ}6^{\circ}2^{\circ}$ tall and having an estimated weight of 140 pounds. He is small and lightly built. The head is small medium in size. The skull shows left cranial asymmetry. The forehead is high. The highest point of the skull is at the posterior borders of the frontal bone. The skull widens very much just above and a little posterior to the ears. The brow ridges are large and the nasion depression deep.

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Fluoroscopic report attached. Tooth chart taken.

1 CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THA! ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SISNATURE

O. W. GREENWOOD, CAPT., QMC

N LABORATORY

and mauscleum, and 957

ONGreenwood

CENTRAL MITIFICATION LABORATORY & MUSOLEUM BONE LIST BONE LENGTHS REMARKS NAME SIDE NO IN CM (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) SKULL 52.2 CERVICAL 6 missing 5 7 missing THORACIC VERTEBRAE LUMBAR ∠11 missimg SACRUM Lissing RIGHT rractured BI-ILIAC DIAM **INNOMINATES** LEFT Fractured RIBS ver badly fractured STERNUM reactured only manubrium present 13.7 RIGHT **CLAY ICLES** LEFT 1 13.5 rracturcă RIGHT SCAPULAE LEFT ...issing RIGHT eractured Lead missing HUMERI fractured head missing LEFT RIGHT 24.7 RADII LEFT aractured both ends missing RIGHT ٦ 26.7 ULNAE LEFT Practured inferior end missing 1 ...issing 0 RIGHT HANDS 0 LEFT Fractured Approx 43.3 RIGHT **FEMORA** Fractured both ends missing 1 LEFT RIGHT Missing PATELLAE O LEFT RIGHT Fractured both ends missing TIBIAE superior end missing RIGHT 3 FIBULAE LEFT Unly #2 metatarsal present RIGHT 1 FEET LEFT Issing HUMERO-CLAVICULAR RATIO A PPROX IMATE ESTIMATED HEIGHT 169 66.5" AGE YEARS 25 - 27 LEG-HIP BR RATIO ESTIMATED WEIGHT

ENCLOSURE TO:

Engstrom, Warren L.

ANTHROPOLOGIST

NARRATIVE

X-217 and X-218, Guadalcanal, Plot-E, Row-149, Grave-5 were completely processed. In processing these remains, extra non-articulating bones were discovered. In an attempt to absorb the afore mentioned extra bones, the burials to the left and right, namely Engstrom, Warren L., and Dale, Donald E., and also CIL X-409 from the casket of Engstrom were simultaneously checked with X-217 and X-218.

No absorption was possible and the extra bones found with X-217 and X-218 were removed and given number CIL X-579 and the associated cases returned to the proper place of interment.

CENTRAL IDENTIFICATION LABORATO

FLUOROSCOPICAL FINDINGS

for

IDENTIFICATION

			1 Dece	mber 1941	
				Date	
Milion XI Bagstrom, Her	ren.L.				
Location in Mansoleum	2bax.367		Organizaticu	·····	
Place of Death	Place of Burnal	Plot	Row	Grave	
Findings:				 	_

one (1) tooth

1-R3

Hilliam 14. Linehan
Fluoroscope Technican Signature

C.I.L. Case No. 689

CERTIFICATE OF DEATH

*D MEDICAL COMPANY, SECOND MARINES, REINFORCED, RINGBOLT.

Name INGS	TROM, Yarren J	<u>L</u>		Rank őr .	rate Ens	∍ l gn US
	Vairness Wisc	•		•		
. Nationality	W-US	ed, Samoan, etc.)	Religion		Coccoon	x Luther
. Eyes Blue	Hair Brown					
Marks, scars, et	c. (noted in health re	ecord). Record ac	rodoogust.	bebke.		
Pue to exten	maive burned	aress over bo	dy, no		Ž.	
	marks or sca	re are availa	ble.		31	42
	rehead & just be S. rt lower le				Ž	
near lft eye:	S. rt lower le le finger rt han	g; POST: S. base	of skull finger	; M. rt		1
map, o. madi	re ringer to mare		1 211g01		State which	ે દેશ <u>દેશ છે.</u> આ ગામ ાં
Relation, name	and address of next o	of kin or friend	VARK Y			•
Pathers I	r. Leonard Engs	trom. Station B	Superior	, Wisco	nsin	
		**				
Original admissi	on: Place DH ME	DICAL COMPANY	RINGBOL	T Date	12-1-	-48.
, –	on: Place "D" ME (Ship or station D" MEDICAL CO	to which attached when first a	diminited form Killst,	J		
Died: Place	(Ship or station	MPANY, RINGBO	LT Date1	2 -1-4 2	IIII Hos	. 1130
Died: Place	(Ship or station	MPANY, RINGBO	LT Date1	2 -1-4 2	IIII Hos	. 1130
Died: Place	(Ship or station	MPANY, RINGBO	LT Date1	2 -1-4 2	IIII Hos	. 1130
Died: Place	Principal BURNS Contributory S	MPANY, RINGBO	LT Date 1	2-1-42	Key La	
Died: Place	Principal BURNS Contributory S the result of	MPANY, RINGBO MULTIPLE, Co hock own misconduct and	LT Date 1	9 -1-4 8	Key La	
Died: Place	Principal BURNS Contributory S	MPANY, RINGBO MULTIPLE, Co hock own misconduct and	LT Date 1	9 -1-4 8	Key La	
Died: Place	Principal BURNS Contributory S the result of semains BURIED	MPANY, RINGBO MPANY, RINGBO Multiple, o hock own misconduct and IN USS NORTH	LT Date L ver body 1 1s HAMPICN	9 -1-4 8	Key La	
Died: Place	Principal BURNS Contributory S the result of	MPANY, RINGBO MPANY, RINGBO Multiple, o hock own misconduct and IN USS NORTH	LT Date L ver body 1 1s HAMPICN	9 -1-4 8	Key La	
Died: Place	Principal BURNS Contributory S the result of semains BURIED	MPANY, RINGBO MPANY, RINGBO Multiple, o hock own misconduct and IN USS NORTH	LT Date L ver body 1 1s HAMPICN	9 -1-4 8	Key La	
Died: Place	Principal BURNS Contributory S the result of semains BURIED	MPANY, RINGBO , Multiple, of hock own misconduct and IN USS NORTH GRAVE #68.	LT Date L ver body 1 1s HAMPICN	9 -1-4 8	Key La	113 <u>0</u>
Died: Place	Principal BURNS Contributory S the result of semains BURIED	MPANY, RINGBO MPANY, RINGBO MULTIPLE, O hock own misconduct and IN USS NORTH GRAVE #68.	LT Date L ver body is HAMPTON	2-1-42	Key Lander South File South File Res	1130 1130 1130 1130 1130 1130 1130 1130

Above information unknown, due to loss of records.

THE OF NOTE

Approved: Court of inquiry or board of investigation will not be held.

(Commenting effect)

(Commenting effect)

(Rank)

EOSUBLISH STRESS

Teneral State Of the Con-

		4					
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 as	INTERMEN		1	OF REPORT	
Imprint Identification	T-4 16 Possible			15)	2	2 March	1949
DO NOT TY		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)			I SEBI	UL No.	
		UNKNOWN X-344			3E.R.I	L NO.	
(\	(Formerly Guadale	enal - Eng	estrom. Warre	n I.	nknown	
>	_ \	GRADE	ORGANIZATION	3002011 110220		CH OF SERVI	ICE
	0		1		}	•	
\	J	Unknown	Unkno	nwn	<u> Ι</u>	SN	·
		RACE	RELIGION		IF OTHER THE	IAN U.S. DEA	D, GIVE
		Normodd	The land of		1		
PLACE OF DEATH		Negroid CAUSE OF DEATH	l Unkno	WYD	DATE	OF DEATH	
	1					Or Dunin	
Tulagi, B. S.	I.	KIA			30	Nov 19	42
EMERGENCY ADDRESSEE (No	me, relationship, and	d address)					
Unknown							
IDENTIFICATION TAGS FOUN	יייייייייייייייייייייייייייייייייייייי	LIC NO THE FOURING ON BODY I	Tooling Make (The state of the state of			 :-
(1, 2, or none)	D ON BOD!	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS (OF IDENTIFICATION (1)	f unidentified, fi	ll in section 3	on reserse)
None		Ltr, OQMG, QMGM	MT 293 Enge	strom. Warren	I Lt.	(1.g.)	
WERE SUBSTITUTE TAGS PRO	VIDED7(Yes or so)	123469 USN dtd	8 Mar 49,	Subj: Board	Freceed	ings No	
	}	778	-				•
Yes				·			
LIST PERSONAL EFFECTS FOR	JND ON BODY AND	DISPOSITION OF SAME					
	None						
		·					
		lished cemetery, furnish sketcl	h and map coord	inates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	OF CEMETERY					
Tic Amour Mou	anlaum Sal	Laftala Danmaka	m T7				
DATE OF BURIAL	HOUR C	hofield Barracks, ! BURIED IN (Skroud, blanket, or no		TYPE OF GRAVE	PLOT No.	ROW No.	COAVE NO
DATE OF BOTTONS		DUNIED IN JUNIUM, eminings, or m	ams of pager;	MARKER	FLOT NO.	KON NO.	GRAVE No.
14 Jan 1948	 	Metal lined cas	ket			Box	367
WAS THIS A REBURIAL?	IF A REBURIAL, I	NDICATE NAME, NUMBER, COORD		OUS CEMETERY, AND LO	OCATION OF G		1
(Yes or no)	}				PLOT No.	ROW No.	GRAVE No.
Yes		tery, Guadalcanel,			E	149	5
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCT	TING BURIAL RITES	ONTAINERS BI	ON TAGS NOT USED, I URIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND
		!	1				
IDENTIFICATION TAG BURIES	WITH IDENT	IFICATION TAG ATTACHED TO	}				
BODY (Yes or no)		KER (Yes or no)	}				
-							
BODY BURIED ON DECEASED	LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	N GRAVI	E No.
		1	}	1		ļ	
Not applicable							
BODY BURIED ON DECEASED			RANK	SERIAL NO.	ORGANIZATIO	N GRAV	E No.
!		!	1	1		}	
storing c	askets.						
SIGNATURE OF PERSON PREP	ARING REPORT	1	SIGNATIONE OF G	96 OFFICER YERIFYING	G REPORT		,
y. / l. Ujak	21		KING.	A CANAL	ran		
	Clerk	al for U.S. and allied dead, sig			USA.	~	0
			inea oficin al an a	One comy for enemy	CORROL IO INGL		

	Section 3.—U	NIDENTIFIED	REMAINS	\$					
LEFT LITTLE FINGER	social securi	at care will in anatomi ty number;	cal charac position o	if body fou	pelow, an Ind in air	d any other o planes, vehicle	clues under '' es, and tanks;	Other,'' such and serial nu	nidentified re- as shoe size, umbers of air- humbs in the
2	every tooth	vill be indic I if one or r	ated on the	e tooth cherprints are	art in acc e secured	ordance with	diagram belor	w. Tooth cha	humbs in the n of each and art will not be
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O	F EYES	COLOR O	F HAIR	BIRTHMARKS.	SCARS, OR TAT	TOOS
Mind	WEAPON AND S	ERIAL NO.		LAUNDRY	MARKS		WHERE BODY	WAS BURIED OF	FOUND
LEFT MIDDLE FINGER	OTHER IDENTII	FICATION CLU	JES	}		1	,	* 4 (
LÉFT INDEX FINGER	FILLINGS								
	T TEETINGS			LVER FILLI LO FILLIN	NG G	, 4	860		
LEFT	CAVITIES			CAVITY	D				5
RIGHT THUMB	MISSING T		P. P.	OTH MISSIN	c '	DIAGRAM I	V REPRESENTS 1	IN THE MOUTH W:	DE OPEN
RIGHT INDEX FINGER	BRIDGE WO	RK (VUX?	CELAIN CROW	N .	15 (1 14 (13)15 14
M	FURNISH SKET	H AND MAP		AND COOR	DINATES	OP BUDIAL IN	II OOO		
RIGHT MIDDLE FINGER			that servous took	, AND COOK			JINER (HAN ES	ABLISHED CEN	
RIGHT RING FINGER			······						
	REMARKS:		1994 t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					•	
RIGHT LITTLE FINGER	, , ,							C	

WD QMC FORM 1042		REPORT OF	MITTERNE	- T	DATE	OF REPORT	
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		(AR 30-1810 a					3040
	T . 74 B					13 Marel	1 1360
Imprint Identification 2 DO NOT TY		NAME (Last, first, middle initial)			SERIA	AL No.	
		THENOWN X-544	,				
('	(Formerly Guedal	cenel - E	estren. Herr	en L.) E		
>		GRADE	ORGANIZATIO			ICH OF SERV	ICE
\	0						
\		Unknown	Unic				
		/ RACE	RELIGION		IF OTHER THE NAME OF C		AD, GIVE
		Tormold.	Unika		,		
PLACE OF DEATH		CAUSE OF DEATH	· · · · · · · · · · · · · · · · · · ·		DATE	OF DEATH	
	•						
Tulagi, B. S.	I.		A		. 30	Hov 1	MX
EMERGENCY ADDRESSEE (N	rme, relationship,	, and address)					
IDENTIFICATION TAGS FOUN (1, 2, or none)	D ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION	(If unidentified, fi	Il in section 3	(on reverse)
Sana		Ltr. Også, Qså	17 205 Bad	ekves Mayre	n I 74.	[1.0.]	1
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or :			Subj: Boar			
		778	· · · · · · · · · ·	,			•
Yes							
LIST PERSONAL EFFECTS FO	UND ON BODY	AND DISPOSITION OF SAME			· · · · · · · · · · · · · · · · · · ·		
	w						
	HORS						
Section 2.—BURIAL If of	her than in est	tablished cemetery, furnish sketc	ch and map coo	dinates on reverse.	· 		
NAME, NUMBER, COORDINAT							
US Army Max	molow,	Schofield Berracks,	T. H.				
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or	name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				MARIEMA		_	
14 Jun 1948	ļ <u> </u>		Sibe \$			None	367
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIA	L, INDICATE NAME, NUMBER, COOR	DINATES OF PRE	IOUS CEMETERY, AND			
4 0.0	4704 0-				PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS		DUCTING BURIAL RITES	B-8-I-	TION TAGS NOT USED	DESCRIBE IDE	NTIFICATION	N DATA AND
CERÉMONY	1 27,000			BURIED WITH BODY	,		, 2,,,,,,,,,,,

IDENTIFICATION TAG BURIE		ENTIFICATION TAG ATTACHED TO	-				
BODY (Yes or no)	"	MARKER (Yes of no)					

BODY BURIED ON DECEASED	LEFT, NAME (L	ast, firet, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	/E No.
		•				ļ	
Not applicable		mapper of			-	, •	
BODY BURIED ON DECEASED	RIGHT, NAME ((Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	/E No.
							
SIGNATURE OF PERSON PRE	PARING REPORT		SIGNATURE OF	GRS OFFIGER VERIFY	NG REPORT	,	
18/10/1	المستسداري		1	100 Jan			
I. I. DEER -	Clark		PARE	YABCY! CHO.	, COMA		
		ginal for U.S. and allied dead, s.	igned original as		y dead, to the	Quartermei	tor General
through Headquarters G.	RS Officer. Co	opies for retention in theater as	prescribed by th	eater commander			

	Section 3.—UNIDEN	TIFIED REMAINS	<u>. </u>							
LEFT LITTLE FINGER	mains, rill in an	RRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified resords. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, all security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of aires, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the tat left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and y tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be implished if one or more fingerprints are secured.								
R	chart at left, or as every tooth will be accomplished if on	many as possil indicated on the e or more finge	ole. If no fine tooth char erprints are s	valuable of all citie ngerprint or prints of t in accordance with ecured,	s. Imprint all tinge can be secured, the c diagram below. T	rs and thumbs in the condition of each and cooth chart will not be				
LEFT RING FINGER	HEIGHT WEIGH	T COLOR O	F EYES C	OLOR OF HAIR	BIRTHMARKS, SCARS	, OR TATTOOS				
M. DD	WEAPON AND SERIAL	No.	LAUNDRY MA	ARKS	WHERE BODY WAS BU	URIED OR FOUND				
LEFT MIDDLE FINGER	OTHER IDENTIFICATION	ON CLUES	<u> </u>		<u>'</u>	·				
LEFT INDEX FINGER	FILLINGS		LUZD EN LINE			·				
			LVER FILLING							
THUMB	CAVITIES		CAVITY DECAYED	3	UPPER					
RIGHT THUMB	MISSING TEETH	y Re	OTH MISSING		REPRESENTS THE M	OUTH WIDE OPEN				
RIGHT INDEX FINGER	BRIDGE WORK	(C)P01	GOLD BRI	15 \ 14	LOWER S	36) 15 16) 14 13 10 12				
	FURNISH SKETCH ANI	MAP REFERENCE	E AND COORDI		II OTHER THAN ESTABLE	SHED CEMETERY				
RIGHT MIDDLE FINGER						↑				
RIGHT RING FINGER										
RIGHT LITTLE FINGER	REMARKS:									

					DATE	OF DEPORT	
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	INTERMEN	T	DATE	of report	• • •
(Supersedes GRS Form 1)		(AR 30-1810 ar	nd AR 30-18	R15)	18	July 1	249
Imprint Identification	Tag If Possible.	Section 1IDENTIFICATION.			 		
DO NOT TY	PE	NAME (Last, first, middle initial)			SERIA	L No.	
			(GUADAL		**	1	
	\	UNKNOWN X-344	(ONIDEN	TIPIABLE)	UD	known	—
12 Y/T ()	~ 1	GRADE	ORGANIZATION		BRANC	CH OF SERVI	CE
N 22 A	0)	Unknown	Unknown	1	US	N	
	/	RACE	RELIGION	·	IF OTHER TH	AN U. S. DEA	AD, GIVE
		Warmadd	Unknown		NAME OF CO	DUNIRY	
PLACE OF DEATH		Negroid CAUSE OF DEATH	OMEHOWA	·	DATE	OF DEATH	
TORCE OF DESITE		CAUSE OF BEATH			DATE	OF DEATH	
Tulagi, B. S.		EIA			30	Nov 1	942
EMERGENCY ADDRESSEE (No	rme, relationship, a	nd address)					
		Unknown					
IDENTIFICATION TAGS FOUN	D ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fill	in section 5	On reserve)
(1, 2, of none)					,, ,		J. 1000.00,
None							
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)	7	Unident	IFIABLE			
Yes		<u> </u>		···-	_		<u> </u>
LIST PERSONAL EFFECTS FO	ואם לעטפ אט טאט	D DISPOSITION OF SAME				•	
		Wana					•
		None					
Section 2.—BURIAL If oth	her than in estab	dished cemetery, furnish sketch	and map coord	linates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATIO	N OF CEMETERY					
National Memor	rial Cemet	ery of the Pacific,	Honolulu	. Т. Н.			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	ime of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE NO.
			•	MARKER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21 June 1949	1000	Permanent Type	Casket	Cross	**		1122
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL.	INDICATE NAME, NUMBER, COORD	INATES OF PREVIO	OUS CEMETERY, AND LO	OCATION OF GR	AVE	
Yes		ANM Cemetery, Guad	ialcanal,	BSI	PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS	PERSON CONDUC	CTING BURIAL RITES	IE IDENTIFICATI	ION TAGS NOT USED.	1 - 1		
CERÉMONY Catholic	1	A Fisher, Chaplain	CONTAINEDS R	URIED WITH BODY	DESCRIBE TO CO		
Protestant		Click, Chaplain				100	1.67
IDENTIFICATION TAG BURIED BODY (Yes or no)	·	TIFICATION TAG ATTACHED TO RKER (Yes or 80)				Tic	200
Yes		Yes				. •	<i>P</i>
BODY BURIED ON DECEASED	LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVI	E No.
					l		
Mounted, Stanle	જુ ઉ		<u> 3jt</u>	15343701	لاسمادان	9 10	90
BODY BURIED ON DECEASED	RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAV	E No.
Viscone, Angol	.o À.		Cp1	443263	DHEC	11	.54
SIGNATURE OF PERSON PREF			·	GRS OFFICER VERIFYIN			
Macanes	10/0	ery	ague,	· 10/an	40		
Largaron E Par	ry Chief	Cler y .DC	Jame	es Harris,	Capt., Ç.	id	
DISTRIBUTION OF REPORT	: Signed origin	al for U.S. and allied dead, sig	ned original and	i one copy for enemy	dead, to the Q	udrtormas	or General
through Headquarters Gi	RS Officer. Copi	es for retention in theater as p	rescribed by the	eter commander.			

]	Section 3. NIDENTIFIED	REMAINS.			-
	LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will mains. Fill in anatomi social security number;	be taken to record t cal characteristics b position of body fou	nd in airplanes, vehicl	for the future identity of u clues under "Other," such les, and tanks; and serial n s. Imprint all fingers and an be secured, the condition	umbers of air-
	LEFT RING FINGER	every tooth will be indic accomplished if one or r HEIGHT WEIGHT	ated on the tooth change fingerprints are	art in accordance with secured. COLOR OF HAIR	s. Imprint all fingers and an be secured, the condition diagram below. Tooth characteristics of the BIRTHMARKS, SCARS, OR TA	
·	NGER					
	Middle	WEAPON AND SERIAL No.	LAUNDRY	MARKS	WHERE BODY WAS BURIED O	R FOUND
·	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLU	JES	-		*
	LEFT INDEX FINGER					
	INGER	FILLINGS	SILVER FILLI GOLD FILLIN	NG G	300000	
	LEFT THUMB	CAVITIES	CAVITY	5 7 7 8	UPPER	4 25 06 7
	RIGHT	MISSING TEETH	TOOTH MISSIN	ig M	REPRESENTS THE MOUTH	MIDE OPEN
	RIGH INDEX FI	BRIDGE WORK	PORCELAIN CE GOLD CROW	H 15 (LOWER) 14 13
<u> </u>	IGHT X FINGER	San	GOLD B	RIDGE		2
	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND COOF	L RDINATES, FOR BURIAL IN	OTHER THAN ESTABLISHED C	EMETERY
	RIGHT RING FINGER	REMARKS:		·		,
I I I I I I I I I I I I I I I I I I I	RIGHT LITTLE FINGER	Un!	mown X-344, Section J, Gr		emetery, wolomon	Islands,

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF	INTERME	ENT	DATE	OF REPORT	·
(Supersedes GRS Form 1)		(AR 30-1810 ar	nd AR 30-	1815)	18	July 1	1949
Imprint Identification DO NOT T		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial)	(GEAD)	LCANAL	SERIA	.L No.	
17	/	UMENOWN X-344	(VIII)	retipianis)	100	iknowa.	
>		GRADE	ORGANIZATIO	N	BRAN	CH OF SERVI	ICE
]\	0)	Unknown	Unknow	_	70		
\		RACE	RELIGION		IF OTHER TH		AD. GIVE
					NAME OF C	OUNTRY	,
	<u> </u>	Begroid	Unknow		<u> </u>		
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
Telagi, B. S.	I.	KIA			35	For 1	942
NAME, NUMBER, COORDINAT	OVIDED?(Yes or no) FUND ON BODY AND Therefore in estables, AND LOCATION	D DISPOSITION OF SAME Some Slished cemetery, furnish sketch N OF CEMETERY OF The Pacific	n and map coo	predinates on reverse.			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	ime of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
21 June 1949	1000	Permanent Type	Cesket	Cross	Q		1122
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL,	INDICATE NAME, NUMBER, COORD	INATES OF PRE	VIOUS CEMETERY, AND	LOCATION OF GE	RAVE	
Yes		AEM Cometery, Gos	delcerel,	, DEI	PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY CA TROLLS PROTESTANT IDENTIFICATION TAG BURIE	Bugene L Albert F	A Fisher, Chaplain Click, Chaplain reflection tag attached to		ATION TAGS NOT USED, S BURIED WITH BODY	DESCRIBE IDEI	NTIFICATION	DATA AND
SODY (Yes or no)		RKER (Yes or no)					
BODY BURIED ON DECEASED	LEFT, NAME (Last,	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVE	E No.
Towns of Street	<i>r</i>		•	35545703	190 4 41		
HOWARD, Stanle BODY BURIED ON DECEASED	·	or Earl middle initial\	RANK	15343701 SERIAL No.	ORGANIZATIO		60 E No
Viscone, Angel		es, ju st, measure enterney	Cp1	442268	usic		.54
SIGNATURE OF PERSON PRE	PARIAG DEPORT		SIGNATUSE O	F GRS OFFICER VERIFYII	NG REPORT		
Margaret E Par	Ty, Chief	Clear, MC-	311	nee B Barrie,	Capt., Q		
DISTRIBUTION OF REPOR	T: Signed origin RS Officer. Copie	al for U.S. and allied dead, signs for retention in theater as p	ned original a	and one copy for enemy heater commander.	v dead, to the ()udrtermes	ter General

	Section 3.	IDENTIFIED F	REMAINS.			•	
LEFT LITTLE FINGER	INSTRUCTION (a) Great mains. Fill is social security planes, vehicle (b) A fin	ONS: t care will be n anatomica n number; po es, and tank; gerprint, or p or as many a ill be indicate	e taken to r I character osition of bo s. prints, are is possible. ed on the to	istics belo dy found the most If no fir ooth chart	ow, and any of in airplanes, v valuable of all ngerprint or pri in accordance	ther clues under 'ehicles, and tanks	identity of unidentified re- Other," such as shoe size, ; and serial numbers of air- I fingers and thumbs in the I, the condition of each and w. Tooth chart will not be
LEFT RING FINGER			COLOR OF EY		DLOR OF HAIR	BIRTHMARKS	SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SE			UNDRY MA	RKS	WHERE BODY	WAS BURIED OR FOUND
LEFT INDEX FINGER	FILLINGS	. [Silve	R FILLING		3 2 0	
THUMB	CAVITIES		A COMPANY	AVITY	7		FER NO. 7
RIGHT THUMB	MISSING T	6	TOOTH	I MISSING	D IAG	FRAM REPRESENTS	THE MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WO		VIVE)	GOLD BRI		15 (F) 14 (1) 13 (1) 12 (1)	WER 15 14 14 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
RIGHT MIDDLE FINGER	FURNISH SKETC	CH AND MAP RI	EFERENCE AF	ND COORDI	NATES FOR BURI	AL IN OTHER THAN E	STABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:						
S SPA	ALSIAID	Vakn Se	om X-3 otion Q	44, Ga , Grav	adalcumal • No. 112	Cametery, i 2	Solomon Islands,

	1					9213
WD QMC Form 1042 Rev. 1 November 1942	. \			<u>.</u>		DATE REPORT FILLED OUT
(GRS 1; dated 11 May	1942	REPO	ORT OF INT	TERMENT		
may be used until ex	hausted)	(TH 10	-63 9 and AR	30-1815)		28 Sept: 1945
FOR IMPRINT OF IDENT	IFICATION TAG	NAME (Last,	First, Midd	le Initial)		.
		J				
	. \		ngstrom.		rren. Leonard.	1
1/ _	1	RANK LE	nove nove	SERIAL NUMBE		United States
 O]	ORGAN!ZATIO		-	BRANCH	
\	5	Unk	DOMD		US: Nav	*
		RACE		RELIGION		DATE OF DEATH
0) 10- 0-		Unk	ID WII	XXISIO		XISCOSIA: 1. Dec
PLACE OF DEATH				CAUSE OF DEA	TH	
	Tulagi.	B.S.I.			Unknow	n.
IDENTIFICATION TAGS	FOUND ON BODY			IF NO IDENTI	FICATION TAGS, OTHER	MEANS USED TO IDENTIFY
<u> </u>	2	DECA NONE		1 '	fication Cards, Lette	
DISPOSITION OF SUBST	ITUTE TAGS, IF I	MADE		the gr	- - -	on cross marking
COMPLETE FINGER PRINT	CHART OF BOTH I	HANDS ON REVE	ERSE		TH CHART ON REVERSE	
	YES	no No			TES YES	NO NO
LIST ANATOMICAL CHAR	ACTERISTICS AND	OTHER DATA	IF FINGERPRI	NTS CANNOT BE	TAKÈN	
				•		
LIST OF PERSONAL EFF	ECTS FOUND ON RE	DOV AND DISPO	2 30 4017120	AME	 	
THE PERSONNEL ETT	Lety toute on be	יטוע שאא וטי	75 11 1 0 11 01 5	AIR	•	
	No perso	nal effec	ts found.	•		
	-					
NAME OF EMERGENCY AD	DRESSEE			ADDRESS OF E	MERGENCY ADDRESSEE	
	Unknow	n			Unknown	
. IF BURIA	L OTHER THAN IN	ESTABLISHED	CEMETERY FU	RISH SKETCH	AND HAP REFERENCES OF	
24 Sept 45	1504	PLOT NO.	ROW 1009	GRAVE NO.	GRAVE MARKER WOODED Cross	
(Reburial)		Army Nev	v Marine	Cemeterv	Guadalcanal B.S	
TYPE OF RELIGIOUS CE	REMONY	24.113 2.01	<u> </u>	PERSON REPOR		
Previo	us Service	Unknown.		Rich	1 Bicha	N & Mayer
IDENTIFICATION TAGS			NO	ATTACHED 0	MARKER	ES (NO
IF IDENTIFICATION TA	GS NOT PRESENT,	WHAT OTHER	DENTIFICATI	ON DATA BURIE	D WITH BODY AND IN W	HAT KIND OF CONTAINERS.
<u> </u>	ed plate be					
BODY ON LEFT, HAME (e Paragraph :	SERIAL NO.	ORGANIZATION
	ns X-217 &		_	Unknown	1	Unknown
BODY ON RIGHT, NAME	(Last, First, M	iddle Initial		RANK WT 26	SERIAL NO. 2681935	ORGANIZATION
	ings, Norman	W.		VEDIETED BY	- 1	US: Navy
PERSON CONDUCTING BUI	HIAL RITES			AFKILLED BA	G. R. S. OFFICER	in 10.1 can
	Unknown.				JOHN	R. NOLAN
					lst.	Lt. QMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPLICATE FOR U.S.. DEACHONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES AGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

	INSTRUCTIONS FOR L
_	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEI BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKEF LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A HOTATION OF
2	ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHE AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NOT ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:
	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS. SCARS OR TATTOOS
	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
	2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETER IES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.
4	9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL RE- PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MAT ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERN MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCORDANCE
	WITH DIAGRAM.
CMB T	FILLINGS SILVER FILLING GOLD FILLING DIAGRAM REPRESENTS THE MOUTH WIDE OPE
R I GHT	CAVITIES CAVITY DECAYED 13 UPPER 14 TOOTH MISSING
	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 19 LOWER
ω	BRIDGE WORK GOLD BRIDGE 20 21 0000 22 23 24 15 16 27
	SKETCH AND MAP REFERENCE
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WD QMC FORM 1042	REPORT OF	INTERMENT	†	DATE O	F REPORT	
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	(AR 30-1810 ar			24	Sont	1945
Imprint Identification Tag If Possible.	Section 1.—IDENTIFICATION.					
DO NOT TYPE	NAME (Last, first, middle initial)			SERIAL	No.	
	Engstrom, Jerr	er. Leonard		1.2	3469	
[2 °1	GRADE	ORGANIZATION		BRANCI	OF SERVICE	CE
P O	Lt (in)	์ ไท [†] บ เดเหม		113	יקיים''	
	RACE	RELIGION		IF OTHER THAI NAME OF COL	Y U. S. DEAI JNTRY	D, GIVE
	Mi te		Protestant			
PLACE OF DEATH	CAUSE OF DEATH			DATE O	F DEATH	
Tulagi, B.S.I.	Uniciowi			1 0	nc 42	
EMERGENCY ADDRESSEE (Name, relationship, as			-			
Leonard Engs	bron Station "", IF NO TAGS FOUND ON BODY, D			unidentified, fill	in section 3	оп геретве)
(1, 2, or none)	T 1 11 01 1 0			1.3		
. 02.0	Identified fro	es montes on	orass merkala	; the pro	.ve •	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)						
LIST PERSONAL EFFECTS FOUND ON BODY ANI	D DISPOSITION OF SAME	······································			_	
o parsor	el effects found.					
Section 2.—BURIAL. If other than in estat	olished cemetery, furnish sketc	h and map coordi	nates on reverse.			
NAME, NUMBER, COORDINATES, AND LOCATIO	N OF CEMETERY					
		7 7 7 7				
DATE OF BURIAL HOUR	e Cemetery hadale		TYPE OF GRAVE	I PLOT NO. 1	ROW No.	GRAVE NO.
(Reburial)	BUNIED IN (Shrown, suckeer, or to	ance of bacer)	MARKER	12311102	11011 1101	
24 Sept 45 1504			Spoden Gross	s "B"	149	5
WAS THIS A REBURIAL? IF A REBURIAL,	INDICATE NAME, NUMBER, COORD	INATES OF PREVIO			AVE	
(Yes or no)				PLOT No.	ROW No.	GRAVE No.
Yos		1	AN TAGO NOT LICED	DECEDINE IDEN	TICICATION	DATA AND
TYPE OF RELIGIOUS PERSON CONDU	CTING BURIAL RITES	CONTAINERS BI	ON TAGS NOT USED, I JRIED WITH BODY	DESCRIBE IDEN	HEICATION	DATA AND
Frevious Service	l'inlenover	D bos	sod mlate bed	errine nac	ic buri	eđ
	TIFICATION TAG ATTACHED TO . RKER (Yes or no)	· f	the body.		,, , , , , ,	
No	No					
BODY BURIED ON DECEASED LEFT, NAME (Las		RANK	SERIAL No.	ORGANIZATION	N GRAVI	E No.
	,				1	
Unimowns X-217 : This	nowm_X-213	Unichown	Unlmown	Unknow	m	
BODY BURIED ON DECEASED RIGHT, NAME (Le	ast, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	N GRAVI	E No.
SIGNATURE OF PERSON PREPARING REPORT	·	SIGNATURE OF G	1 2661935 1	<u>US Harq</u> ı G REPORT	<u>- 1</u>	
SIGNIFICATION OF FRIENDS THE OWN				•		
/s/ S/Smt. Richard &	. laver	/s/Joh	n .: Nolon :	lst Lt.	מנס	
DISTRIBUTION OF REPORT: Signed origin		gned original and	one copy for enemy	dead, to the Q	uartermas	ter General

	Section 3.	UNIDENTIFIED	REMAINS	ì					
LEFT LITTLE FINGER F	mains. Fi social secu	eat care will Il in anatomi rity number; icles, and tar	cal charac position o	cteristics b If body fou	pelow, and and in air	d any other o planes, vehicle	clues under ''O es, and tanks; a	dentity of unidentifi ther," such as shound serial numbers ingers and thumbs he condition of eac Tooth chart will	e size, of air-
RING	Ì						· · · · · · · · · · · · · · · · · · ·	<u></u>	
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O	r ETES	COLOR O	F HAIR	BIRTHMARKS, SC	CARS, OR TATTOOS	
	WEAPON AND	SERIAL No.		LAUNDRY	MARKS		WHERE BODY W	AS BURIED OR FOUND	
MIDDL									
LEFT MIDDLE FINGER	OTHER IDEN	TIFICATION CLU	JES	<u> </u>				. , .	
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RIG) DOLE P	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COOF	RDINATES F	OR BURIAL IN	OTHER THAN EST.	ABLISHED CEMETERY	
RIGHT MIDDLE FINGER								^	
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RIGHT RING FINGER									
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	REMARKS:								
5							t	t	
RIGHT LITTLE FINGER									
NGER	-	•				-	•	•	

2					<u> </u>	DATE S	REPORT E	ILLED OUT
ND QMC FORM 1042 Reva 1 February 1945	R	EPORT OF	INTERMENT			}		
(Supersedes form dated 3 Jan. 1945. Existing stocks	(TM I	0-630 and	AR 30-18	15)		28	Sept	1945
may be used until exhausted.)	There is	71						 _
For Imprint of Identification Tag	h		die Initial)					
	Engst	rom, War	ren Leonar	d.				*
\	RANK		SERIAL NUMBE				COUNTR	
0	Lt (jg)		1234				Unite	d States
\	ORGANIZATIO	N Unknown		BRAN	СН	110	No var	
/	RACE	OHRHOWH	RELIGION			دان	Na.vy	F DEATH
	Unkr	own	"22.3.3."	Prot.			1 De	
PLACE OF DEATH			CAUSE OF DE	ATH	 -			
m. 1 2			l					
Tulagi, B.S.I.	<u> </u>	. <u> </u>	Unikn IF NO IDENTI		TACS OTH	CD MEAN	is listn	TO IDENTIFY
1 I 2	TEXT NONE		BODY (Identi	fication	Carda, Le	tters,	e (c.)	(O IDEMITY
DISPOSITION OF SUBSTITUTE TAGS,			Identif	ied fr	om name	on cr	coss m	arking
			the gra					
COMPLETE FINGERPRINT CHART OF BO		VERSE	COMPLETE TO	TH CHART			- 3 - 11-0	
LIST ANATOMICAL CHARACTERISTICS	AND OTHER DATA	L IS SINCEDS	TOURS CANNOT	OF TAKEN	TES YES		ER NO	
EIST ANATOMICAL CHARACTERISTICS	AND OTHER DATE	I IF FINGENT	KINIS CANNOI	DE TAKEN	•			
LIST OF PERSONAL EFFECTS FOUND O	N BODY AND DIS	SPOSITION OF	SAME.					
No personal effects	found							
No personal errects	round.							
_								
NAME OF EMERGENCY ADDRESSEE	<u></u>		ADDRESS OF	MERGENCY	ADDRESSEE			
Unknown NAME, NUMBER AND LOCATION OF CEM	FTEDV		<u>Unkn</u>	OWn				
Army Navy Marine Cemet		annal D	ст					
DATE OF BURIAL HOUR	PLOT NO.	ROW NO.	GRAVE NO.		GRAVE MARK	ER	_	
24 Sept 45 1504 (Reburial)	"E"	149	5			Woode	n Cro	58
TYPE OF RELIGIOUS CEREMONY			PERSON REPO					
Previous Service Unkno		S- XEX NO	ATTACHED TO		Richard	1 U. M	loyer TYES	KX NO
IDENTIFICATION TAGS BURIED WITH IF IDENTIFICATION TAGS NOT PRESE					BODY AND	IN WHAT		
Embossed plate bearing	name buri	ed with	the body.					
	ODIES BURIED					260 ANI 2	47.100	LCDAVE NO
BODY ON LEFT, NAME (Last, First,		m1)	RANK	SERIAL N	· • • • • • • • • • • • • • • • • • • •	9ŘG AN L Z.		GRAVE NO.
Unknowns X-217 & Unkno		intl	Unknown RANK	Unk:	nown /	Unkn DRGANIZ		GRAVE NO.
Hutchings, Norman W.	, #10016 1011	14.,	WT 20	2681		US Na		
PERSON CONDUCTING BURIAL RITES			VERIFIED BY					· l ·- -
					John R.			
Unknown		•		/t/	JOHN R.			
					1st Lt			···
IF BURIAL OTHER THAN	HT RUPLAL DEE	OPT- PPEPA	RE IN MIADRIE	LICATE/FO	OR U. S. DI	EAD. ON	E ADDIT	ONAL COPY
FOR ALLIED AND ENEMY DEAD. SIGN	N ALL COPIES.	SUBMIT REP	ORT TO NEARES	T MEMBER	OF GRAVES	REGIST	RATION :	SERVICE.
GRAVES REGISTRATION SERVICE WILL HEADQUARTERS (TO BE CHECKED AGA REGISTRATION OFFICER OF THAT HE	L FURWARD THE INST CASUALTY	REPORTS AND	ALLIED PAPER	S APP AL	L COPIES V	ERIFIED	BY THE	GRAVES
		BASE SECT	ON GRAVES REG	U		OFFICER	K. Va:	i te
OVER FOR BURIAL INSTRUCTION	DNS			FIL	<u>u</u>		28. Mer	 -
					DEC 13	1,440		

E	INSTRUCTIONS FOR BUT L
Left Left ttle Finger Ring Finger	(1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of
j-	
Left Left Middle Finger	
inger]	ţ
Left Index Finger	and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to
11	ial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.
10	The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram. FILLINGS SILVER FILLING
Right Thumb	CAVITIES CAVITY DECAYED UPPER 15
Right Index Finger	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
Right Middle Finger	PORCELAIN CROWN GOLD CROWN 19 LONES 20 AAA BOO 24
r Ring	22 23 24 35 26 27
Right Ring Finger	A TRUE COPY
Right Little Finger	E. A. Miller, Jr. 1st LT., QMC

MD QMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)	REPORT OF II			DATE REPORT FILLED OUT
	n luis (look Eirok Mie	(dia taletai)		15 April 1945
FOR IMPRINT OF IDENTIFICATION TAG	G NAME (Last, First, Mic	•	n Leonard	** **********************************
	ENGSTROM,		4.14.18.1	
/	RANK Lt.(jg)	SERIAL NUMBER	123 469	COUNTRY
O NO TAGS	_Unknown_	Unkr	BRANCH	United States
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ORGANIZATION		BRANCH	USN
	Unknown RACE	RELIGION	<u></u>	DATE OF DEATH12-1-42
	Unknown	Prot.	Unknown	Linknown
PLACE OF DEATH		CAUSE OF DEATH	1	
Tulagi. B.S.I			Unknown	
IDENTIFICATION TAGS FOUND ON BOD		IF NO IDENTIF		R MEANS USED TO IDENTIFY
<u> </u>	CARD NONE	BOOY (Identifi	cation Cards, Lett	ters, etc.
DISPOSITION OF SUBSTITUTE TAGS,	IF MADE	the grev		me on cross marking
COMPLETE FINGER PRINT CHART OF BO	TH HANDS ON DEVENSE	·+	CHART ON REVERSE	
YES	IN HANUS UN REVERSE	COMPLETE 10011	TES YES	DEA NO ►
LIST ANATOMICAL CHARACTERISTICS		TINTS CANNOT BE T		
	•	•		
1293 87.1		onal effects		
NAME OF EMERGENCY ADDRESSEE (ADDRESS OF EME	RGENCY ADDRESSEE	
Unknown			Unknown	
	IN ESTABLISHED CEMETERY F			N REVERSE
DATE HOUR 0930	PLOT NO. ROW NO.	GRAVE NO. 120	RAVE MARKER Wooden Cross	9
(Reburial)	B 5 USN & USMC DEME			•
TYPE OF RELIGIOUS CEREMONY		PERSON REPORT		
Previous Service U	nknown	2001	:	<u> </u>
IDENTIFICATION TAGS BURIED WITH E		ATTACHED TO MA		YES SEE NO
IF IDENTIFICATION TAGS NOT PRESEN				WHAT KIND OF CONTAINERS.
Embossee plate bear	ing name buried wit DDIES BURIED EITHER SIDE (
BODY ON LEFT, NAME (Last, First,		RANK	SERIAL NO.	ORGANIZATION
DOWNING, R.F.		Unknown	Unknown	USN
BODY ON RIGHT, NAME (Last, First,	, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
End of Pow PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.	R. S. OFFICER/	
Unknown			lo	MM CX Molan
		<u> </u>		t Lt. QMC
INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY VICE. GRAVES REGISTRATION SERVIC HEADQUARTERS (TO BE CHECKED AGAIN TION OFFICER OF THAT HEADQUARTERS	DEAD. SIGN ALL COPIES. DE WILL FORWARD THE ORIGIN	SUBMIT REPORT TO AL AND TWO COPIE	NEAREST MEMBER OF S THROUGH AT LEAST	F GRAVES REGISTRATION SER - F ONE HIGHER ADMINISTRATIVE
OVER FOR BURIAL INSTRUCTIONS	y to stop of the district		2007	
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	INSTRUCTIONS FOR FOLIAL	
-	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEE HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENT PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF THE CHAPTER OF THE COMMENTAL OF THE CONTROLLED OF THE CHAPTER OF THE CHAP	DRESS T: IN ITY. MARKER. ION OF ID
2	ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURD BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS.	MARKER. AT HEAD NOT A— IRIAL. IF
<u> </u>	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTO	OS .
-	S WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	
ω	2. LOCATION OF GRAYE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, RO GRAVE NUMBER (OR STOW) ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SP VIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROM PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.	ACE PRO-
.	9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BUR PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EME ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILA ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO S COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, INACCO	RGENCY BLE MAT - GOVERN- ALVAGE
•	高 VITH DIAGRAM.	KUANCE
LEFT THUMB	SILVER FILLING GOLD FILLING CAVITIES 5 CAVITIES	IDE OPEN
R I GHT THUMB	CAVITY DECAYED UPPER TOOTH MISSING	
4	CROWNED TEETH PORCELAIN CROWN GOLD CROWN 19 LOWER	32 1) 31 30
ω	GOLD BRIDGE 20 0000 28 22 23 24 25 16 27	19
	SKETCH AND MAP REFERENCE	
2 .		

NO OMC FORM 1042 ATE REPORT FILLS Rev. 1 February 1945 (Supersedes form dated REPORT OF INTERMENT 24 Sept 113 3 Jan. 1945. Existing stocks (TM 10-630 and AR 30-1815) may be used until exhausted. I NAME (Last, First, Middle Initial) For Imprint of Identification Tag Engatron, Warrow Located. Unknown X-3 4/4/ RANK SERIAL NUMBER Lt (jg) United States 123469 ORGANIZATION BRANCH Unknown TEATE OF DEATH RACE RELIGION Unknown Frot. 1 Dec 13 PLACE OF DEATH CAUSE OF DEATH Tulagi, B.S.I. Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO IDENTIFICATION TAGS, OTHER MEANS CHER TO THEN FO BODY (Identification Cards, Letters, etc.) Identified from name on cross marking DISPOSITION OF SUBSTITUTE TAGS, IF MADE the grave. COMPLETE TOOTH CHART ON REVERSE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE T YES XX NO T YES EXXNO LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN. LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. ver non Recoverable ADDRESS OF EMERGENCY ADDRESSEE NAME OF EMERGENCY ADDRESSEE Unknown Unknown NAME, NUMBER AND LOCATION OF CEMETERY. Army Navy Marine Cometery Guadalcanal R.S.I.

DATE OF BURIAL HOUR PLOT NO. ROW NO. GRAVE NO. TE OF BURIAL 24 Sept 45 GRAVE MAPKES 相採用 1504 5 149 de Cross TYPE OF RELIGIOUS CENEMONY PERSON REPORTING BUSIAL Previous Service Unknown /s/ S/Sgt. Fin YES KX 10 ATTACHED TO MARKER IDENTIFICATION TAGS BURIED WITH BODY YES- TO NO IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA AURIES WITH BOTE AN N W. A' & NO OF CONTAINERS Embossed plate bearing name buried with the body. BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse) HANK BODY ON LEFT, NAME (Last, First, Widdle Initial) ISERIAL NO. 16. At. 4 In<u>r</u>wu.... Unknowns X-217 : Unknown X-218 CHILL DWD Cokhow. SEFTAL NO. ORGANIZATION ISSAYE NO. BODY ON RIGHT, NAME (Last, First, Middle Initial) FANK 2981355 Hutchings, Norman VERTIFIED BY G. R. C. DEFTOER PERSON CONDUCTING PUBLIAL F "E" a John R. Nolan Unknown At Juny F. h HAN lst Lt., .20

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPLICATE FOR U. S. DEAD, CHE ADDITIONAL CORP.

FOR ALLIED AND ENEMY TALL IN ALLIED SCHOOL OF TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE.

GRAVES REGISTRATION OF THE FORMAL OF SERVICE AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE ISPAYES.

REGISTRATION OFFICER OF THE ADDITIONAL OF SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS