

FILE IDENTIFICATION TOPPER

FILE NUMBER

93 mmk Guadalcanal X88

SUBJECT

X89 X89A

X Reference X89 X89A

NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC

MH

Interred 13 June 1949 **DISINTERMENT DIRECTIVE**  
GB Unknown X-88, X-89, X-89A  
Section Q, Graves 526, & 555

*Alvan C. Baker*  
Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 ~~66-10~~ BAKER

DATE  
17 9 47  
DAY MONTH YEAR

NAME  
~~COMMON GRAVE~~ GROUP UNK  
(SEE BELOW)

SERIAL NUMBER RANK ARM

CEMETERY  
3rd UNK GUADALCANAL X88

DATE OF DEATH  
DAY MONTH YEAR

PLOT ROW GRAVE COUNTRY  
B 76 10 SOLOMON ISLAND

DISPOSITION OF REMAINS  
0 0492 64  
CODE DIST. PT.  
CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
HONOLULU NATIONAL CEMETERY  
HONOLULU, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME GB 10  
Unk. X-88, 89, & 89-A

SERIAL NUMBER RANK DATE OF DEATH

DATE DISTINTERRED  
19 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
R. I. Shannon  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Temporary Casket

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
Cemetery Record & Mortuary Plate

MINOR DISCREPANCIES  
None

*✓ 293 unk Guadalcanal X88A*

REMAINS PREPARED AND PLACED IN CASKET  
DATE 19 Nov 47

BY R. I. SHANNON

CASKET SEALED BY  
W. IRVING

EMBALMER (Signature)  
R. I. SHANNON

CASKET BOXED AND MARKED  
DATE 27 May 1949 BY E. E. BRAYBOY

SHIPPING ADDRESS VERIFIED BY  
R. L. TRASK

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

*R. L. Trask*  
R. L. TRASK

JAN 1955  
MEM. DIV.

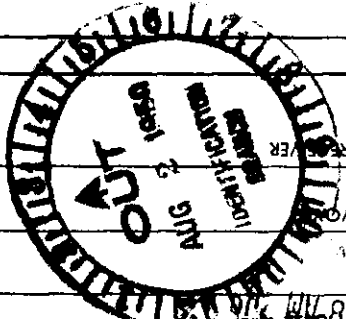
SIGNATURE OF GRS INSPECTOR

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

THIS GRAVE CONTAINS THE REMAINS OF UNKNOWN X-88 AND X-89<sup>89A</sup> WHICH HAVE BEEN IDENTIFIED

RECORD OF CUSTODIAL TRANSFER

FROM		U. S. ARMY MAUSOLEUM NO. 3	
NAME OF CONVOYER		CHILE HAWN D.	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		JUN 1 1943	
1. SHIPPED			
FROM		TO	
NAME OF CONVOYER		REPAIRS	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		JUN 19 1943	
2. SHIPPED			
FROM		TO	
NAME OF CONVOYER		JAMES D. HAINES	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		AUG 2 1943	
3. SHIPPED			
FROM		TO	
NAME OF CONVOYER		JAMES D. HAINES	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		AUG 2 1943	
4. SHIPPED			
FROM		TO	
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			
5. SHIPPED			
FROM		TO	
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			
7. SHIPPED			
FROM		TO	
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			



JUN 19 1943

J. E. WILSON, CAPT., QMC

TRUCK

6

DISINTERMENT DIRECTIVE

292 Unit Solomon Islands (Guadalcanal) x 89

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8736 02-10

DATE 17 9 47 DAY MONTH YEAR

NAME COMMON STATE (SEE INQUIRY)

SERIAL NUMBER

RANK

ARM DATE OF DEATH DAY MONTH YEAR

CEMETERY HONOLULU NATIONAL

DISPOSITION OF REMAINS CODE DIST. PT.

PLOT 8 ROW 75 GRAVE 10

COUNTRY SOLOMON ISLANDS

CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY HONOLULU, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

DATE BY

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.



Handwritten signature of the GRS Inspector.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies. THIS COPY CONTAINS THE REMAINS OF DISCREPANCY REPORT AND X-39

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6130 66-10

NAME	COMMON GRAVE (SEE SECTION)	PROT	ROW	GRAVE	COUNTRY
CEMETERY	WALTON CEMETERY				SOLOMON ISLAND
DAY	MONTH	YEAR	DAY	MONTH	YEAR
11	9	47	11	9	47
CAUSE OF DEATH	MODE	CODE	DATE OF DEATH	MONTH	YEAR

SECTION B - CONSIGNER AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNER	NAME AND ADDRESS OF NEXT OF KIN
REPUBLICAN NATIONAL CEMETERY HONOLULU TERRITORY OF HAWAII	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG OR ORGANIZATION	REGION	INDENTIFICATION VERIFIED BY	NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

CONDITION OF REMAINS	NATURE OF BURIAL
OTHER MEANS OF IDENTIFICATION	WHICH DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

CASKET SEALED BY

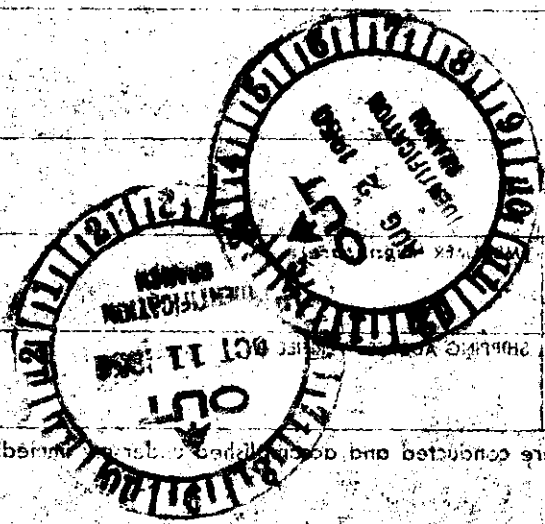
CASKET BOXED AND MARKED

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

SIGNATURE OF OFFICER IN CHARGE

Prepare Disinterment Report OMC Form 1197a for use in discrepancy cases

THIS CASE CONTAINS THE REMAINS OF UNKNOWN 2-00 AND X-00



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-88 Common Grave # 10</b>				2. DATE OF REPORT <b>9 February 1948</b>				
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 2 Formerly of Guadalcanal</b>				4. PLOT <b>B</b>	5. ROW <b>A</b> <b>76</b>	6. GRAVE <b>72</b> <b>10</b>	7. DATE OF DISINTERMENT <b>9 Feb '48</b>	REINTERMENT <b>9 Feb '48</b>

### PHYSICAL DESCRIPTION Approx. Age: 25 - 27

8. ESTIMATED WEIGHT <b>160 - 170 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 10-3/4"</b>	10. COLOR OF HAIR <b>Unable to determine.</b>	11. RACE <b>Probably White.</b>
--	--	--	------------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plates reading: Unidentified 88, 89.**  
**Two (2) embossed plates reading: Unknown X-88, X-89, Guadalcanal Cemetery, D.D. 8730, C.G. 10.**  
**One (1) embossed plates reading: Unknown X-88, X-89, Plot - B, Row - 76, Grave - 10.**

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

**None.**

REASON OF LACK OF IDENTIFYING DATA

*Cyril B. Disney 29 Feb 1948*

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

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

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)

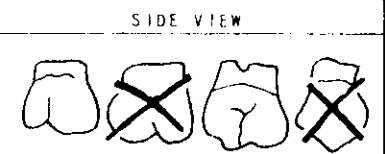
**One (1) Brown G. I. Shoe size 8 E (right).**

*Incl 1*

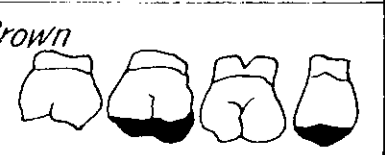
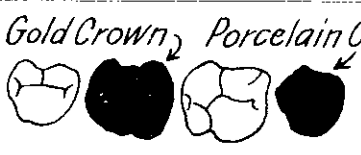
18.

TOOTH CHART

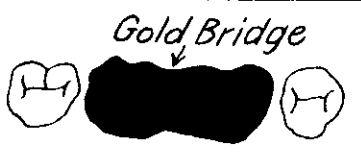
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:  
 X-88 Common Grave #10



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



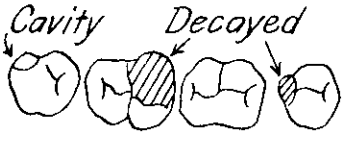
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:  
 Guadalcanal



**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:



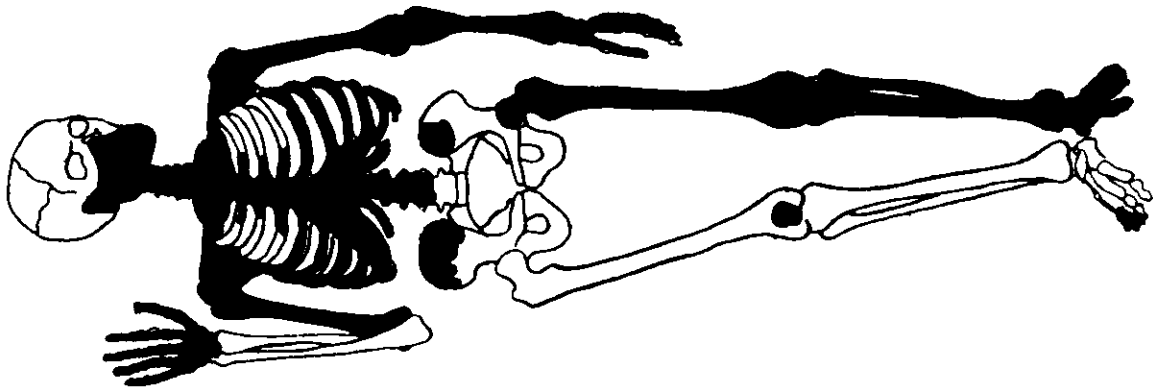
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SECTION MAXILLA AND TEETH MISSING											(OM)	A		SECTION MAXILLA & TEETH MISSING	
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
MANDIBLE AND TEETH MISSING								MANDIBLE AND TEETH MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*Handwritten notes in chart: 'BROKEN TOOTH' with an arrow pointing to a tooth in the upper right quadrant.*

**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. Peg shaped L-2.
  2. L-4 and L-5 are in slight torsion version.

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

No extra parts.

Charles E. Snow,

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall man, in his middle twenties, who walked toeing out.

The skull is average in size and oval in outline.

The backhead is steep and flat.

The forehead is rather narrow with slight slope.

The vault is high.

It appears the face was probably straight, with flat sides.

The nose appears to have been rather prominent and skewed to the left.

It cannot be demonstrated that this skull belongs to the post cranial skeleton.

Teeth charted. X-Ray 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

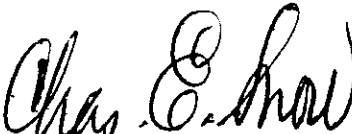
O. W. GREENWOOD, CAPT., OMC  
 CENTRAL IDENTIFICATION LABORATORY  
 AND MAUSOLEUM, APO 957



**CENTRAL IDENTIFICATION LABORATORY & OSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.3	Mandible missing.
VERTEBRAE	CERVICAL	0		
	THORACIC	0		
	LUMBAR	1		
SACRUM		1		Fragment.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fragment.
	LEFT	1		Fragment.
RIBS		6		
STERNUM		0		
CLAVICLES	RIGHT	0		
	LEFT	0		
SCAPULAE	RIGHT	0		
	LEFT	0		
HUMERI	RIGHT	0		
	LEFT	0		
RADII	RIGHT	1	(26.0)	
	LEFT	0		
ULNAE	RIGHT	1	(28.0)	
	LEFT	0		
HANDS	RIGHT	0		
	LEFT	0		
FEMORA	RIGHT	1	50.0	
	LEFT	0		
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	40.0	
	LEFT	0		
FIBULAE	RIGHT	1	39.5	
	LEFT	0		
FEET	RIGHT	1		
	LEFT	0		

HUMERO-CLAVICULAR RATIO		APPROXIMATE
ESTIMATED HEIGHT	180 - 70.87 5' 10-3/4"	AGE
ESTIMATED WEIGHT	160 - 170 lbs.	25 - 27 YEARS
		LEG-HIP BR RATIO

  
 Charles E. Snow  
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-88.

CENTRAL IDENTIFICATION LABORATORY

9 February 1948

NARRATIVE

The remains tagged as Unknown X-88, X-89; Guadalcanal D. D. 8730, Common Grave # 10 were in Major Discrepancy Box # 72.

These remains were processed simultaneously and it was found there were parts of three (3) remains.

By matching, articulating and age criteria, these remains are marked X-88; X-89; and X-89 A. The remains X-88 and X-89 have skulls and fragments of mandible and maxilla, but it cannot be demonstrated that the skull goes with the Post Cranial bodies of either. Each remains was completely processed and wrapped separately and returned to their respective casket.

RE

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

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

APR 5 1977

UNIDENTIFIED BODIES #88 & #89

(Last Name) (First) (Initial) (Serial #) (Rank) (Organization)

Guadalcanal, S.I.

(Place of Death) (Date of Death) (Cause of Death)

0830-15 Mar 44 (Reburial) Guadalcanal Army-Navy-Marine Cemetery

(Time and Date of Burial) (Name of Cemetery) (Name or coordinates of location)

10	76	"B"	Standard
(Grave Number)	(Row Number)	(Plot Number)	(Type of marker-Regulation V - shaped or other)

Disposition of identification tags: Buried with Body Yes  No   
Attached to marker Yes  No

GRS Form #1 inclosed within bottle buried in grave.

(If no identification tags, what means of identification are buried with body?)

Flesh decomposed-no identifying marks-impossible to take fingerprints or tooth charts.

(If no identification tags, but identity definitely estab., give particulars)

Body buried on RIGHT End of Row.  
(Name) (Serial #) (Rank) (Orgn) (Grave #)

Body buried on LEFT John J. McCloskey, 0-885317, Capt., USAAF-419 NF Sq 9  
(Name) (Serial #) (Rank) (Orgn) (Grave #)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

87

UNIDENTIFIED

(Verified by Army GRS Officer)

CHESTER E. GOODWIN

*Shirley E. Johnson*

467

(Signature of Officer or other person reporting burial)

*1st Lt Chester Grant*

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

(If possible, have medical personnel take a tooth chart)

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Car. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:  
Height:  
Weight:  
Color of eyes:  
Color of hair:  
Race  
Apparent nationality  
Laundry marks:  
Number of rifles:  
Wear glasses?  
Is tooth chart attached?  
attached?  
(If possible, have medical personnel take a tooth chart)

IF DECEASED UNIDENTIFIED

THUMB
1
2
3
4

THUMB
1
2
3
4

LEFT HAND



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

1 July 1949

*Imprint Identification Tag If Possible  
DO NOT TYPE*  
*Plotted  
4-88  
4-89*

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-88 (GUADALCANAL (UNIDENTIFIABLE))</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Guadalcanal, S. I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

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 <b>13 June 1949</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>Q</b>	ROW No.	GRAVE No. <b>526</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ANM Cemetery, Guadalcanal BSI</b>	PLOT No. <b>B</b>	ROW No. <b>76</b>	GRAVE No. <b>10</b>
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TYPE OF RELIGIOUS CEREMONY <b>Catholic Protestant</b>	PERSON CONDUCTING BURIAL RITES <b>Eugene L.A. Fisher, Chaplain Albert F. Click, Chaplain</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>Not File 9-23-49 L.H.H.</i>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Unknowns X-90, X-91 A (Guadalcanal Cemetery)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>497</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Unknowns X-89, X-89 A (Guadalcanal Cemetery)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>555</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Parry</i> <b>Margaret E. Parry, Chief Clerk, HDC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> <b>James B. Harris, Captain, OMC</b>
--	---

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.

MKK

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.



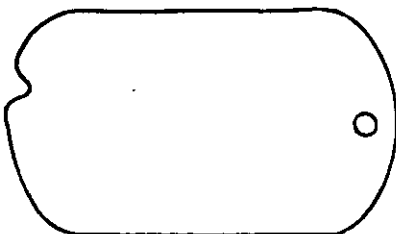
REMARKS: **GROUP BURIAL**  
**Unknown X-88 (Spec 1 of 3) Guadalcanal Cemetery, Sec Q, Gr 526**

**RESTRICTED**

WD-21MC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
**1 July 1949**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)  <b>UNKNOWN I-55 (GUADALCANAL (UNIDENTIFIABLE))</b>		SERIAL No.  <b>Unknown</b>
	GRADE  <b>Unknown</b>	ORGANIZATION  <b>Unknown</b>	BRANCH OF SERVICE  <b>Unknown</b>
	RACE  <b>Unknown</b>	RELIGION  <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH  <b>Guadalcanal, S. I.</b>		

CAUSE OF DEATH  <b>Unknown</b>	DATE OF DEATH  <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  <b>Yes</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
  
**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
  
**National Memorial Cemetery of the Pacific, Honolulu, T. H.**



DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>13 June 1949</b>	<b>1000</b>	<b>Permanent Type Casket</b>	<b>Cross</b>	<b>Q</b>		<b>526</b>

WAS THIS A REBURIAL? (Yes or no)  <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>ANM Cemetery, Guadalcanal BSI</b>	PLOT No. <b>B</b>	ROW No. <b>76</b>	GRAVE No. <b>10</b>
--	---	----------------------	----------------------	------------------------

TYPE OF RELIGIOUS CEREMONY  <b>Catholic</b> <del>Protestant</del>	PERSON CONDUCTING BURIAL RITES  <b>Eugene L.A. Fisher, Chaplain</b> <del>Albert F. Glick, Chaplain</del>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)  <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  <b>Unknowns I-90, I-91 A (Guadalcanal Cemetery)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>497</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  <b>Unknowns I-89, I-89 A (Guadalcanal Cemetery)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>555</b>
--	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT   <b>Margaret E. Perry, Chief Clerk, HSG</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT   <b>James E. Harris, Captain, GSG</b>
--	---

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.

11K

**RESTRICTED**



**Section 3 UNIDENTIFIED REMAINS.**


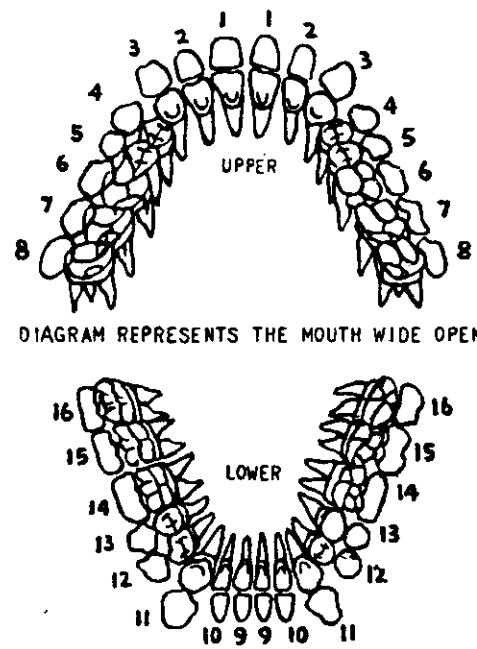




**INSTRUCTIONS:**

(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.

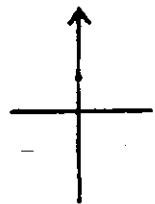
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		

JUL 19 10 08 AM '40



**REMARKS:**  
 GROUP SERIAL  
 Unknown I-88 (Serial 02 of 3) Guadalupe Cemetery, Sec 9, Gr 526  
 REPAIR

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-89 CG 10</b>				2. DATE OF REPORT <b>9 February 1948</b>			
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 2 Formerly of Guadalcanal</b>			4. PLOT <b>B</b>	5. ROW <b>A</b>	6. GRAVE <b>72</b>	7. DATE OF DISINTERMENT REINTERMENT <b>9 Feb '48 9 Feb '48</b>	

PHYSICAL DESCRIPTION **Approx. Age: 21 - 22**

8. ESTIMATED WEIGHT <b>140 - 150 lbs.</b>	9. ESTIMATED HEIGHT <b>180 - 70.87 - 5' 10-3/4"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Probably White.</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**Two (2) embossed plates reading: Unknown X-88, X-89, Guadalcanal Cemetery DD 8730, CG 10.**

**One (1) embossed plates reading: Unknown X-88, X-89, Plot - B, Row - 76, Grave - 10.**

**One (1) embossed plates reading: Unidentified 88..89.**

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

**None.** BY REASON OF LACK OF EFFORT IDENTIFYING I

*87305 Cyril E. Driney 29 Feb 1948*

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

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

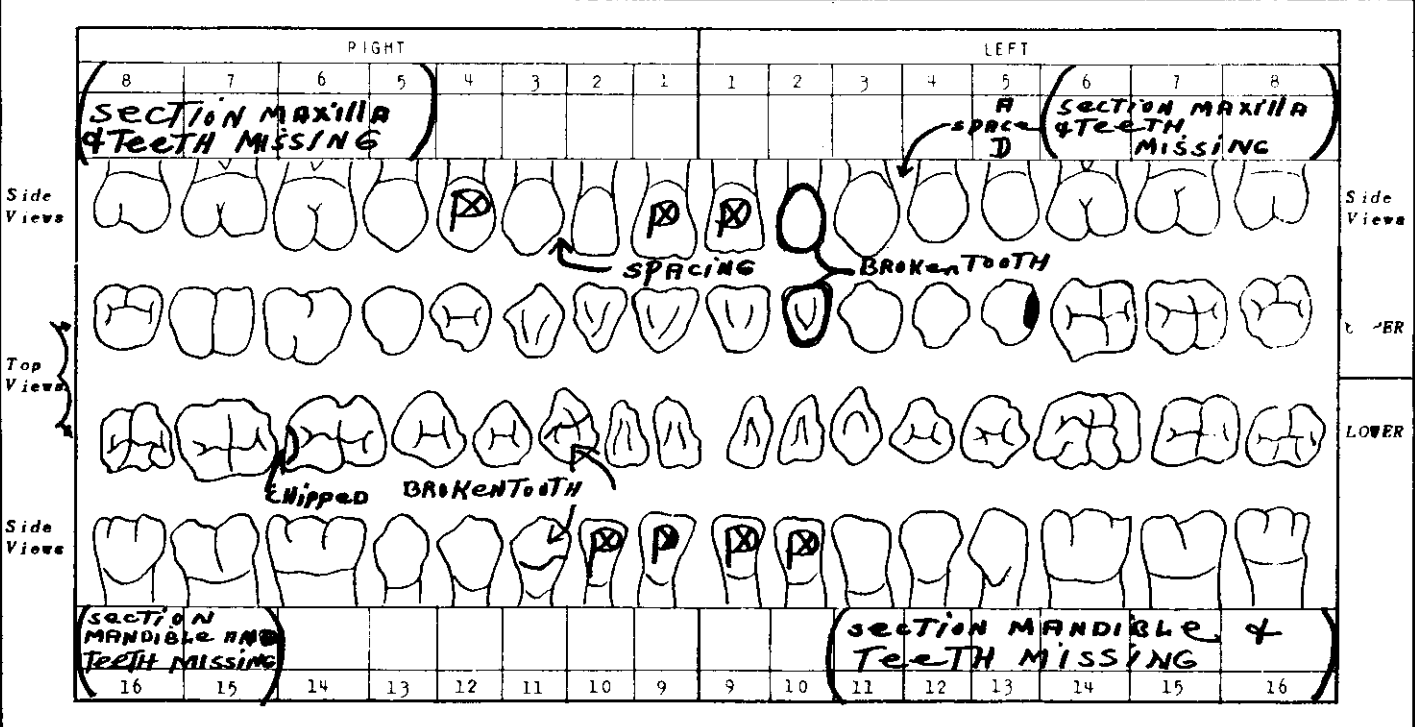
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
**There is a small healed lesion, which extends horizontally thru the middle of the left brow ridge, which indicates some wound above the left eyebrow. There are two (2) curious pits, one on each side, above and behind the bony ear canals. They are about one quarter inch in length, almost as deep, and may represent some developmental anamoly. (?)**

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) right brown "G.I." shoe size 10 EE.**

*Incl 2*

18. TOOTH CHART		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"ED OUT AND LABELED THUS:</p> <p>X-89 Common Grave #10</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:</p> <p>Guadalcanal</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>	

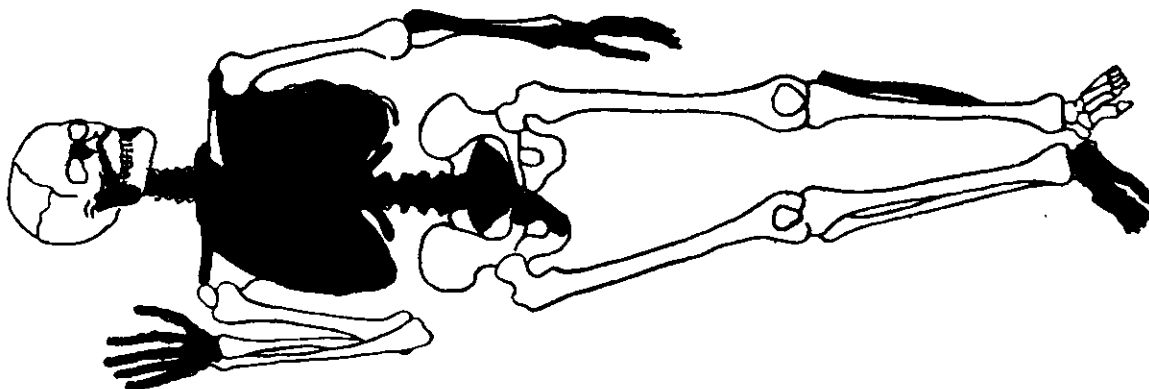


**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Remarks:

1. R-3 is in torsi version.
2. R-12 is in slight lingual version.

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

No extra parts.

**Charles E. Snow,** SIGNATURE OF MEDICAL OFFICER **Anthropologist**

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, slender, rather lightly boned young man.

The skull is small average in size and presents a broad oval outline.

The backhead has slight projection.

The forehead is high with prominent bosses and slight slope. There is a slight depression across the crown of the head (coronal depression).

The face appears to have been rather narrow and perhaps rather long with flat sides.

The jaw appears to have been projecting.

The chin was perhaps of average prominence and presents a very narrow bilateral eminence.

It cannot be demonstrated that this skull belongs to the post cranial skeleton.

Teeth charted. X-Ray 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., QMC**  
**CENTRAL IDENTIFICATION LABORATORY**  
**AND MAUSOLEUM, APO 957**

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.4	
VERTEBRAE	CERVICAL	0		
	THORACIC	0		
	LUMBAR	0		
SACRUM		0		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured, pubis missing.
	LEFT	1		
RIBS		0		
STERNUM		0		
CLAVICLES	RIGHT	0		
	LEFT	1		
SCAPULAE	RIGHT	1		
	LEFT	0		
HUMERI	RIGHT	1	34.4	
	LEFT	1	34.1	
RADII	RIGHT	1	26.6	
	LEFT	0		
ULNAE	RIGHT	1	(28.5)	
	LEFT	1	(28.5)	
HANDS	RIGHT	0		
	LEFT	0		
FEMORA	RIGHT	1	47.5	
	LEFT	1	47.4	
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	39.5	
	LEFT	1	39.5	
FIBULAE	RIGHT	1		
	LEFT	0		
FEET	RIGHT	0		
	LEFT	1		

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	180 - 70.87 5' 10-3/4"	AGE	21-22 YEARS
ESTIMATED WEIGHT	140 - 150 lbs.	LEG-HIP BR RATIO	

*Chas. E. Snow*

ENCLOSURE TO: Unknown X-89.

Charles E. Snow  
ANTHROPOLOGIST

CENTRAL IDENTIFICATION LABORATORY

9 February 1948

NARRATIVE

The remains tagged as Unknown X-88, X-89; Guadalcanal D. D. 8730, Common Grave # 10, were in Major Discrepancy Box # 72.

These remains were processed simultaneously and it was found there were parts of three (3) remains.

By matching, articulating and age criteria, these remains are marked X-88; X-89; and X-89 A. The remains X-88 and X-89 have skulls and fragments of mandible and maxilla, but it cannot be demonstrated that the skull goes with the Post Cranial bodies of either. Each remains was completely processed and wrapped separately and returned to their respective casket.

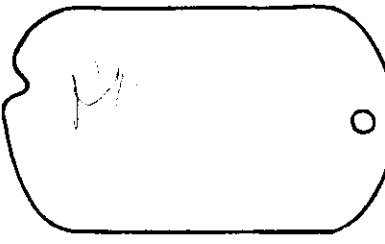
**RESTRICTED**

WD-8MC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 July 1949

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p align="center"><b>UNKNOWN X-89 (GUADALCANAL UNIDENTIFIABLE)</b></p>		SERIAL No. <p align="center"><b>Unknown</b></p>
	GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>	BRANCH OF SERVICE <p align="center"><b>Unknown</b></p>
	RACE <p align="center"><b>Unknown</b></p>	RELIGION <p align="center"><b>Unknown</b></p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <p align="center"><b>Guadalcanal, S. I.</b></p>		

DATE OF DEATH <p align="center"><b>Unknown</b></p>
---

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <p align="center"><b>UNIDENTIFIABLE</b></p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  <p align="center"><b>Yes</b></p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

**National Memorial Cemetery of the Pacific, Honolulu, T. H.**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 June 1949	1000	Permanent Type Casket	Cross	Q		555

WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>ANM Cemetery, Guadalcanal BSI</b></p>	PLOT No. <p align="center"><b>B</b></p>	ROW No. <p align="center"><b>76</b></p>	GRAVE No. <p align="center"><b>10</b></p>
--	---	--	--	--

TYPE OF RELIGIOUS CEREMONY <p><b>Catholic</b> <b>Protestant</b></p>	PERSON CONDUCTING BURIAL RITES <p><b>Eugene L.A. Fisher, Chaplain</b> <b>Albert F. Click, Chaplain</b></p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center"><b>Yes</b></p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center"><b>Yes</b></p>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p><b>Unknown X-88 (Guadalcanal Cemetery)</b></p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				<b>526</b>

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p><b>Unknown X-666 thru X-676</b> <b>Unk X-678A &amp; B, Unk X-679 thru X-686</b> <b>GB Formosa (Shanghai Remains Depot)</b></p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				<b>584</b>

SIGNATURE OF PERSON PREPARING REPORT <p><i>Margaret E. Perry</i> <b>Margaret E. Perry, Chief Clerk, HDG</b></p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p><i>James B. Harris</i> <b>James B. Harris, Captain, QMC</b></p>
--	---

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.**


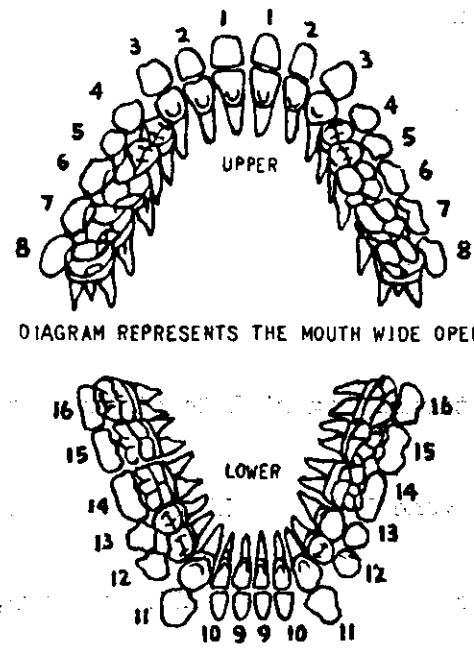




**INSTRUCTIONS:**

(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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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.



REVERSE DIVISION  
 JUL 19 10 08 AM '49

REMARKS: **GROUP BURIAL RECORDS BRANCH**  
 Unknown X-89 (Case # 2 of 3) Guadalcanal Cemetery, Sec Q, Gr 555



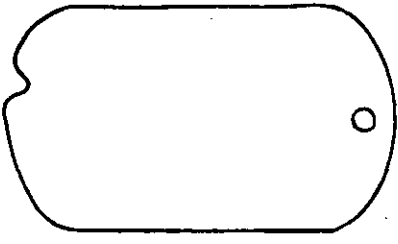
**RESTRICTED**

W390 MC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

**1 July 1949**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)  <b>UNKNOWN X-89 (GUADALCANAL UNIDENTIFIABLE)</b>		SERIAL No.  <b>Unknown</b>
	GRADE  <b>Unknown</b>	ORGANIZATION  <b>Unknown</b>	BRANCH OF SERVICE  <b>Unknown</b>
	RACE  <b>Unknown</b>	RELIGION  <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH  <b>Guadalcanal, S. I.</b>		

CAUSE OF DEATH  <b>Unknown</b>	DATE OF DEATH  <b>Unknown</b>
--------------------------------------	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (I, S, or none)  <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)  <b>Yes</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
  
**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
  
**National Memorial Cemetery of the Pacific, Honolulu, T. H.**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>13 June 1949</b>	<b>1000</b>	<b>Permanent Type Casket</b>	<b>Cross</b>	<b>Q</b>		<b>555</b>

WAS THIS A REBURIAL? (Yes or no)  <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>ARM Cemetery, Guadalcanal BSI</b>	PLOT No. <b>B</b>	ROW No. <b>76</b>	GRAVE No. <b>10</b>
--	---	----------------------	----------------------	------------------------

TYPE OF RELIGIOUS CEREMONY <b>Catholic</b> <del>Protestant</del>	PERSON CONDUCTING BURIAL RITES <b>Eugene L.A. Fisher, Chaplain</b> <del>Albert E. Glick, Chaplain</del>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)  <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  <b>Unknown X-88 (Guadalcanal Cemetery)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>526</b>
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Unknown X-666 thru X-676</b> <b>Unk X-678A &amp; B, Unk X-679 thru X-686</b> <b>GB Formosa (Shanghai Remains Depot)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>584</b>
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT   <b>Margaret E. Perry, Chief Clerk, HHS</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT   <b>James E. Harris, Captain, GRS</b>
--	---

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**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


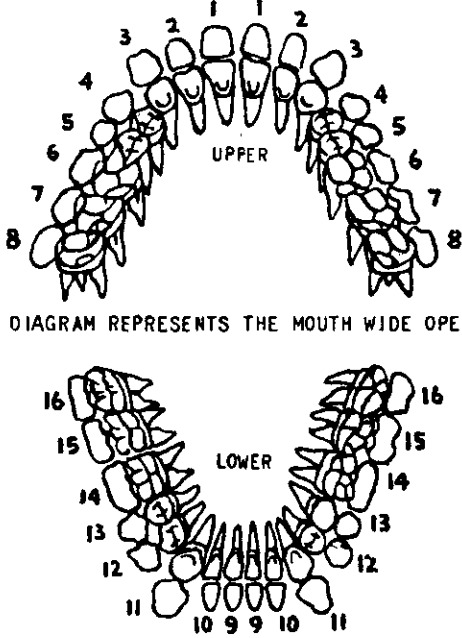




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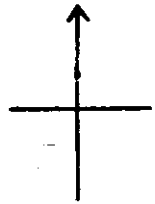
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:**

GROUP BURIAL  
 Unknown X-89 (Group 3 of 3) Guadalcanal Cemetery, Sec Q, Gr 555

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-89 A CG 10</b>				2. DATE OF REPORT <b>9 February 1948</b>	
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 2 Formerly of Guadalcanal</b>			4. PLOT <b>B</b>	5. ROW <b>76</b>	6. GRAVE <b>72</b>
			7. DATE OF <b>9 Feb '48</b>		DISINTERMENT <b>9 Feb '48</b>
					REINTERMENT <b>9 Feb '48</b>

## PHYSICAL DESCRIPTION 25 - 26 (f)

8. ESTIMATED WEIGHT <b>-</b>	9. ESTIMATED HEIGHT <b>5' 9<sup>1</sup>/<sub>4</sub>"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD.</b>
---------------------------------	--	---------------------------------	-------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Two (2) embossed plates reading: Unknown X-88, X-89, Guadalcanal Cemetery, D.D. 8730, CG 10.**

**One (1) embossed plates reading: Unknown X-88, X-89, Plot - B, Row - 76, Grave - 10**

**One (1) embossed plates reading: Unidentified.**

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

**None. BY REASON OF LACK OF IDENTIFYING DATA**

*BU. ID. NO. 1107595 Cyril B. Disney 29 Dec 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

**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.**

*Incl 3*

2932 1st Lt Cyril B. Disney Guadalcanal Cemetery X-89-A

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

No extra parts.

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall average sized man possibly in his middle twenties. The right femur the only whole bone present, presents prominent anterior bowing and well developed pilaster, both suggestive of rugged musculature.

It cannot be demonstrated that these bones belong together.

No teeth. X-Ray 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  
O. W. GREENWOOD, CAPT., QMC  
CENTRAL LABORATORY  
AND MUSEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & SOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	0		Missing.
	LUMBAR	0		Missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing.
	LEFT	1		Fractured.
RIBS		0		Missing.
STERNUM		0		
CLAVICLES	RIGHT	0		
	LEFT	0		
SCAPULAE	RIGHT	0		
	LEFT	0		
HUMERI	RIGHT	0		
	LEFT	0		
RADII	RIGHT	1		Distal head 2/3 shaft.
	LEFT	0		Missing.
ULNAE	RIGHT	0		
	LEFT	0		
HANDS	RIGHT	0		
	LEFT	0		
FEMORA	RIGHT	1	47.7	
	LEFT	0		
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	38.5	
	LEFT	0		Missing.
FIBULAE	RIGHT	0		
	LEFT	0		
FEET	RIGHT	0		
	LEFT	0		

HUMERO-CLAVICULAR RATIO		APPROXIMATE
ESTIMATED HEIGHT 176 - 69.29	AGE	25 - 26 (?) YEARS
ESTIMATED WEIGHT		LEG-HIP BR RATIO

*Chas. E. Snow*

Charles E. Snow  
ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-89 A

CENTRAL IDENTIFICATION LABORATORY

9 February 1948

NARRATIVE

The remains tagged as Unknown X-88, X-89; Guadalcanal D. D. 8730, Common Grave # 10, were in Major Discrepancy Box # 72.

These remains were processed simultaneously and it was found there were parts of three (3) remains.

By matching, articulating and age criteria, these remains are marked X-88; X-89; and X-89 A. The remains X-88 and X-89 have skulls and fragments of mandible and maxilla, but it cannot be demonstrated that the skull goes with the Post Cranial bodies of either. Each remains was completely processed and wrapped separately and returned to their respective casket.

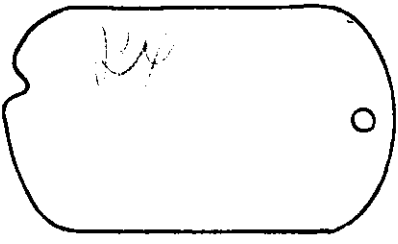
**RESTRICTED**

WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 July 1949

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p align="center"><b>UNKNOWN X-89A (GUADALCANAL UNIDENTIFIABLE)</b></p>		SERIAL No. <p align="center"><b>Unknown</b></p>
	GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>	BRANCH OF SERVICE <p align="center"><b>Unknown</b></p>
	RACE <p align="center"><b>Unknown</b></p>	RELIGION <p align="center"><b>Unknown</b></p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <p align="center"><b>Guadalcanal, S. I.</b></p>		

PLACE OF DEATH <p align="center"><b>Guadalcanal, S. I.</b></p>	CAUSE OF DEATH <p align="center"><b>Unknown</b></p>	DATE OF DEATH <p align="center"><b>Unknown</b></p>
---	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (I, II, or none) <p align="center"><b>None</b></p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <p align="center"><b>UNIDENTIFIABLE</b></p>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)  <p align="center"><b>Yes</b></p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

**National Memorial Cemetery of the Pacific, Honolulu, T. H.**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 June 1949	1000	Permanent Type Casket	Cross	Q		526

WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <p align="center"><b>ANM Cemetery, Guadalcanal BSI</b></p>	PLOT No. <p align="center"><b>B</b></p>	ROW No. <p align="center"><b>76</b></p>	GRAVE No. <p align="center"><b>10</b></p>
--	---	--	--	--

TYPE OF RELIGIOUS CEREMONY <p align="center"><b>Catholic</b> <b>Protestant</b></p>	PERSON CONDUCTING BURIAL RITES <p align="center"><b>Eugene L.A. Fisher, Chaplain</b> <b>Albert F. Click, Chaplain</b></p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center"><b>Yes</b></p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center"><b>Yes</b></p>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center"><b>Unknown X-88</b> <b>(Guadalcanal Cemetery)</b></p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				<b>526</b>

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center"><b>Unknown X-666 thru X-676</b> <b>Unk X-678A &amp; B, Unk X-679 thru X-686</b> <b>GB Formosa (Shanghai Remains Depot)</b></p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				<b>584</b>

SIGNATURE OF PERSON PREPARING REPORT  <p align="center"><b>Margaret E. Parry, Chief Clerk, HDC</b></p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <p align="center"><b>James B. Harris, Captain, OMC</b></p>
--	---

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.**


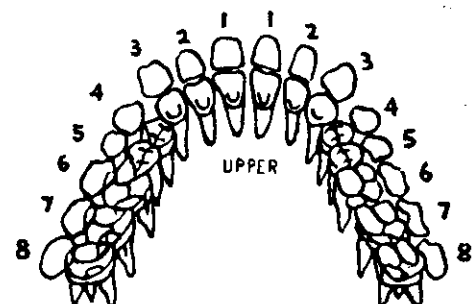




**INSTRUCTIONS:**

(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.

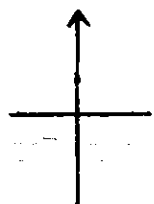
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

**GROUP BURIAL**  
 Unknown X-89A (Set 3 of 3) Guadalcanal Cemetery, Sec Q, Gr 555



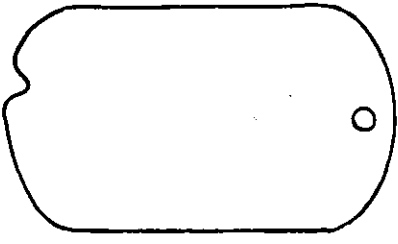
**RESTRICTED**

W. O. M. C. FORM 1042  
(Rev. 1 Apr. 1945)  
(Precedes GRS Form 1)

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

DATE OF REPORT

**1 July 1949**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>UNKNOWN X-59A (GUADALCANAL (UNIDENTIFIABLE))</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <b>Guadalcanal, S. I.</b>		

CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

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 <b>13 June 1949</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>Q</b>	ROW No.	GRAVE No. <b>526</b>
---------------------------------------	---------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ARM Cemetery, Guadalcanal BSI</b>	PLOT No. <b>B</b>	ROW No. <b>76</b>	GRAVE No. <b>10</b>
--	---	----------------------	----------------------	------------------------

TYPE OF RELIGIOUS CEREMONY <b>Catholic</b> <del>Protestant</del>	PERSON CONDUCTING BURIAL RITES <b>Eugene L.A. Fisher, Chaplain</b> <del>Albert F. Click, Chaplain</del>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Unknown X-88 (Guadalcanal Cemetery)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>526</b>
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Unknown X-666 thru X-676                  Unknown X-678A &amp; B, Unknown X-679 thru X-686                  63 Personnel (Shanghai Remains Depot)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>584</b>
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT  <b>Margaret E. Perry, Chief Clerk, HHC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>James R. Harris, Captain, GMS</b>
--	---

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MXK

**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**


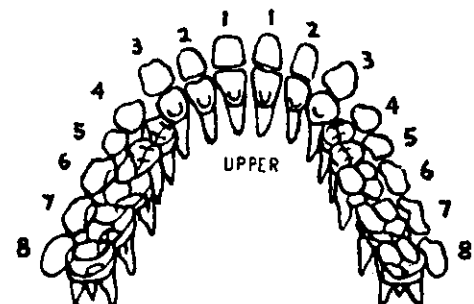




**INSTRUCTIONS:**

(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.

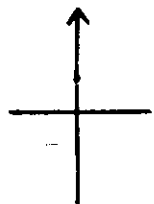
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

**GROUP BURIAL**  
**Unknown X-89A (Casket 3 of 3) Guadalupe Cemetery, Sec Q, Gr 505**

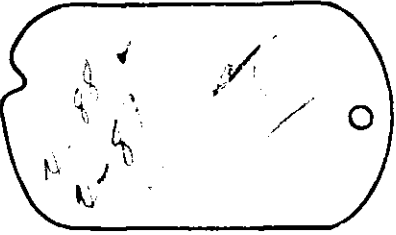
**RESTRICTED**

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

**REPORT OF UNDEPARTMENT STORAGE**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

**29 Dec 1948**

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial)		SERIAL NO.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
Guadalcanal, S. I.	Unknown	Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	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

US Army Mausoleum, Schofield Barracks, T. H. Casket

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 1948		Metal lined casket				<del>XXXXX</del> 72 A

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	ANM Cemetery, Guadalcanal	B	76	10

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

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:**


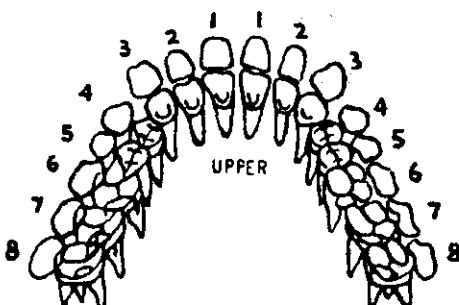
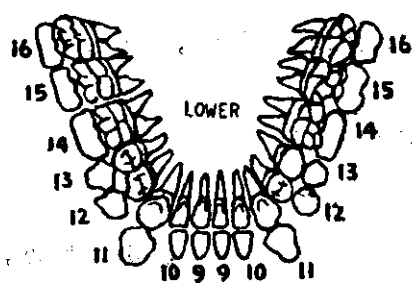




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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


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 QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>29 Dec 1948</b>
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) <b>UNKNOWN X -89 "A"</b>			SERIAL NO. <b>Unknown</b>		
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>		
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <b>Guadalcanal, S. I.</b>	CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH <b>Unknown</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center"><b>Unidentifiable</b></p>					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>US Army Mausoleum, Schofield Barracks, T. H.</b>						
DATE OF BURIAL <b>14 Jan 1948</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Metal lined casket</b>	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. <del>XXXX</del> <b>72 A</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>ANK Cemetery, Guadalcanal</b>			PLOT No. <b>B</b>	ROW No. <b>76</b>	GRAVE No. <b>10</b>
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) <b>Not applicable due to</b>		RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>		RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---	
SIGNATURE OF PERSON PREPARING REPORT <i>Reverend D. J. Tom</i> <b>I. K. USHER - Clerk</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Earl B. Yancy</i> <b>EARL B. YANCY, CWO, USA</b>			
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.**


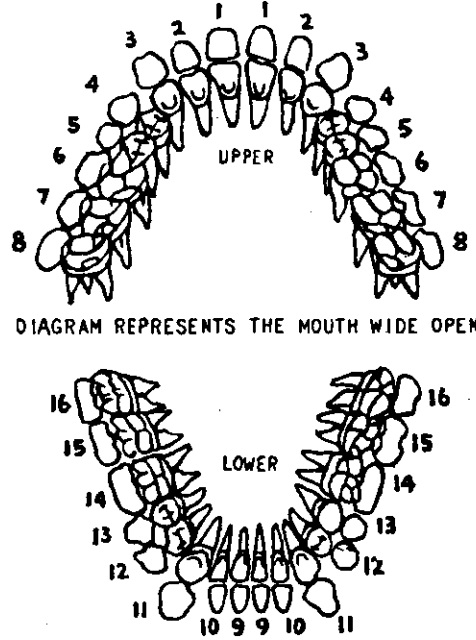




**INSTRUCTIONS:**

(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.

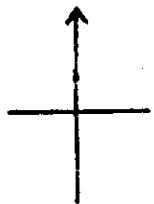
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

Blank space for additional remarks or notes.