

FILE IDENTIFICATION TOPPER

(8730)

FILE NUMBER

293 Embrown ANM Cem, Guadalcanal X-91-A

SUBJECT

QMC FORM 1121
1 AUG 45

16-63202-1 GPO

Frank

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293mk Madrid Canal (8730)

91-A + 91-B.

QMC FORM 1121
1 Aug 45

u.s.

att.

1

DISINTERMENT DIRECTIVE

293 Tank Guadalcanal X-91A

ja

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 03471

DATE
26 11 51
DAY MONTH YEAR

NAME UNKNOWN X-91-A	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
-----------------------------------	---------------	-------	----------	-----------	---------------

CEMETERY GUADALCANAL SOLOMON ISLANDS	PLOT C	ROW 85	GRAVE 7	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.
---	-----------	-----------	------------	--

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED 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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. PREV MASS BUR OF UNKNOWNNS X-90, X-91-A & X-91-B IN SAME GRAVE., X-90 IDENT. AS POLLOCK, AUSTIN W., 364162. UNKNOWNNS X-91-A & X-91-B SEGREGATED. REMAINS PERM INTERRED IN NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 497.

FILE
RECORDS ANNOTATED

DATE *6 Dec 57*
NAME *Engineer [Signature]*
BR. MEM. DIR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

2. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

3. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

4. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

6. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

7. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6

DISINTERMENT DIRECTIVE

243 unk Guadalcanal X-91A

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER BT30 03471		DATE 26 11 51 DAY MONTH YEAR		
NAME UNKNOWN X-91-A		SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
CEMETERY GUADALCANAL SOLOMON ISLANDS		PLOT C	ROW 85	GRAVE 7	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED 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.

SIGNATURE OF AGRS INSPECTOR

File 26 Feb 62

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. PREY MASS BUR OF UNKNOWNS X-90, X-91-A & X-91-B IN SAME GRAVE., X-90 IDENT. AS POLLOCK, AUSTIN W., 364162. UNKNOWNS X-91-A & X-91-B SEGREGATED. REMAINS PERM INTERRED IN NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 497.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Rec Sec Reg Br Mem Div	ID Br Screening Unit ATTN: Mr Newbaker IN TURN Mr. Barrrens Inves Sec	21 Nov 51	<p>SUBJECT: Screening of Unknowns - Guadalcanal</p> <p>1. Unknowns X-90, 91A and 91B Guadalcanal were previously screened as a Common Grave of three unknowns.</p> <p>2. Unknown X-90 Guadalcanal has been identified as Pollock, Jr. Austin Wendell, USMC, and Subject file has been re-screened as X-91A & B.</p> <p>3. It is requested <u>X-91 A & B</u> be rescreened as individual unknowns since latest burial reports show that <u>X-91A</u> was interred in NMCP 4-497 and X-91 B interred in NMCP 4-468, therefore they should be reclassified as individual unknowns. New Disinterment Directives are now being issued as individual unknowns.</p> <p>1 Incl 293 - 91 A & B</p> <p style="text-align: right;"><i>Oderwald</i> ODELWALDER 73836 <i>Frank</i> FRANKE 53975</p>
2	Mem Div Ident Br Rec Unit	M/R Branch ATTN: Mrs Hawkins	23 Nov 1951	<p>1. Comment 1, Paragraph #3, complied with.</p> <p>2. Forwarded for necessary amendment of records.</p> <p>2 Incls 1. 293 File (X-91-A, Guadalcanal) 2. 293 File (X-91-B, Guadalcanal)</p> <p style="text-align: right;"><i>Barrrens</i> BARRRENS 73769 <i>Lucas</i> LUCAS 76128</p>

ORIGIN 293
POLLOCK, Austin W. Jr.
364 162 - USMC

13 August 1951

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference MG Form 1044, 1044a, and 1044b dated 7 October 1949 for Unknown remains X-90, Army, Navy, Marine Cemetery, Guadalcanal, which are at present interred in the Honolulu National Cemetery, T. H.
2. Administrative screening by this Office indicates a possible association of X-90 with Pvt. Austin Wendell POLLOCK Jr., 364 162, USMC.
3. It is requested X-90 be reprocessed with a view toward possible association with POLLOCK. ORMG Form 371 w/NavMed form H-4 for POLLOCK is inclosed for your information.
4. Should identification action prove unfeasible, it is requested the MG Form 371 be returned to this Office with no further action necessary.

FOR THE COMMANDER (AND ALL)

1 Incl
371 w/H-4
for POLLOCK, A.W. Jr.

THOMAS L. COX
Major
Memorial Division

Unknown X-90, ANM Cemetery, Guadalcanal

Handwritten: X-90 X-90

Handwritten: 911A

FILE UNDER NO. 295 - Unk. - ~~XXXXXX~~ X-91 (~~XXXXXXXXXX~~)

Reinterment (8730) X 91-A

+ 91-B

INDEX SHEET

SYNOPSIS

FORM

17 Sept. 1947

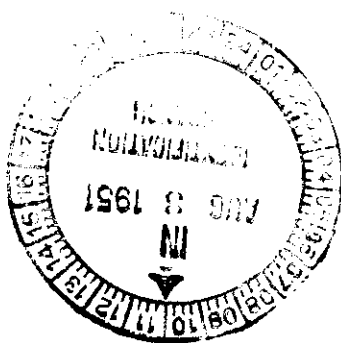
Reinterment Directive # 3750 *C.N. 140* covering Group of
Mass Burials from GUADALCAGAL to HONOLULU M/C
cemetery. HONOLULU, TERRITORY OF HAWAII

DOCUMENT FILED UNDER NO. 293 - ~~Honolulu~~

Reinterment (8730)

~~XXXXXXXXXX~~
X 91, 91-A
91-B

m2c





1

DISINTERMENT DIRECTIVE

293 ~~unit~~ Guadalcanal (8730) X90

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	8730 CG-140	08 12 49

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
COMMON GRAVE (SEE ATTACHED SHEET)			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUADALCANAL S I	C	85	7	0492 64
				CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	
CASKET BOXED AND MARKED	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]
SIGNATURE OF AGRS INSPECTOR **FILE**

REMARKS AND SPECIAL INSTRUCTIONS	RECORDS ANNOTATION
REMAINS UNIDENTIFIABLE PERMANENTLY INTERRED IN NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, T. H. SECTION B, GRAVES 497, 468	NAME <i>[Handwritten]</i>

461

RECORD OF CUSTODIAL TRANSFER

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

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER: **8730 CG-140** NUMBER OF REMAINS IN GROUP: NUMBER OF CASKETS: TEMPORARY OVERSEAS CEMETERY: **GUADALCANAL, S. I.** U.S. NATIONAL CEMETERY: **NAT'L MEM CEM OF PAC**

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP: **PLOT C, ROW 85, GRAVE 7** DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP: **8730 CG-140** **TH**

DECEDENT IN GROUP			NEXT OF KIN		
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNKNOWN		X-90			
UNKNOWN		X-90A 947			
UNKNOWN		X-90B 9113			

DISINTERMENT DIRECTIVE

2

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 CG-140

DATE
08 12 49
DAY MONTH YEAR

NAME COMMON GRAVE (SEE ATTACHED SHEET)	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
CEMETERY GUADALCANAL S I	PLOT C	ROW 85	GRAVE 7	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

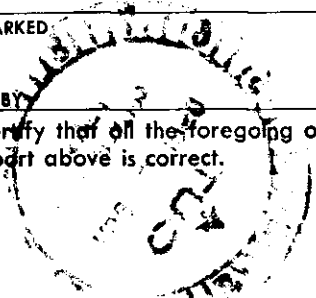
OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
CASKET SEALED BY	EMBALMER (<i>Signature</i>)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

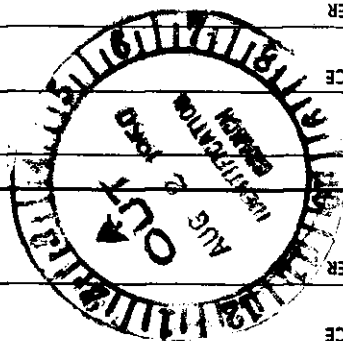


SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
**REMAINS UNIDENTIFIABLE
PERMANENTLY INTERRED IN NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, T. H.
SECTION B, GRAVES 497, 468**

RECORD OF CUSTODIAL TRANSFER

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



GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER

NUMBER OF REMAINS IN GROUP

NUMBER OF CASKETS

TEMPORARY OVERSEAS CEMETERY

U.S. NATIONAL CEMETERY

830 CG-140

GUADALCANAL, S. I.

NAT'L MEM CEM OF PAC

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP
PLOT C, ROW 85, GRAVE 7

DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP TH
8730 CG-140

DECEDENT IN GROUP

NEXT OF KIN

NAME OR "X" NUMBER

RANK

SERIAL NUMBER

CREED

NAME

ADDRESS

UNKNOWN

X-90

UNKNOWN

X-90A 91A

UNKNOWN

X-90B 91B

NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC

1

Interred 13 June 1949
Graves X-90, X-91A, X-91B, Sect. 7, Graves 497, 468
DISINTERMENT DIRECTIVE
ALVAN C. BAKER - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 8730 ~~88-15~~
DATE: 17 9 47
DAY MONTH YEAR

NAME: ~~COMMON GRAVE~~ GROUP BURIAL (SEE BELOW)
SERIAL NUMBER: [Blank] RANK: [Blank] ARM: 8
CEMETERY: GUADALCANAL
DATE OF DEATH: [Blank] DAY MONTH YEAR
DISPOSITION OF REMAINS: 0 0492 64
CODE DIST. PT.
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: [Blank]

SECTION C - DISINTERMENT AND IDENTIFICATION
NAME: GROUP BURIAL, Unk. X-90, 91-B, 91-A
SERIAL NUMBER: Unk. RANK: Unk. DATE OF DEATH: 18 Mar 44
DATE DISTINTERRED: 1 Dec 47
IDENTIFICATION TAG ON: [] REMAINS, [] MARKER
ORGANIZATION: UNKNOWN
RELIGION: Unk. IDENTIFICATION VERIFIED BY: Lt. Clark
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL: Uncasketed
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: Cemetery Record & Grave Marker

MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET
DATE: 1 Dec 47 BY: LEG. K. SMITH

CASKET SEALED BY: M. C. DUNMAN
EMBALMER (Signature): M. C. DUNMAN

CASKET BOXED AND MARKED
DATE: 27 May 49 BY: M. C. DUNMAN
SHIPPING ADDRESS VERIFIED BY: R. L. FRANK

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. FRANK
R. L. FRANK
REPATRIATION BRANCH MEM. DIV.

Inspected for identification on 5 May 1948 per paragraph 2, 1st Ind. of G.M.C. File Report G.M.C. Form 1194 (Rev. 1-1-48) dated 5 May 1948.

THIS ~~GROUP~~ GROUP BURIAL CONTAINS THE REMAINS OF UNKNOWN X-90, AND X-91A AND 91B WHICH HAVE BEEN DECLARED UNIDENTIFIABLE

200, 210

RECORD OF CUSTODIAL TRANSFER

FROM		U. S. ARMY MAUSOLEUM NO. 3		TO		CHIEF HAWN DC	
KIND OF CONVEYANCE		BRUCK		NAME OF CONVOYER		REPAIRING	
SIGNATURE OF SHIPPER		<i>[Signature]</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		JUN 19 1943		DATE		JUN 19 1943	
FROM		2. SHIPPED		TO		CAPTAIN Q M C	
KIND OF CONVEYANCE				NAME OF CONVOYER		JAMES H HARRIS	
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		3. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		4. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		5. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		6. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		7. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-91 "A" Common Grave 15.			2. DATE OF REPORT 7 October 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guadalcanal Cemetery	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	C	J	47	DISINTERMENT	REINTERMENT
		85	7	5 Oct '48	7 Oct '48

PHYSICAL DESCRIPTION **Age at least 21.**

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT See item #21.	10. COLOR OF HAIR U. T. D.	11. RACE Possibly Mongoloid
--	---	--------------------------------------	---------------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed plate on box reading: Unknown X-90 and X-91, Plot-C, Row-85, Gr-7.
One (1) embossed plate on box reading: Common Grave 15, X-90, X-91, Guadalcanal.**

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

None

UNIDENTIFIABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
1st. Lt., FA O-1167395 *Cyril C. Disney 20 Jan 1949*

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

**Squatting facets on tibiae and talus.
Retroverted tibial heads.
Bowed femora.**

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

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

See attached narrative.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a man at least 21 years of age, very short in height and of good muscularity.

Absence of many skeletal parts precludes further information.

Height:

Rollet:	157	61.81	5' 1 7/8"
Krogman:	164	64.52	5' 4"
Pearson:	159	62.60	5' 2 1/2"

FLUOROSCOPICAL EXAMINATION NEGATIVE.

NO TEETH.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

O. W. Greenwood

GENERAL IDENTIFICATION LABORATORY
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		7 missing.
	THORACIC	8		4 missing, eroded.
	LUMBAR	3		2 missing, eroded.
SACRUM		1		Badly eroded. Portions missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	" " " "
	LEFT	1		" " " "
RIBS		12		Badly eroded. 12 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Sternal end missing.
	LEFT	1		" " "
SCAPULAE	RIGHT	1		Badly eroded. Portions missing.
	LEFT	1		" " " "
HUMERI	RIGHT	1	30.3	
	LEFT	0		Missing.
RADII	RIGHT	1	24.0	
	LEFT	0		Missing.
ULNAE	RIGHT	1		Distal tip missing.
	LEFT	0		Missing.
HANDS	RIGHT	1		1 carpal, 1 metacarpal & 1 phalanx present only.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Head, neck and condyles missing.
	LEFT	1		Condyles missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	(32.7)	Eroded.
	LEFT	1	(33.0)	"
FIBULAE	RIGHT	0		Missing.
	LEFT	0		"
FEET	RIGHT	1		5 metatarsals present only.
	LEFT	1		4 tarsals and 3 metatarsals present only.
NUMERO-CLAVICULAR RATIO U. T. D.				APPROXIMATE AGE (in years) At least 21.
ESTIMATED HEIGHT See item 21.				LEG-HIP BR RATIO U. T. D.
ESTIMATED WEIGHT U. T. D.				
ENCLOSURE TO: UNKNOWN X-91 "A"				Guadaluana

M. Trotter
M. TROTTER
ANTHROPOLOGIST

CENTRAL IDENTIFICATION LABORATORY
APO 957

7 October 1948

NARRATIVE

The following remains were processed simultaneously:
Common Grave 15, (Unknown X-90 and X-91) Guadalcanal, Plot-C,
Row-85, Grave-7.

Upon examination it was found that the partial remains of
at least four (4) individuals (duplication of left calcaneus
and left medial femoral condyle) were present.

Unknown X-90, which was a fairly complete remains shows
evidence which indicates the white race.

In two of the remains, Unknown X-91 "A" and X-91 "B",
certain criteria are indicative of the Mongoloid race (i.e.
shortness of stature, platymeria, squatting facets, bowed
femora and retroverted tibial heads).

The remaining skeletal parts (calcaneus and medial con-
dyle of left femur) were catalogued and filed as C. I. L.
Unknown X-871.

The three remains were wrapped separately and placed in the
original casket.

GROUP AND MASS BURIAL IDENTITY LIST

Overseas Cemetery
 GUADALCANAL, SOLOMON IS.

U.S. National Cemetery of
 Final Burial
 HONOLULU NATIONAL CEM., HONOLULU, T. H.

Group Burial Number
 8730 GB-15

Number of Remains
 In Group 3

Number of Caskets
 3

NAME	RANK	SERIAL NUMBER	ORGANIZATION	DISINTERMENT DIRECTIVE NO.
GB UNKNOWN A-90				8730 GB-15
" " X-91 A				"
" " K-91 B				"

ONE

Fill out in duplicate for each casket.
 Each form to be sealed separately in a shipping envelope.
 One envelope to be attached to handle of casket.
 Second envelope to be tacked to outside of shipping case.

R. H. Smith

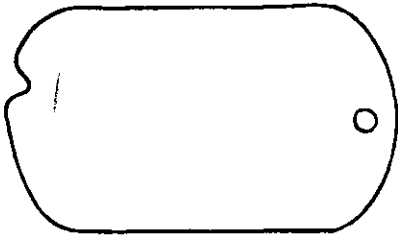
 Signature of GRS Inspector

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
5 July 1949

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-91A (GUADALCANAL UNIDENTIFIABLE)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH Guadalcanal, S. I.		

CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL 13 June 1949	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. ✓	ROW No.	GRAVE No. 497
---------------------------------------	---------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal BSI	PLOT No. C	ROW No. 85	GRAVE No. 7
--	---	----------------------	----------------------	-----------------------

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown X-91B (Guadalcanal, Solomon Is.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 468
---	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-88 (Guadalcanal, Solomon Is.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 526
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT  Margaret E Parry, Chief Clerk, IDC	SIGNATURE OF GRS OFFICER VERIFYING REPORT  James B Harris, Capt., IDC
--	---

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.


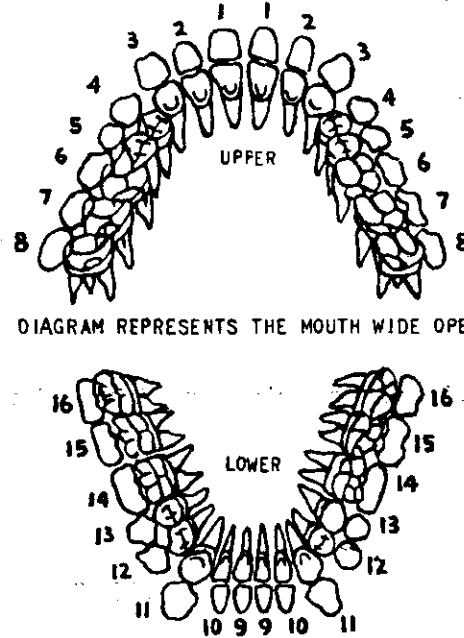




INSTRUCTIONS:

(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

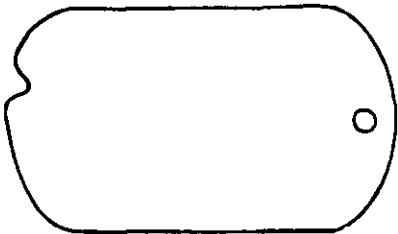
FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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

67. 44 80 01 61 701



REMARKS:
 Group of 3 remains in 3 caskets
 Unknown X-90 (Casket 1 of 3) Guadalcanal, Solomon Is. Section Q, Grave 497
 Unknown X-91A (Casket 2 of 3) Section Q, Grave 497
 Unknown X-91B (Casket 3 of 3) Section Q, Grave 468

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 <p align="center">5 July 1949</p>				
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) <p align="center">UNKNOWN X-91A (GUADALCANAL (UNIDENTIFIABLE))</p>	SERIAL No. <p align="center">Unknown</p>				
	GRADE <p align="center">Unknown</p>	ORGANIZATION <p align="center">Unknown</p>	BRANCH OF SERVICE <p align="center">Unknown</p>			
	RACE <p align="center">Unknown</p>	RELIGION <p align="center">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <p align="center">Guadalcanal, S. I.</p>	CAUSE OF DEATH <p align="center">Unknown</p>	DATE OF DEATH <p align="center">Unknown</p>				
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">UNIDENTIFIABLE</p>					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <p align="center">Yes</p>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">National Memorial Cemetery of the Pacific, Honolulu, T. H.</p>						
DATE OF BURIAL <p align="center">15 June 1949</p>	HOUR <p align="center">1000</p>	BURIED IN (Shroud, blanket, or name of other) <p align="center">Permanent Type Casket</p>	TYPE OF GRAVE MARKER <p align="center">Cross</p>	PLOT No. <p align="center">Q</p>	ROW No. 	GRAVE No. <p align="center">497</p>
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">AMM Cemetery, Guadalcanal MSI</p>					
		PLOT No. <p align="center">C</p>	ROW No. <p align="center">85</p>	GRAVE No. <p align="center">7</p>		
TYPE OF RELIGIOUS CEREMONY <p align="center">Catholic Protestant</p>	PERSON CONDUCTING BURIAL RITES <p align="center">Eugene L A Fisher, Chaplain Albert P Click, Chaplain</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">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">Yes</p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Unknown X-91B (Guadalcanal, Solomon Is.)</p>		RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p align="center">468</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">Unknown X-88 (Guadalcanal, Solomon Is.)</p>		RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p align="center">526</p>	
SIGNATURE OF PERSON PREPARING REPORT <p align="center"><i>Margaret E Parry</i> Margaret E Parry, Chief Clerk, HDC</p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center"><i>James B Harris</i> James B Harris, Capt., OMC</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 air-planes, vehicles, and tanks.

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

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>LOWER</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 consisting of 3 remains in 3 caskets
 Unknown X-90 (Casket 1 of 3) Guadalcanal, Solomon Is.
 Section Q, Grave 497
 Unknown X-91A (Casket 2 of 3) Section Q, Grave 497
 Unknown X-91B (Casket 3 of 3) Section Q, Grave 468


RESTRICTED

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

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

DATE OF REPORT

20 Jan 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-91 st A st		Unknown
	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 Guadalcanal Solomon Islands	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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			J	47A

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE								
Yes	ANM Cemetery, Guadalcanal		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> <tr> <td>C</td> <td>85</td> <td>7</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	C	85	7
PLOT No.	ROW No.	GRAVE No.							
C	85	7							

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.

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.

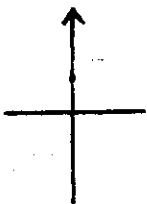
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

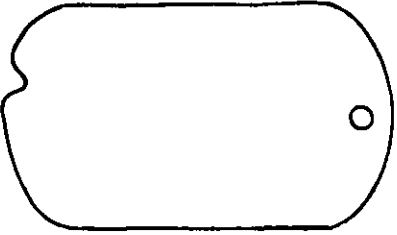
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">20 Jan 1949</p>
---	---	--

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
UNKNOWN X-91^A	NAME (Last, first, middle initial)		SERIAL No.
	GRADE		BRANCH OF SERVICE
	ORGANIZATION		
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	Unknown	Unknown
Unknown	Unknown		
PLACE OF DEATH Guadalcanal Solomon Islands	CAUSE OF DEATH Unknown		DATE OF DEATH Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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

DATE OF BURIAL 14 Jan 1949	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. J	GRAVE No. 47A
--------------------------------------	------	--	----------------------	----------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ABM Cemetery, Guadalcanal		
	PLOT No. C	ROW No. 85	GRAVE No. 7

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

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


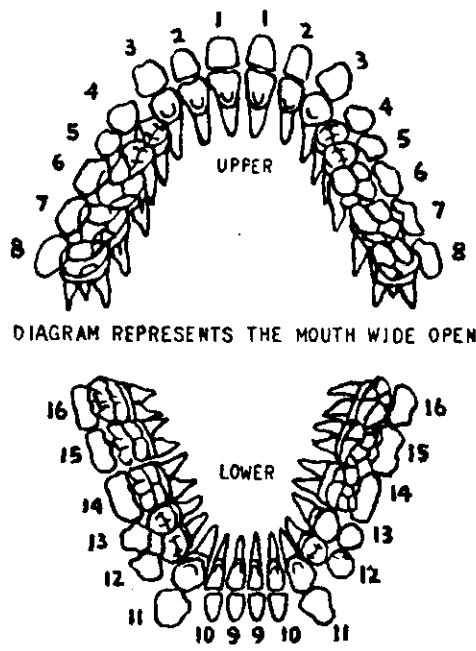




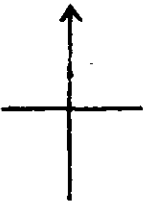
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	-------------------	-------------------------	---------------------------	------------------------

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

SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  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

LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of 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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>		
RIGHT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>				
RIGHT INDEX FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>				
RIGHT MIDDLE FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
RIGHT RING FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>				
REMARKS:					

RESTRICTED

IDENTIFICATION SEC
REPATRIATION RECORDS &
MEMORIAL DIVISION

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)

UNIDENTIFIED BODIES **X - 90 & X - 91**

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

Guadalcanal, Solomon Islands. Information not available at this station.

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

0845 - 18 March 1944 (Reburial) Guadalcanal Army, Navy and Marine Cemetery.

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

7 85 C 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

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

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

Body buried on RIGHT Lewis F. Wendel 612-77- 33 S 1/c USN-2nd-Spec-C.B. 8
(Name) (Serial #) (Rank) (Orgn) (Grave #)

Body buried on LEFT H. P. Swarts Unknown Unknown USMC 6
(Name) (Serial #) (Rank) (Orgn) (Grave #)

Information not available at this station.

(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:

(Verified by Army GRS Officer)

Graves Registration Officer.

1st Lt., GRC,

CHESTER E. GOODWIN,

Chester E. Goodwin
(reporting burial)

(Signature of Officer or other person

CHESTER GRANT, #20117698, S/Sgt, 45th QM, GREG Co.

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. Ctr. 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 rifle: _____
 Wear glasses? _____
 Is tooth chart 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