

4  
Dues JS

THE PACIFIC

Interred 15 March 1949  
B 822

### DISINTERMENT DIRECTIVE

- Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 00000

DATE  
26 09 47  
DAY MONTH YEAR

NAME  
M UNKNOWN

SERIAL NUMBER  
X-000057

RANK  
ARM 8

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
GUADALCANAL

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
B 43 7 SOLOMON ISLANDS

CAUSE OF DEATH  
6

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH  
UNKNOWN X-57 UNK UNK UNK

DATE DISTINTERRED  
10 December 47

IDENTIFICATION TAG ON ORGANIZATION  
 REMAINS  
 MARKER UNK

RELIGION IDENTIFICATION VERIFIED BY  
UNK Anthony G. Baker,  
Embalmer NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
CASKET

CONDITION OF REMAINS  
SKELETAL

OTHER MEANS OF IDENTIFICATION  
GRAVE MARKER AND TWO (2) MORTUARY PLATES.

MINOR DISCREPANCIES  
NONE

REMAINS PREPARED AND PLACED IN CASKET  
DATE 1 July 1948

BY R.W. RALSTON, EMBALMER

CASKET SEALED BY  
IRA J. VONK

EMBALMER (Signature)  
R. W. RALSTON

CASKET BOXED AND MARKED  
DATE 1 July 48 BY IRA J. VONK

SHIPPING ADDRESS VERIFIED BY  
A. J. ROBERTSON

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

J. L. MURPHY, CAPT, QMC  
SIGNATURE OF GRS INSPECTOR

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

Incl 237

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

RRREC 293

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMG Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG OMGHU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. The majority of these unknowns have no dental anatomy or clues that might lead to identification, other than location and in some instances, date of death. All such clues have been investigated, with negative results.

3. The remainder that have dental anatomy could possibly compare with many persons missing, thereby precluding any individual identification.

4. Acknowledgment of receipt as requested.

FOR THE COMMANDING OFFICER:

37 Inclos: (All Confidential)

1. QMG Form 1044-1044b  
Bone List-Chemical  
Laboratory Findings-X-45
2. QMG Form 1044-1044a-1044b  
Bone List-Unknown X-47
3. QMG Form 1044-1044a-1044b  
Bone List-Unknown X-48
4. QMG Form 1044-1044a-1044b  
Bone List-Fluoroscopic  
Findings for Identification  
Unknown X-57

ADPNS: 1044  
Captain, 783  
Chief, 1st Div

AIR MAIL

CONGENUSARFACTORY SHAFER TO

RECEIVED

CHARGE GRAVES BY II

FROM QMGHT DEPT OF ARMY WASH DC CAPT SLOANE FAT 2482 THE CHARGE GRAVES BY II  
OF UNIDENTIFIED REMAINS AND ONE FIVE THREE ONE FOUR ONE

UNKNOWN XRAY FOUR ONE XRAY FOUR THREE XRAY FOUR FIVE XRAY FIVE SEVEN  
XRAY SIX TWO XRAY SIX THREE XRAY SIX SEVEN XRAY SEVEN TWO XRAY SEVEN FOUR  
XRAY EIGHT FIVE XRAY EIGHT ONE XRAY ONE ONE XRAY ONE FOUR XRAY ONE  
ONE FOUR ABL OIA BAKER XRAY ONE ONE XRAY ONE ONE XRAY ONE ONE SEVEN SIX  
XRAY ONE SEVEN EIGHT XRAY ONE SEVEN NINE XRAY TWO ONE XRAY TWO TWO SEVEN  
XRAY TWO TWO XRAY TWO THREE XRAY TWO FOUR XRAY TWO FIVE XRAY THREE THREE  
XRAY TWO THIRTY NINE XRAY TWO FOUR XRAY TWO FIVE XRAY TWO FIVE SIX  
XRAY TWO FIVE SEVEN XRAY TWO SEVEN XRAY TWO SEVEN XRAY TWO SEVEN XRAY TWO SEVEN  
AND BAKER XRAY TWO NINE XRAY TWO AND XRAY THREE ZERO XRAY TWO ONE ONE OF GUARDIAN  
BY THIS OFFICE CONCERN IS THE CLASSIFIED TOOK ON THE RECORD IS UNIDENTIFIABLE

UNCLASSIFIED

QMGHT DEPT  
OF ARMY

2 JAN 64

RECEIVED  
DEPT OF ARMY  
WASHINGTON

SPQYO 293  
Unidentified Body No. 57.

21 January 1944

**SUBJECT:** Report of Burial.

**TO :** Chief Clerk, Bureau of Medicine & Surgery, U.S. Navy  
Department, Washington, D. C.

**ATTENTION:** Mrs. Hill.

1. Inclosed Report of Interment is forwarded to your office  
for your information.

2. This office should be advised if identification is made in  
order that the records may be corrected.

For The Quartermaster General:

R. P. HARKOLS,  
Colonel, Q. M. C.,  
Assistant.

1 Incl.  
1 GRS Form No. 1.

SPQYO 193

21 January 1944

Unidentified Body No. 5V.

*Guadalcanal*  
*pf*

SUBJECT: Report of Burial.

TO : Chief Clerk, Bureau of Medicine & Surgery, U.S. Navy  
Department, Washington, D. C.

ATTENTION: Mrs. Hill.

1. Inclosed Report of Interment is forwarded to your office  
for your information.

2. This office should be advised if identification is made in  
order that the records may be corrected.

For The Quartermaster General;

R. P. HAROLD,  
Colonel, Q. M. C.,  
Assistant.

1 Incl.

1 OBS Form No. 1.

JAN 22 10 40 AM '44  
SERIAL DIVISION

JAN 22 11 29 AM '44

U.S. NAVY  
BUREAU OF MEDICINE & SURGERY

*me*  
*76*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>Unknown X-57 Guadalcanal</b>				2. DATE OF REPORT <b>13 February 1948</b>	
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 1 Guadalcanal</b>		4. PLOT <b>B</b>	5. ROW <b>A 43</b>	6. GRAVE <b>34 7</b>	7. DATE OF DISINTERMENT <b>12 Feb '48</b>
				REINTERMENT <b>13 Feb '48</b>	

### PHYSICAL DESCRIPTION Age 23 - 25 years

8. ESTIMATED WEIGHT <b>145 - 155 lbs</b>	9. ESTIMATED HEIGHT <b>178-70.06-5'10"</b>	10. COLOR OF HAIR	11. RACE <b>White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on casket reads: Unknown A-57, Plot-B, Row-43, Grave-7.  
 One (1) embossed plate on cover reads: Unknown X-57.

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

**None**

*April 6. Disney 14 Feb 1948*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES     NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES     NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Extra facets at ankle joints indicates habitual squatting.**

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)

**One (1) pair service shoes Size 9.**

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: X-57</p>	<p>← Tooth Missing →</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Caudalcanal</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	⊙	Ⓜ												Ⓜ	⊙	
Side Views																
Top Views																
Side Views																
		⊙ → DRIFT												Ⓜ	⊙	
	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."

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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

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

*Charles E. Snow*

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, probably rather slender man in his middle twenties. Skull is of average size, has a long narrow oval outline. The backhead is projecting and the vault is rather high. The brow ridges are larger than usual. The face has a rectangular shape with flat sides. In profile, the face is upright the nose appears to have been straight; the chin prominent. The chin has a bilateral eminence of a somewhat narrow width.

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. N. GREENWOOD, CAPT., QMC

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

*O. N. 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	53.1	
VERTEBRAE	CERVICAL	0		Missing
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		"
INNOMINATES	RIGHT	0	BI-ILIAC DIAM U. T. D.	"
	LEFT	1		Fractured around rim of ilium.
RIBS		0		Missing
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	1		Only 2nd metacarpal is present.
	LEFT	0		Missing
FEMORA	RIGHT	0		"
	LEFT	1	47.3	
PATELLAE	RIGHT	0		"
	LEFT	1		
TIBIAE	RIGHT	0		"
	LEFT	1	39.5	
FIBULAE	RIGHT	0		Missing
	LEFT	1	38.0	
FEET	RIGHT	1		All parts present.
	LEFT	1		All parts present except 1st cuneiform.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT 178-70.06-5'10"	AGE	23 - 25	YEARS
ESTIMATED WEIGHT 145 - 155 lbs		LEG-HIP BR RATIO	

*Chas. E. Snow*  
Charles E. Snow  
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-57 Guadalcanal

CENTRAL IDENTIFICATION LABORATORY

FLUOROSCOPICAL FINDINGS

for

IDENTIFICATION

12 February 1948

Date

Unknown X-57 (Guadalcanal)

U.S. Army Mausoleum #1 R-A, Gr-34.

Location in Mausoleum

Organization

Guadalcanal

B

43

7

Place of Death

Place of Burial

Plot

Row

Grave

Findings: One tooth

1-R-9

William M. Linehan  
Fluoroscope Technician's Signature  
William M. Linehan

C.I.L. Case No. 1435

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

QMC Form  
No. 1-GRS.

REPORT OF INTERMENT

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

(To be submitted through channels to the Quartermaster  
(Par. 21d - TM 10-630)

\_\_\_\_\_  
(Last Name) (First) (Middle) (Serial No.) (Rank) (Orgn.)

\_\_\_\_\_  
(Place of Death) (Date of Death) (Cause of Death)

\_\_\_\_\_  
(Time & Date of Burial) (Place of Burial - Name & No. of Cemetery)

7 \_\_\_\_\_  
(Grave No.) (Row No.) (Plot No.) (Kind of Grave Marker) (Identification Tags)

With Body:  
On Marker:

Other pertinent data to enable grave to be located.  
(Where necessary sketch to locate grave should be furnished)

\_\_\_\_\_  
(Name and address of Emergency Addressee) (Name and address of legal next of Kin)

QMC Form  
No. 1-GRS.

REPORT OF INTERMENT

*Guadalecanal*  
*# 57*

(To be submitted through channels to the Quartermaster General, Washington, D.C.)  
(Par. 21d - TM 10-630)

UNIDENTIFIED BODY # 57  
(Last Name) (First) (Middle) (Serial No.) (Rank) (Organization)

Guadalecanal, S. I. (Place of Death) Unknown (Date of Death) Unknown (Cause of Death)

27 April 1943 (Time & Date of Burial) Guadalecanal Army, Navy, and Marine Cemetery (Place of Burial - Name & No. of Cemetery)

7 (Grave No.) 43 (Row No.) Standard (Kind of Grave Marker) On Marker: (Identification Tags) With Body:

Other pertinent data to enable grave to be located.  
(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee) (Name and address of legal Next of Kin)

293 Unidentified Body No. 57

SUBJECT: Report of burial

TO: Chief Clerk, Bureau of M. & S. U.S.Navy Dept., Wash.,D.C.  
Attention Mrs. Hill.

1. Inclosed report of Interment is forwarded to your office for your information.

2. This office should be advised if identification is made in order that the records may be corrected.

*Recd*

Fingerprints (Right Hand) if right hand missing furnish prints of left hand  
(Required when positive identity cannot otherwise be established) (Par. 25e (2) TM 10-630)

Place X mark  
below when  
prints are of  
left hand



-Thumb	1	2	3	4

List of personal effects and disposition thereof:

(Name, rank, serial #, orgn., grave No.'s of bodies buried on either side:)

On right: (001-11-3)  
Private, 1st Class, 1st Infantry, 1st Division, 2nd Army

On left: Private, 1st Class, 1st Infantry, 1st Division, 2nd Army

*Chester Grant*

*Chester E. Goodwin*  
CHESTER E. GOODWIN  
LT. Q.M.C.

Signature of Officer or other person reporting burial.

Verified by Army G.R.S. Officer.

Prepare in Quadruplicate.  
Send four (4) copies to Army G.R.S. Officer.

Fingerprints: (Right Hand) if right hand missing, furnish prints of left hand.  
(Required when positive identity cannot otherwise be established)  
(Par. 25e (2) TR 10-630)

Place X mark  
below when  
prints are of  
left hand.



Thumb	1	2	3	4

List of personal effects and disposition thereof:

(Name, rank, serial No., organization, grave No.'s of bodies buried on either side:)

On right: Frank N. EisenZimmer, #662-34-63, PTR 2/c, V-6, USNR. Rev 43 Grave 8

On left: Samuel N. Moore, Captain, USNAVY USS QUINCY Rev 43 Grave 6

*Chester Grant, 2/Sgt.*  
Signature of Officer or other person  
reporting burial.

*Chester E. Goodwin*  
CHESTER E. GOODWIN,  
2nd. Lt., QMC, GRS Officer.  
Verified by Army G.R.S. Officer.

Prepare in Quadruplicate.  
Send four (4) copies to Army G.R.S. Officer.