

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 unk Guadalcanal X-344
SUBJECT	

QMC FORM 1121
1 Aug 45

Redesignated
UNKNOWN X-344

INTERRED NWICP

UNK X-344
93 UNK Guadalcanal X-344

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 00786

DATE
26 09 47
DAY MONTH YEAR

NAME
~~ENGSTROM WARREN L~~

SERIAL NUMBER
00123469

RANK
LTJG 2

ARM
2
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
GUADALCANAL

DISPOSITION OF REMAINS
1 3322-03
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
E149 5 SOLOMON ISLANDS

CAUSE OF DEATH
1 64

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ARLINGTON NATIONAL CEMETERY
FORT MYER, VIRGINIA

NAME AND ADDRESS OF NEXT OF KIN
LEONARD ENGSTROM
STATION "B"
SUPERIOR, WISCONSIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION US NAVY RELIGION IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPPING

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

CANCELLED

*Cancelled
NAME (AMG) 152478
I was in Aug 47
from Unk X-344*

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

*File
4 Oct 50
H. J. [Signature]*

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

File 87

RECORD OF CUSTODIAL TRANSFER

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER **8730 00786**

DATE **17 08 50**

NAME **UNKNOWN X-344**

SERIAL NUMBER

GRADE

ARM **8**

RACE **0**

RELIGION **6**

CEMETERY **GUADALCANAL SOLOMON ISLANDS**

PLOT **E**

ROW **149**

GRAVE **5**

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 DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION **UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

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

EMBALLER'S SIGNATURE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

GRAVE 5 CONTAINS THE REMAINS OF X-344. ERRONEOUSLY IDENTIFIED AS ENGSTROM, 123469. PERMANENTLY INTERRED IN THE NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 1122.

FILE

AUG 22 1950

K. ...

RECORD OF CUSTODIAL TRANSFER

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

DISINTERMENT DIRECTIVE

6

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 8730 00786	DATE 17 08 50 DAY MONTH YEAR	
NAME UNION X-344	SERIAL NUMBER	GRADE	ARM 8	RACE O
CEMETERY GUADALCANAL SOLOMON ISLANDS	PLOT E	ROW 149	GRAVE 5	RELIGION 6
			DISPOSITION OF REMAINS 0492	DIST. CTR. A

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
CASKET SEALED BY	EWALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS
DATE	BY

CHANGE

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

SIGNATURE OF AGRS INSPECTOR

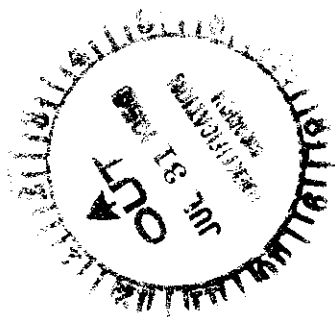
REMARKS AND SPECIAL INSTRUCTIONS

GRAVE 5 CONTAINS THE REMAINS OF X-344. CORRECTLY IDENTIFIED AS EMMERTON, 12969. PERMANENTLY INTERRED IN THE NAVAL HONOR CENTER OF THE PACIFIC, PLOT 0, GRAVE 1122.

FILE
AUG 22 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>X-344</i> Guadalcanal				2. DATE OF REPORT 17 Dec 1947			
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of U. S. Mil. Cem., Guadalcanal		4. PLOT E	5. ROW Box 149	6. GRAVE 367 5	7. DATE OF DISINTERMENT 16 Dec 47		REINTERMENT 17 Dec 47
PHYSICAL DESCRIPTION Age 25 - 27 years.							
8. ESTIMATED WEIGHT 140		9. ESTIMATED HEIGHT 169 - 66.5"		10. COLOR OF HAIR U.T.D.		11. RACE Negroid	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>X-344</i>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None							
U N I D E N T I F I A B L E							
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA							
CYRIL C. DISNEY 1st. Lt., RA O-1167395		<i>Cyril C. Disney</i>		<i>20 Jan 1949</i>			
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Most long bones, ribs, vertebrae and pubic region fractured.					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None							
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							



<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: <i>X-344</i></p>	<p>TOP VIEW <i>Tooth Missing</i></p>	<p>SIDE VIEW</p>
<p>Guadalcanal</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

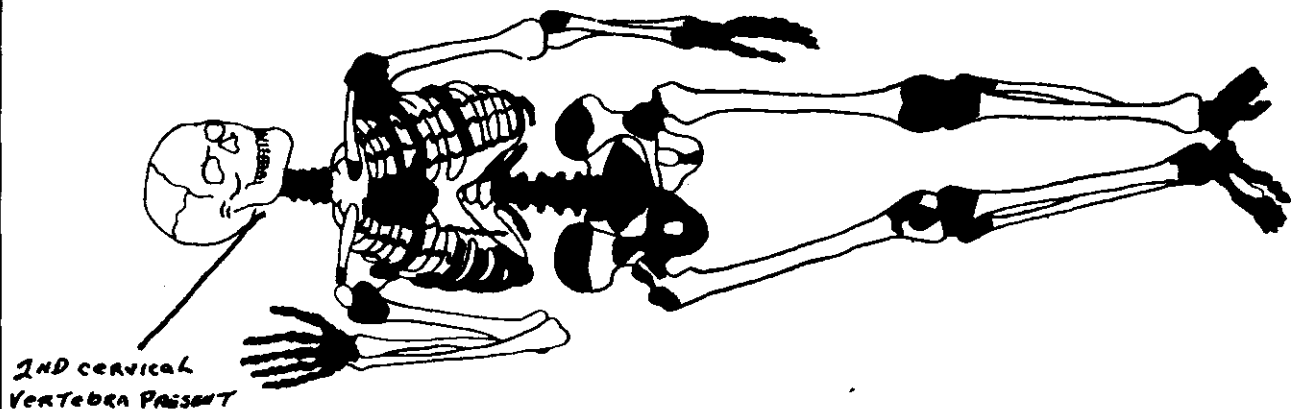
		RIGHT					LEFT										
		5	4	3	2	1	1	2	3	4	5	6	7	8			
		<i>Section of maxilla and Teeth missing</i>															
		<i>A</i>	<i>A</i>							<i>spacing</i>							
		<i>OM</i>	<i>OD</i>														
Side Views																Side Views	
Top Views																UPPER	
																LOWER	
Side Views																Side Views	
		<i>A</i>										<i>A</i>		<i>A</i>			
		<i>O DRIFT</i>										<i>O</i>		<i>O</i>			
		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. L-15 might have had a cyst formation at its roots.
2. Much abrasion on all teeth.

19. BLACK OUT PARTS OF BODY NOT RECORDED

2ND cervical
Vertebra Present

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 3 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

1 extra right humerus	} One man
1 extra right ulna	
1 extra right radius	

1 extra right radius — Second man

/s/ Chas. E. Snow

Charles E. Snow SIGNATURE 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 classified 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. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE

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

CENTRAL IDENTIFICATION LABORATORY
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.2	
VERTEBRAE	CERVICAL	1		6 missing
	THORACIC	5		7 missing.
	LUMBAR	0		All missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured.
	LEFT	1		Fractured.
RIBS		14		Very badly fractured.
STERNUM		1		Fractured only manubrium present.
CLAVICLES	RIGHT	1	13.7	
	LEFT	1	13.9	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	0		Missing.
HUMERI	RIGHT	1		Fractured-head missing.
	LEFT	1		Fractured-head missing.
RADII	RIGHT	1	24.7	
	LEFT	1		Fractured both ends missing.
ULNAE	RIGHT	1	26.7	
	LEFT	1		Fractured-inferior end missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	approx. 43.3	Fractured.
	LEFT	1		Fractured-both ends missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1		Fractured-both ends missing.
	LEFT	1		Fractured-superior end missing.
FIBULAE	RIGHT	1		" " " "
	LEFT	1		" " " "
FEET	RIGHT	1		Only #2 metatarsal present.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO		APPROXIMATE AGE (in years) 25 - 27
ESTIMATED HEIGHT 169 66.5"		LEG-HIP BR RATIO
ESTIMATED WEIGHT 140 lbs.		

ENCLOSURE TO: X-344 Guadalcanal

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Engstrom, Warren L. 123469 Lt. jg USN				2. DATE OF REPORT 17 Dec 1947	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of U. S. Mil. Cem. Guadalcanal		4. PLOT E	5. ROW 149	6. GRAVE 367 5	7. DATE OF DISINTERMENT REINTERMENT 16 Dec 1947 17 Dec 47
PHYSICAL DESCRIPTION age 25 - 27 years					
8. ESTIMATED WEIGHT 140	9. ESTIMATED HEIGHT 169 - 66.5"	10. COLOR OF HAIR U. T. L.		11. RACE Negroid	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) metal I. D. tag attached to blanket reads: "Warren Engstrom, 123469, USN" One (1) embossed metal tag attached to blanket reads: W. L. Engstrom One (1) embossed metal tag on casket end reads: Warren L. Engstrom, 123469, Lt jg USN 1 December 1942 Plot E Row 149 Gr 5					
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Most long bones, ribs, vertebrae and pubic region fractured			
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	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</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>	
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<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

	RIGHT					LEFT								
	5	4	3	2	1	1	2	3	4	5	6	7	8	
	section of maxilla and teeth missing								spacing					
	A	A												
	OM	OD												
Side Views														Side Views
Top Views														PER
														LOWER
Side Views														
	A												A	
	ODRIET												O	
	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:

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2. much abrasion on all teeth.

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

- | | |
|-----------------------------------|-----------|
| 1 extra right humerus) | } One man |
| 1 extra right ulna) | |
| 1 extra right radius) | |
| 1 extra right radius — Second man | |

Chas. E. Snow

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a Negro of 25-27 years of age, 5'6½" 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.

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

SIGNATURE

AND MAUSOLEUM, APO 957

O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.2	
VERTEBRAE	CERVICAL	1		6 missing
	THORACIC	5		7 missing
	LUMBAR	0		All missing
SACRUM		0		Missing
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	fractured
	LEFT	1		fractured
RIBS		14		Very badly fractured
STERNUM		1		fractured only manubrium present
CLAVICLES	RIGHT	1	13.7	
	LEFT	1	13.6	
SCAPULAE	RIGHT	1		fractured
	LEFT	0		Missing
HUMERI	RIGHT	1		fractured head missing
	LEFT	1		fractured head missing
RADII	RIGHT	1	24.7	
	LEFT	1		fractured both ends missing
ULNAE	RIGHT	1	26.7	
	LEFT	1		fractured inferior end missing
HANDS	RIGHT	0		Missing
	LEFT	0		"
FEMORA	RIGHT	1	Approx 43.3	Fractured
	LEFT	1		Fractured both ends missing
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1		fractured both ends missing
	LEFT	1		" superior end missing
FIBULAE	RIGHT	1		" " " "
	LEFT	1		" " " "
FEET	RIGHT	1		only #2 metatarsal present
	LEFT	0		Missing

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	169 66.5"	AGE	25 - 27 YEARS
ESTIMATED WEIGHT		LEG-HIP BR RATIO	

ENCLOSURE TO: Engstrom, Warren L.

Chas. E. Snow
Charles E. Snow

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 LABORATORY

FLUOROSCOPICAL FINDINGS

for

IDENTIFICATION

12 December 1947
Date

~~Unknown~~ Engstrom, Warren L.

U.S. Army Mausoleum No. 2 Box 367
Location in Mausoleum

Organization

Place of Death

Place of Burial

Plot

Row

Grave

Findings:

one (1) tooth

1-R3

William M. Linehan
william M. Linehan

Fluoroscope Technician Signature

C.I.L. Case No. 689

CERTIFICATE OF DEATH

From: "D" MEDICAL COMPANY, SECOND MARINES, REINFORCED, RINGBOLT.

Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter E-6, Appendix D, Manual of the Medical Department, for instructions)

SURVIVOR OF USS NORTH HAMPTON.

1. Name ENGSTROM, Warren L Rank or rate Ensign USN
 2. Born: Place Wabesa Wisconsin Date 1-5-21
 3. Nationality W-US Religion Lutheran
(White—U. S., Colored, Samoan, etc.) App 70" App 180
 4. Eyes Blue Hair Brown Complexion Fair Height 70" Weight 180

Marks, scars, etc. (noted in health record) Records not available.

Due to extensive burned areas over body, no identifying marks or scars are available.

ANT: 2-S. forehead & just below rt eye; S. forehead; 2-M near lt eye; S. rt lower leg; POST: S. base of skull; M. rt hip; S. middle finger rt hand; S. lt index finger

FINGERPRINT

State which finger

6. Relation, name and address of next of kin or friend Overseas
Father: Mr. Leonard Engstrom, Station B, Superior, Wisconsin

7. Original admission: Place "D" MEDICAL COMPANY, RINGBOLT Date 12-1-42
(Ship or station to which attached when first admitted to service)

8. Died: Place "D" MEDICAL COMPANY, RINGBOLT Date 12-1-42 Hour 1130

9. Cause of death
 Principal BURNS, Multiple, over body. Key letter "K"
 Contributory Shock

10. Death is not the result of own misconduct and is by the line of duty.
(is or is not) (direct or indirect)

11. Disposition of remains BURIED IN USS NORTH HAMPTON LOT, GOLD BEACH, WHITE BEACH, CEMETARY #1, GRAVE #68.

12. Summary of facts relative to the death:

Patient was injured in USS NORTH HAMPTON disaster. He received at this command unconscious, with second degree burns of face, arms, legs and body. Did not respond to treatment stimulants. Expired at 1130 on 12-1-42 without regaining consciousness.

Above information unknown, due to loss of records.

104 10 1951

44A

O. T. W. Donoghue Jr.

O. T. MC DONOUGH, Jr.

(Medical officer)

Lieutenant, U. S. Navy.

(Rank)

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

(Will or will not)

..... U. S. Navy.

(Commanding officer)

(Rank)

REPRODUCED FROM THE OFFICIAL RECORDS OF THE U. S. NAVY

RESTRICTED

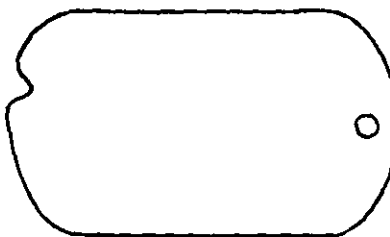
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

22 March 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-344 (Formerly Guadalcanal - Engstrom, Warren L.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN
RACE Negroid	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 1942
---	------------------------------	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ltr, OQMG, QMGMT 293 Engstrom, Warren L., Lt. (j.g.) 123469 USN dtd 8 Mar 49, Subj: Board Proceedings No. 778
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL 14 Jan 1948	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. Box	GRAVE No. 367
--------------------------------------	------	--	----------------------	----------	-----------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, B.S.I.	PLOT No. E	ROW No. 149	GRAVE No. 5
--	---	----------------------	-----------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
-----	-----	-----

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to manner of	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
-----	-----	-----	-----	-----

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

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

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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


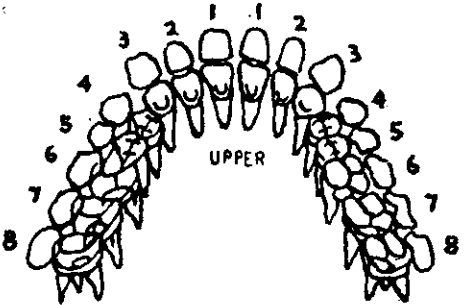




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

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

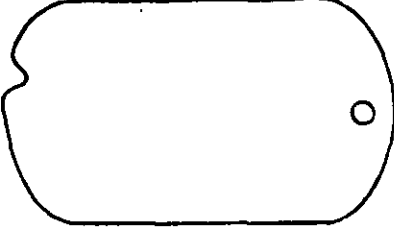
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 28 March 1948
---	---	--

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN I-344 (Formerly Guadalcanal - Engstrom, Warren L.)	SERIAL No. Unknown		
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USM	
RACE Negroid	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Talagi, B. S. I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 1943
---	----------------------------------	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ltr, QMC, QMC# 293 Engstrom, Warren L., Lt. (j.g.) 123469 USM dtd 8 Mar 49, Subj: Board Proceedings No. 778
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL 14 Jan 1948	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
					Box	367

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AMM Cemetery, Guadalcanal, B.S.I.	PLOT No. E	ROW No. 149	GRAVE No. 5
--	---	----------------------	-----------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			

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

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

SIGNATURE OF PERSON PREPARING REPORT L. L. UHNER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT KARL E. YANCY, CWO, USA
--	---

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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


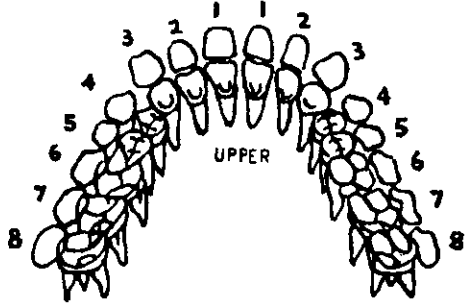




INSTRUCTIONS:

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

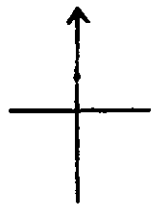
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

RESTRICTED

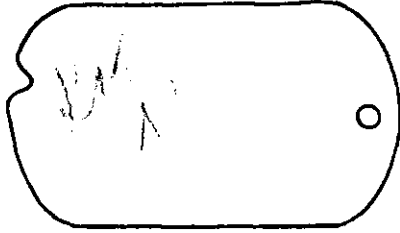
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

18 July 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-344		(GUADALCANAL (UNIDENTIFIABLE))	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE USN
RACE Negroid	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 1942
---	------------------------------	-------------------------------------

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 21 June 1949	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No.	ROW No.	GRAVE No. 1122
---------------------------------------	---------------------	---	--------------------------------------	----------	---------	--------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, BSI	PLOT No. B	ROW No. 14g	GRAVE No. 5
---	--	----------------------	-----------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L A Fisher, Chaplain Albert F Click, Chaplain	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>not buried in box</i>
--	---	---

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Howard, Stanley C.	RANK Sgt	SERIAL No. 15643701	ORGANIZATION USRAF	GRAVE No. 1090
---	--------------------	-------------------------------	------------------------------	--------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Viscone, Angelo A.	RANK Cpl	SERIAL No. 448268	ORGANIZATION USMC	GRAVE No. 1154
--	--------------------	-----------------------------	-----------------------------	--------------------------

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

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

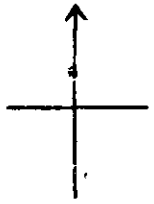
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



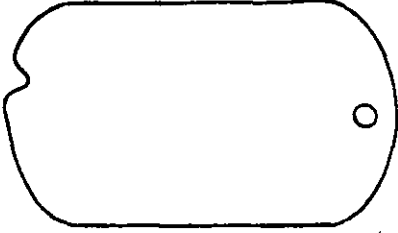
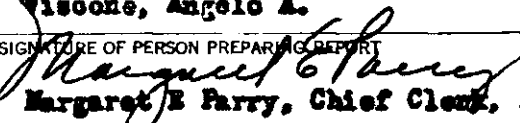

REMARKS:

Unknown X-344, Guadalcanal Cemetery, Solomon Islands,
Section 3, Grave No. 1122


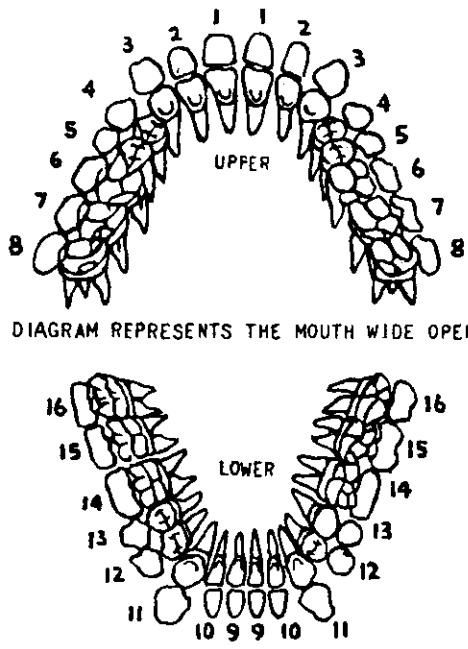




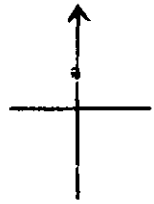
55-1144
5 1

EPATHIA
CORDS BIR...

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 18 July 1949
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN I-344 (GUADALCANAL (UNIDENTIFIABLE))			SERIAL No. Unknown		
	GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE USN	
	RACE Negroid		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Falagi, B. E. I.		CAUSE OF DEATH KIA			DATE OF DEATH 30 Nov 1942	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">UNIDENTIFIABLE</p>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">National Memorial Cemetery of the Pacific, Honolulu, T. H.</p>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
21 June 1949	1000	Permanent Type Casket	Cross	Q		1122
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">ARM Cemetery, Guadalcanal, BSI</p>					
				PLOT No.	ROW No.	GRAVE No.
				B	149	5
TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L A Fisher, Chaplain Albert F Click, Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Howard, Stanley C.			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			Sgt	15345701	USAAP	1090
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Viscone, Angelo A.			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			Cpl	442268	USMC	1154
SIGNATURE OF PERSON PREPARING REPORT  Margaret E Parry, Chief Clerk, WDC-			SIGNATURE OF GRS OFFICER VERIFYING REPORT  James B Harris, Capt., QMC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

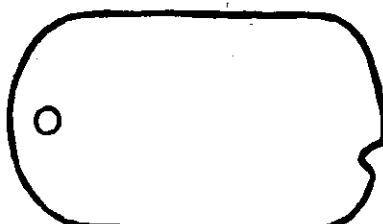
LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of air-planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS: <p align="center">Unknown X-544, Guadalcanal Cemetery, Solomon Islands, Section Q, Grave No. 1122</p>					

REPAIRING RECORDS BRANCH

WD QMC Form 1042
 Rev. 1 November 1942
 (GRS 1; dated 11 May 1942
 may be used until exhausted)

REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

9215
 DATE REPORT FILLED OUT
 28 Sept. 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <i>Engstrom, WARREN Leonard.</i>		
	RANK <i>Lt. (jg)</i> Unknown	SERIAL NUMBER <i>123469</i> Unknown	COUNTRY <i>United States</i>
	ORGANIZATION <i>Unknown</i>		BRANCH <i>US Navy</i>
	RACE <i>Unknown</i>	RELIGION <i>Unknown Prot.</i>	DATE OF DEATH <i>Unknown 1 Dec 42</i>

PLACE OF DEATH <i>Tulagi, B.S.I.</i>	CAUSE OF DEATH <i>Unknown</i>
---	----------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) <i>Identified from name on cross marking the grave.</i>
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

NAME OF EMERGENCY ADDRESSEE <i>Unknown</i>	ADDRESS OF EMERGENCY ADDRESSEE <i>Unknown</i>
---	--

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE <i>24 Sept 45</i> <i>(Reburial)</i>	HOUR <i>1504</i>	PLOT NO. <i>149</i>	ROW NO. <i>5</i>	GRAVE NO. <i>5</i>	GRAVE MARKER <i>Wooden Cross.</i>
		<i>Army Navy Marine Cemetery</i>		<i>Guadalcanal B.S.I.</i>	

TYPE OF RELIGIOUS CEREMONY <i>Previous Service Unknown.</i>	PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</i>
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.
Embossed plate bearing name buried with the body.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) <i>Unknowns X-217 & Unknown X-218</i>	RANK <i>Unknown</i>	SERIAL NO. <i>Unknown</i>	ORGANIZATION <i>Unknown</i>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <i>Hutchings, Norman W.</i>	RANK <i>2c</i> Unknown	SERIAL NO. <i>2691935</i>	ORGANIZATION <i>US Navy</i>

PERSON CONDUCTING BURIAL RITES <i>Unknown.</i>	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN <i>1st Lt., QMC</i>
---	---

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD. ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF 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 REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

5.4
 10 JAN 1946
 FILE

INSTRUCTIONS FOR [REDACTED]

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER 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 MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER 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. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE 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 CEMETERIES 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.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL 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 COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

LEFT THUMB

RIGHT THUMB

FILLINGS



CAVITIES



MISSING TEETH



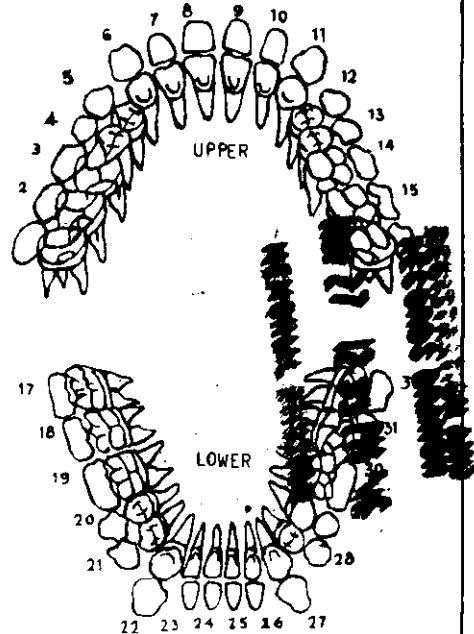
CROWNED TEETH



BRIDGE WORK

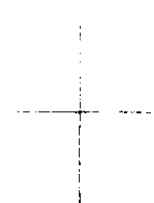


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N



RESTRICTED

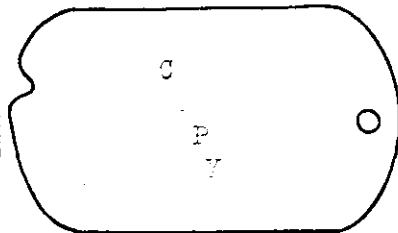
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Sept 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Egstrom, Jarren Leonard

SERIAL No.

123469

GRADE

Lt (jg)

ORGANIZATION

Unknown

BRANCH OF SERVICE

US Navy

RACE

White

RELIGION

Protestant

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

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

1 Dec 42

EMERGENCY ADDRESSEE (Name, relationship, and address)

Leonard Egstrom Station "A", Superior, Wisconsin

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

No personal effects found.

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 B.S.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
(Reburial) 24 Sept 45	1804		Double Cross	"B"	149	5

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes				

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Previous Service Unknown	Unknown	Embossed plate bearing name buried with the 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.
No	No	Unknowns X-217 & Unknown X-218	Unknown	Unknown	Unknown	-

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Lutchings, Norman J.	LT 2c	2691955	US Navy	-

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/ S/Sgt. Richard J. Mayer	/s/ John A. Nolan, 1st Lt., OMC

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.

Section 3.—UNIDENTIFIED REMAINS.


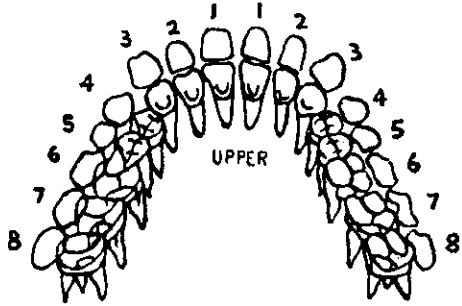




INSTRUCTIONS:

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

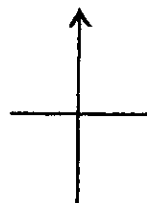
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

LEFT LITTLE FINGER
 LEFT RING FINGER
 LEFT MIDDLE FINGER
 LEFT INDEX FINGER
 LEFT THUMB
 RIGHT THUMB
 RIGHT INDEX FINGER
 RIGHT MIDDLE FINGER
 RIGHT RING FINGER
 RIGHT LITTLE FINGER

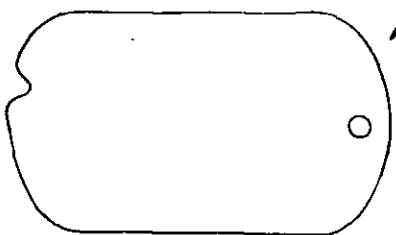
WD OMC FORM 1042
Rev. 1 February 1945
(Supersedes form dated
3 Jan. 1945. Existing stocks
may be used until exhausted.)

REPORT OF INTERMENT
(TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT
28 Sept 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)



Engstrom, Warren Leonard.

RANK

Lt (jg)

SERIAL NUMBER

123469

COUNTRY

United States

ORGANIZATION

Unknown

BRANCH

US Navy

RACE

Unknown

RELIGION

Prot.

DATE OF DEATH

1 Dec 42

PLACE OF DEATH

Tulagi, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1

2

NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY
BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

Identified from name on cross marking
the grave.

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES

NO

COMPLETE TOOTH CHART ON REVERSE

YES

NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL

24 Sept 45
(Reburial)

HOUR

1504

PLOT NO.

"E"

ROW NO.

149

GRAVE NO.

5

GRAVE MARKER

Wooden Cross

TYPE OF RELIGIOUS CEREMONY

Previous Service Unknown

PERSON REPORTING BURIAL

/s/ S/Sgt. Richard J. Moyer

IDENTIFICATION TAGS BURIED WITH BODY

YES

NO

ATTACHED TO MARKER

YES

NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

Embossed plate bearing name buried with the body.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)

Unknowns X-217 & Unknown X-218

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Hutchings, Norman W.

RANK

WT 2c

SERIAL NO.

2681935

ORGANIZATION

US Navy

GRAVE NO.

PERSON CONDUCTING BURIAL RITES

Unknown

VERIFIED BY G. R. S. OFFICER

/s/ John R. Nolan

/t/ JOHN R. NOLAN

1st Lt., OMC

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF 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 REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

FILE

J. K. Waite

DEC 13 1945

INSTRUCTIONS FOR BURIAL






1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. 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 marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other 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. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

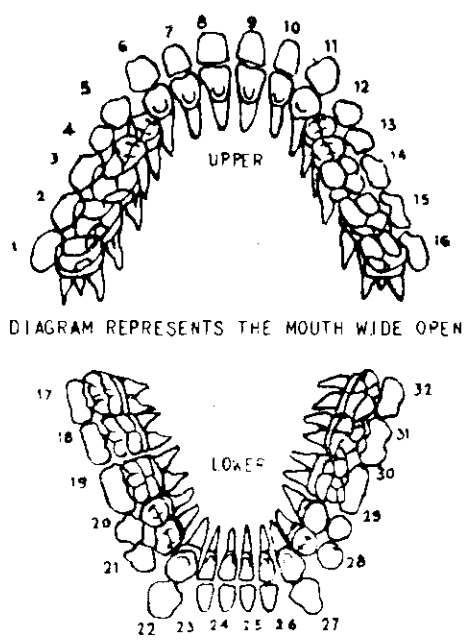
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: Report burials in established cemeteries 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.

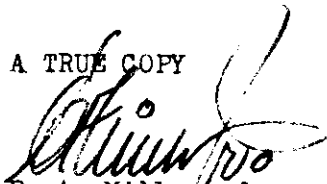
3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.

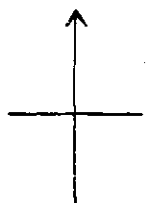
The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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>



SKETCH AND MAP REFERENCE

A TRUE COPY

 E. A. Miller, Jr.
 1st LT., QMC



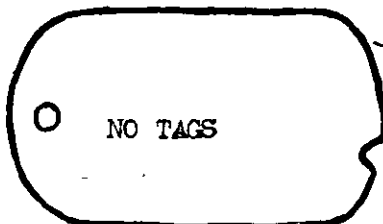
When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

Left Little Finger	
Left Ring Finger	
Left Middle Finger	
Left Index Finger	
Left Thumb	
Right Thumb	
Right Index Finger	
Right Middle Finger	
Right Ring Finger	
Right Little Finger	

REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

15 April 1945

FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) 292 Warren Leonard ENGSTROM, W. L.		
	RANK Lt. (jg) Unknown	SERIAL NUMBER 123 469 Unknown	COUNTRY United States
	ORGANIZATION Unknown	BRANCH USN	
	RACE Unknown	RELIGION Prot. Unknown	DATE OF DEATH 12-1-42 Unknown

PLACE OF DEATH Tulagi, B.S.I.	CAUSE OF DEATH Unknown
----------------------------------	---------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) Identified from name on cross marking the grave.
DISPOSITION OF SUBSTITUTE TAGS, IF MADE	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

199

No personal effects found.

W. L. Engstrom

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
--	---

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 21 Dec. 1944 (Reburial)	HOUR 0930	PLOT NO. B	ROW NO. 5	GRAVE NO. 120	GRAVE MARKER Wooden Cross
USN & USMC CEMETERY #1 TULAGI, B.S.I.					

TYPE OF RELIGIOUS CEREMONY Previous Service Unknown	PERSON REPORTING BURIAL <i>John R. Nolan</i>
--	---

IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.
 Embossed plate bearing name buried with the body.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) DOWNING, R.F.	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION USN
BODY ON RIGHT, NAME (Last, First, Middle Initial) End of Row	RANK	SERIAL NO.	ORGANIZATION

PERSON CONDUCTING BURIAL RITES Unknown	VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC
---	---

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF 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 REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

31

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. 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 MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER 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. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE 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 CEMETERIES 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.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL 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 COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

FILLINGS



CAVITIES



MISSING TEETH



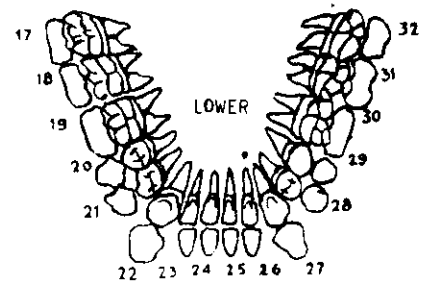
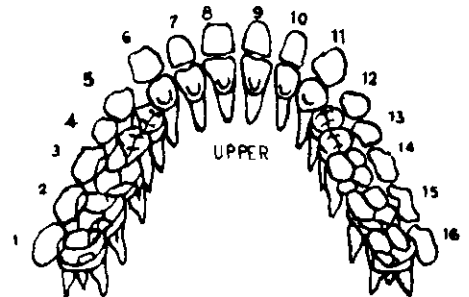
CROWNED TEETH



BRIDGE WORK



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

N


WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1
2
3
4
LEFT THUMB
RIGHT THUMB
4
3
2
1

WD OMC FORM 1042
 Rev. 1 February 1945
 (Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.)

REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

DATE REPORT FILED
 24 Sept 45

For Imprint of Identification Tag 

NAME (Last, First, Middle Initial)
~~Engstrom, Warren Leonard~~ *Unknown X-344*

RANK
 Lt (jg)

SERIAL NUMBER
 123469

ORGANIZATION
 Unknown

BRANCH
 US Navy

RELIGION
 Prot.

DATE OF DEATH
 1 Dec 45

PLACE OF DEATH
 Tulagi, B.S.I.

CAUSE OF DEATH
 Unknown

IDENTIFICATION TAGS FOUND ON BODY
 1 2 NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
 Identified from name on cross marking the grave.

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE
 YES NO

COMPLETE TOOTH CHART ON REVERSE
 YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found. Relics Non Recoverable

NAME OF EMERGENCY ADDRESSEE
 Unknown

ADDRESS OF EMERGENCY ADDRESSEE
 Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.
 Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
24 Sept 45 (Reburial)	1504	"E"	149	5	3' 6" Cross

TYPE OF RELIGIOUS CEREMONY
 Previous Service Unknown

PERSON REPORTING BURIAL
 /s/ S/Sgt. [Signature]

IDENTIFICATION TAGS BURIED WITH BODY YES NO

ATTACHED TO MARKER YES NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER?
 Embossed plate bearing name buried with the body.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unknowns X-21	Unknown	Unknown	Unknown	Unknown
Unknowns X-21R	Unknown	Unknown	Unknown	Unknown

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Hutchings, Norman	1st Lt	204165	US Navy	5

PERSON CONDUCTING BURIAL
 Unknown

VERIFIED BY G. R. OFFICER
 /s/ John R. Nolan
 Lt. Jg. USN
 1st Lt., 190

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPPLICATE FOR U. S. DEAD. ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO THE GRAVES REGISTRATION SERVICE OFFICE) AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER AT THE GRAVES REGISTRATION SERVICE OFFICE.

OVER FOR BURIAL INSTRUCTIONS