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NATIONAL M... OF THE FACILITIES DISINTERMENT DIRECTIVE  
Interred 3 March 1948  
K. 100 Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
ADVANCE DIRECTIVE NUMBER 8730 00000  
DATE 26 09 47  
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000063 RANK RANK ARM 8  
DATE OF DEATH

CEMETERY GUADALCANAL  
DISPOSITION OF REMAINS 0492 64  
CODE DIST. PT.

PLOT B ROW 52 GRAVE 2 COUNTRY SOLOMON ISLANDS  
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-63 SERIAL NUMBER SERIAL NUMBER RANK UNK DATE OF DEATH UNK DATE DISTINTERRED 10 Dec. '47  
IDENTIFICATION TAG ON  REMAINS ORGANIZATION USAGF RELIGION UNK IDENTIFICATION VERIFIED BY Pribek, Emb. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CASKET CONDITION OF REMAINS SKELETON

OTHER MEANS OF IDENTIFICATION GRAVE MARKER

MINOR DISCREPANCIES / NONE

REMAINS PREPARED AND PLACED IN CASKET  
DATE 1 July 1948 BY W.J. WILLIS, EMBALMER

CASKET SEALED BY J. N. ROBINSON EMBALMER (Signature) WILLIAM J. WILLIS

CASKET BOXED AND MARKED DATE 1 July 48 BY J. N. ROBINSON SHIPPING ADDRESS VERIFIED BY J. TERADA

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

GILBERT L. H. WONG, MAJPT, QMC  
SIGNATURE OF GRS INSPECTOR

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

RECORDS ANNEXED  
DATE 20 4 48  
NAME R & R BR.

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 (PACIFIC ZONE)  
 APO 936

RRREC 298

DEC 15 1948

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith OAG Form 1044 for thirty-seven (37) unidentified remains, stamped and signed in accordance with letter, DA OQMG OQMGU 298 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 is requested.

FOR THE COMMANDING OFFICER:

37 Incls: (All Confidential)

1. OAG Form 1044-1044b  
 Bone List-Chemical  
 Laboratory Findings-X-46
2. OAG Form 1044-1044a-1044b-  
 Bone List-Unknown X-47
3. OAG Form 1044-1044a-1044b-  
 Bone List-Unknown X-48
4. OAG Form 1044-1044a-1044b  
 Bone List-Microscopical  
 Findings for Identification  
 Unknown X-57

BRADLEY PLATT  
 Captain, MC  
 Chief, AM Div

AIR MAIL

## IDENTIFICATION DATA

|  |  |                     |                           |  |   |
|--|--|---------------------|---------------------------|--|---|
| 1. REMAINS OF UNKNOWN<br><b>Unknown X-63 (Guadalcanal)</b>               |  |                     |                           | 2. DATE OF REPORT<br><b>13 February 1948</b> |   |
| 3. NAME OF CEMETERY<br><b>Guadalcanal<br/>U. S. Army Mausoleum No. 2</b> |  | 4. PLOT<br><b>B</b> | 5. ROW<br><b>52<br/>A</b> | 6. GRAVE<br><b>2<br/>35</b>                  | 7. DATE OF<br>DISINTERMENT<br><b>13 Feb. 48</b> |
|  |  |                     |                           |  | REINTERMENT<br><b>13 Feb. 48</b>                |

PHYSICAL DESCRIPTION Approx. Age 19-20yrs.

|  |  |  |   |
|--|--|--|---|
| 8. ESTIMATED WEIGHT<br><b>130 lbs.</b> | 9. ESTIMATED HEIGHT<br><b>168-66.14-5'6 1/8"</b> | 10. COLOR OF HAIR<br><b>Red brown, med. texture, slightly wavy</b> | 11. RACE<br><b>White (Mediterranean type)</b> |
|--|--|--|---|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: **Unknown X-63  
P-B, R-52, Gr-2**

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

None

April 6. Quincy 14 Dec 1948

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

|   |   |
|---|---|
| 15. WAS BODY MANGLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT?<br><b>Fracture of innominates</b> |
|---|---|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

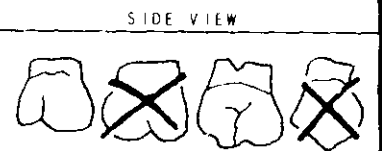
Preformation of olecranon fossae. The right is large; the left consists of two small ones.  
Lower sternal segments are still open.  
Osteoporotic pitting over the vault.

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) left G.I. service shoe. Size 8  
One (1) steel helmet.

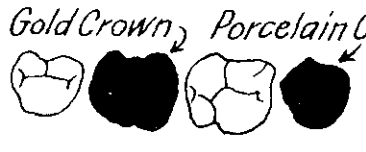
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:

QMC FORM 1044a



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

QMC FORM 1044a



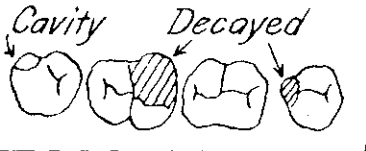
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



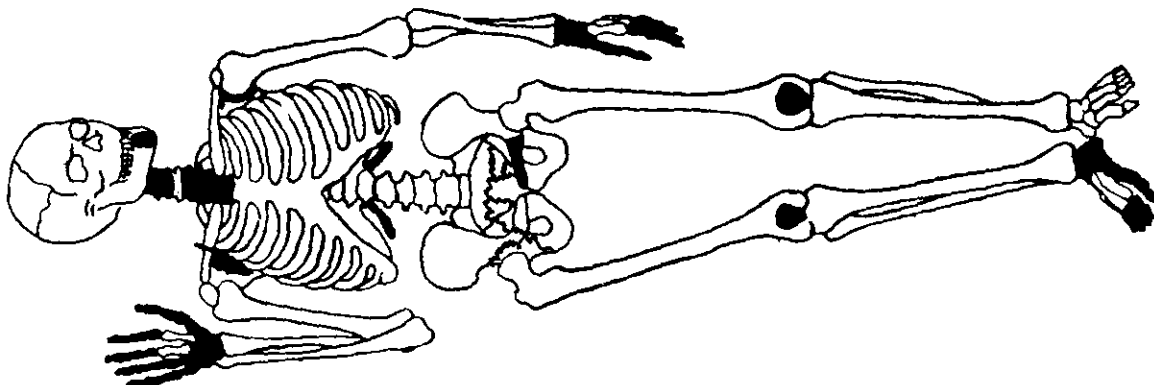
**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



| RIGHT      |    |    |    |    |    |    |   | LEFT       |    |    |    |    |    |    |     |
|------------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|-----|
| 8          | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1          | 2  | 3  | 4  | 5  | 6  | 7  | 8   |
| imp        | ⊙  | ⊙  |    |    |    |    |   |            |    |    |    |    | ⊙  | ⊙  | imp |
| Side Views |    |    |    |    |    |    |   | Side Views |    |    |    |    |    |    |     |
| Top Views  |    |    |    |    |    |    |   | Top Views  |    |    |    |    |    |    |     |
| Side Views |    |    |    |    |    |    |   | Side Views |    |    |    |    |    |    |     |
| Part imp.  | ⊙  |    |    |    |    |    |   |            |    |    |    |    | ⊙  | ⊙  | imp |
| 16         | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9          | 10 | 11 | 12 | 13 | 14 | 15 | 16  |

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

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

No extra parts.

Charles E. Snow

*Charles E. Snow*  
SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average-sized young man 19-20 years of age with wavy auburn hair and an average body build. The skull is of small average in size and a long oval shape. The backhead has a small protuberance. The face is long and narrow with flat sides. The forehead is rather narrow and the browridges are small. The lower face is as wide as the upper. All the facial features are rather gracile. In profile the nose forms a narrow, high, convex bridge, which is twisted towards the left side. The mouth parts are slightly projective. The chin appears rather deep, and the line of the jaw long. The cheek bones lie flat against the skull. The palate is quite high and rather narrow.

The greater torsion of the tibial shaft suggests this individual may have walked toeing out.

Tooth chart taken. Fluoroscopic examination negative.

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

SIGNATURE

O. W. GREENWOOD, CAPT., GMC

**CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 977**

*O. W. Greenwood*

**CENTRAL IDENTIFICATION LABORATORY & ANTHROPOLOGICAL MUSEUM  
BONE LIST**

| NAME        | SIDE     | NO | BONE LENGTHS<br>IN CM | REMARKS<br>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) |
|-------------|----------|----|-----------------------|---|
| SKULL       |          | 1  | 51.8                  | Mandible fractured. Chin region missing.                      |
| VERTEBRAE   | CERVICAL | 6  |                       | All missing except 4th.                                       |
|             | THORACIC | 12 |                       |   |
|             | LUMBAR   | 5  |                       |   |
| SACRUM      |          | 1  |                       | Fragments.  |
| INNOMINATES | RIGHT    | 1  | BI-ILIAC DIAM         | Fractured.  |
|             | LEFT     | 1  |                       | " Ischium missing.  |
| RIBS        |          | 22 |                       |   |
| STERNUM     |          | 1  |                       | Manubrium missing.  |
| CLAVICLES   | RIGHT    | 1  | 14.5                  | Fractured at midshaft.  |
|             | LEFT     | 1  | 14.3                  |   |
| SCAPULAE    | RIGHT    | 1  |                       | Fractured, part missing.                                      |
|             | LEFT     | 1  |                       | " " "   |
| HUMERI      | RIGHT    | 1  |                       |   |
|             | LEFT     | 1  | approx. 33.5          |   |
| RADII       | RIGHT    | 1  |                       |   |
|             | LEFT     | 1  | approx. 23.5          |   |
| ULNAE       | RIGHT    | 1  |                       |   |
|             | LEFT     | 1  | approx. 26.5          |   |
| HANDS       | RIGHT    | 1  |                       | All missing except 2-3 metacarpals.                           |
|             | LEFT     | 1  |                       | " " " " " "   |
| FEMORA      | RIGHT    | 1  | 47.3                  |   |
|             | LEFT     | 1  | 47.2                  |   |
| PATELLAE    | RIGHT    | 0  |                       |   |
|             | LEFT     | 0  |                       |   |
| TIBIAE      | RIGHT    | 1  |                       |   |
|             | LEFT     | 1  | 36.8                  |   |
| FIBULAE     | RIGHT    | 1  | approx. 36.5          |   |
|             | LEFT     | 1  |                       |   |
| FEET        | RIGHT    | 1  |                       | All missing except 3-5 metatarsals.                           |
|             | LEFT     | 1  |                       |   |

|                                       |  |                  |  |
|---------------------------------------|--|------------------|--|
| HUMERO-CLAVICULAR RATIO 43.0          |  | APPROXIMATE      |  |
| ESTIMATED HEIGHT 168-66.14=5'6 1/2 IN |  | 19-20 YEARS      |  |
| ESTIMATED WEIGHT 130 lbs.             |  | LEG-HIP BR RATIO |  |

  
 Charles E. Snow  
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-63 (Guadelcanal)

IDENTIFICATION SECTION  
REPLICATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

QAC Form  
No. 1-GRS.

REPORT OF INTERMENT

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

Unidentified body #03

|             |         |          |              |        |         |
|-------------|---------|----------|--------------|--------|---------|
| (Last Name) | (First) | (Middle) | (Serial No.) | (Rank) | (Crgn.) |
|-------------|---------|----------|--------------|--------|---------|

|                  |                 |                  |
|------------------|-----------------|------------------|
| (Place of Death) | (Date of Death) | (Cause of Death) |
|------------------|-----------------|------------------|

(Reburial)

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

|   |    |          |                          |
|---|----|----------|--------------------------|
| 2 | 52 | standard | With Body:<br>On Marker: |
|---|----|----------|--------------------------|

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

When deceased - no identifying marks on body - impossible to  
take fingerprints or tooth cast

One bone, 1 1/2 clove within bottle buried in grave

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

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

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