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297

1

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 11 March 1949

DISINTERMENT DIRECTIVE

F 155

Thomas B. Baker Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 8730 00000

DATE 26 09 47 DAY MONTH YEAR

NAME UNKNOWNX-000094

SERIAL NUMBER UNKNOWNX-000094

RANK

ARM 8 DATE OF DEATH

CEMETERY GUADALCANAL

DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.

PLOT C 90 ROW GRAVE 6 COUNTRY SOLOMON ISLANDS

CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-94

SERIAL NUMBER UNK

RANK UNK

DATE OF DEATH UNK

DATE DISTINTERRED 2 December 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION USMC

RELIGION UNK

IDENTIFICATION VERIFIED BY George M. Clark, 1st Lt., NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CASKET

CONDITION OF REMAINS SKELETON

OTHER MEANS OF IDENTIFICATION Mortuary Tag

MINOR DISCREPANCIES 1 EMBOSSED TAG READS: "UNK. X-94. GUAD" - SEE ADDITIONAL INFORMATION UNDER "REMARKS."

REMAINS PREPARED AND PLACED IN CASKET DATE 1 July 1948 BY N.R. JOYNES, EMBALMER

CASKET SEALED BY E. E. BRAYBOY

EMBALMER (Signature) *Nathaniel R. Joynes* NATHANIEL R. JOYNES

CASKET BOXED AND MARKED DATE 1 July 48 BY E. E. BRAYBOY

SHIPPING ADDRESS VERIFIED BY A. D. MACFIE

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

LLOYD G. ORMES

SIGNATURE OF GRS INSPECTOR

FILE 12 JUL 1949

REPATRIATION BRANCH

NLN *Diad 238*

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

FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			

2. SHIPPED

FROM			
KIND OF CONVEYANCE	TRUCK		
SIGNATURE OF SHIPPER	<i>John T. Morley</i>		
DATE	24 FEB 1947		
TO			
NAME OF CONVOYER	HAWK DIS		
SIGNATURE OF RECEIVER	<i>James B Harris</i>		
DATE			

3. SHIPPED

FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			

RECORD OF CRITICAL TRANSFER

REPAIRS
RECORDS BRANCH

JUN 3 8 45 AM '47

MEMORIAL DIVISION

JAMES B HARRIS
CAPTAIN O M C

SEE PAGE

Capt. O M C 01585944

J E WILSON O M C
JOHN T. MORLEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-94 Guadalcanal				2. DATE OF REPORT 23 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #1 Formerly of Guadalcanal Cemetery.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	C	C	5	DISINTERMENT	REINTERMENT
	C	90	6	23 Mar '48	23 Mar '48

PHYSICAL DESCRIPTION **Age 22 to 24 years.**

8. ESTIMATED WEIGHT 155 lbs.	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR U. T. D.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) embossed metal grave marker reading: Unknown X-94, Plot-C, Row-90, Grave-6, (attached to end of box).
One (1) embossed metal grave marker, with remains reading: Unknown X-94, found buried with: Farrar, R. C., 336677 USMC, Watelskt, C. A., 346458, USMC.

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

U N I D E N T I F I A B L E
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None

April C. Driney 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

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) left shoe size, 9½ E- { -G. I. Field type, dark brown.
 One (1) right shoe size, 9½ E-

Incl 20

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:

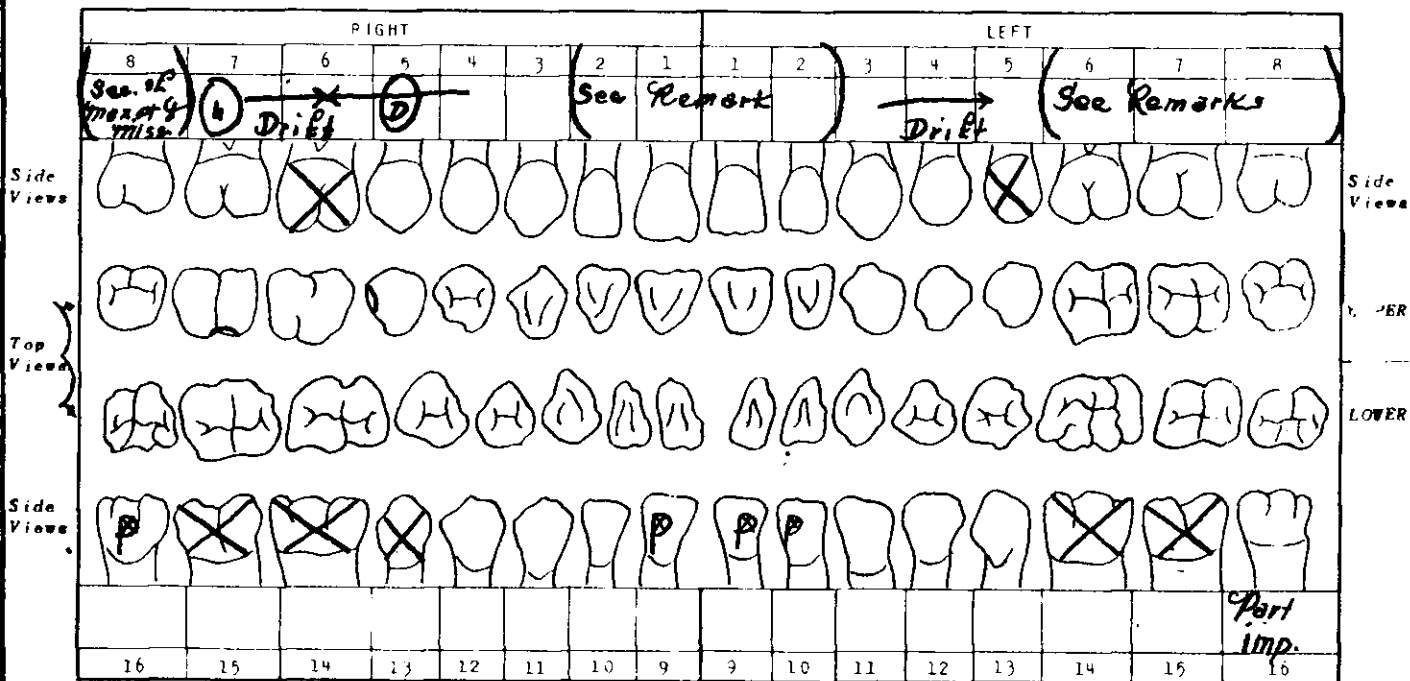
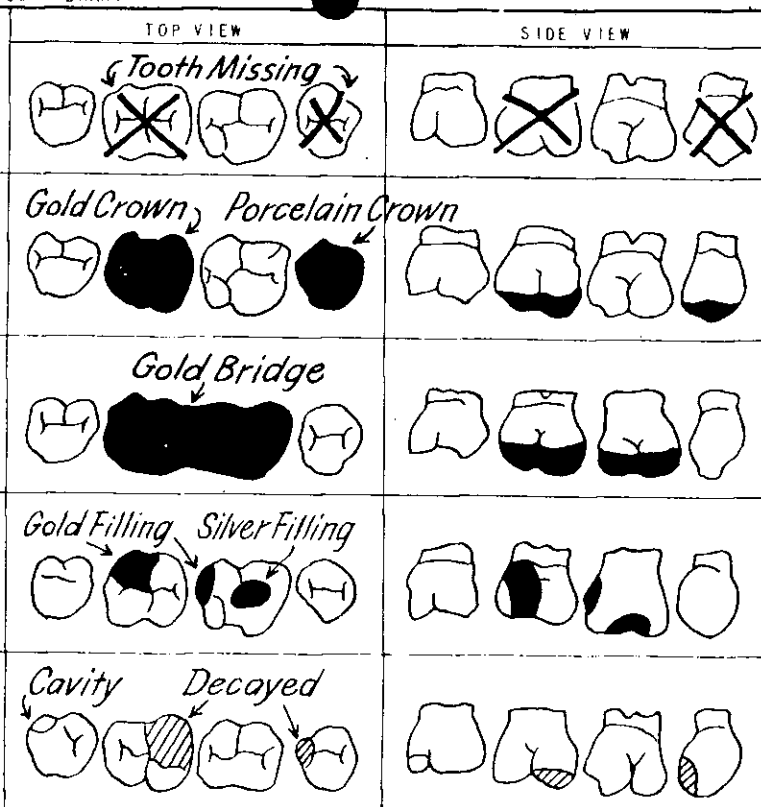
Unknown X-94
Guadalcanal

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:

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:



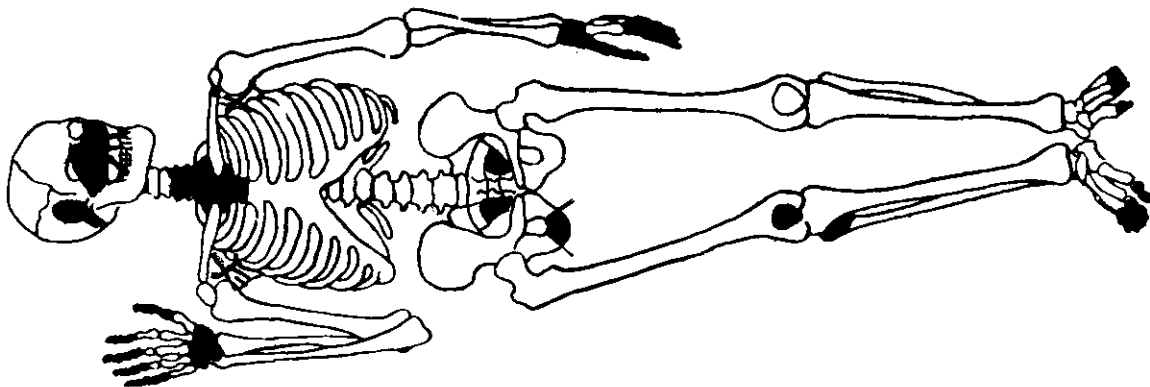
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASSES ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS:

1. L-16 might have been forced farther in to jaw, mandible fractured in that area.
2. Either R-1 or R-2 is extracted and the same for L-1 and L-2. The tooth present is missing posthumously.
3. L-4 is in torsion distal version.
4. There is one upper left molar present with an A - O filling.
I feel that at least one upper left molar is extracted.

406

19. BLACK OUT PARTS OF BODY NOT REGISTERED



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.

Paul L. Gravenor
 Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man of average muscular build and of approximately 22 to 24 years of age.
 The skull is of an average size and is round-oval in shape.
 The vault is high.
 The highest point is at the obelion.
 The forehead is low with prominent browridges.
 The backhead is prominent, presenting a medium occipital protuberance.
 The absence of facial parts limits description of its characteristics.
 The jaw is average, presents a noticeable gonial flare.
 The chin is pointed and has a narrow bilateral eminence.

Fluoroscopic examination unnecessary. Teeth charted.

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

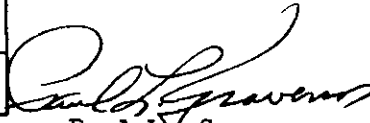
**CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957**

O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.0	Fractured-large hole in right temporal.
VERTEBRAE	CERVICAL	5		#6 & 7 missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		Badly fractured. Part of each wing missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 27.5	Fractured-Pubis missing.
	LEFT	1		
RIBS		24		
STERNUM		1		Manubrium missing.
CLAVICLES	RIGHT	1	15.0	
	LEFT	1		
SCAPULAE	RIGHT	1		Multiple fractures.
	LEFT	1		
HUMERI	RIGHT	1	34.2	
	LEFT	1	34.3	
RADII	RIGHT	1	26.0	
	LEFT	1	25.3	
ULNAE	RIGHT	1	27.3	
	LEFT	1	27.4	
HANDS	RIGHT	1		#1, 3, 4, 5 and 2 metacarpals and 1 phalange present, balance missing.
	LEFT	1		#4 and 5 metacarpals present, balance missing.
FEMORA	RIGHT	1	47.3	
	LEFT	1	46.7	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1	40.2	
	LEFT	1	40.3	
FIBULAE	RIGHT	1	38.7	
	LEFT	1		Head missing.
FEET	RIGHT	1		Few terminal phalanges missing.
	LEFT	1		" " " "

HUMERO-CLAVICULAR RATIO	43.8		APPROXIMATE	
ESTIMATED HEIGHT	5' 10"	AGE	22 to 24	YEARS
ESTIMATED WEIGHT	155 lbs.		LEG-HIP BR RATIO	58.4


 Paul V. Graves
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-94 Guadalcanal

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)

Unknown X-94

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

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

16 May 1944 Army, Navy, Marine Cemetery Guadalcanal

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

6 90 "C" Wooden Cross
 (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?)
 Body disinterred from isolated burial 16 May 1944. No tags on cross or body. Size of shoes (90) Tooth Chart taken Atchd to GRS-1. Unknown body buried on the left of Matelski. 346458 US C Body of R.C. Farrar was buried on the right of Matelski. All three graves in one row.

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

Body buried on RIGHT	Buchan, John W.	625-95-88	Mo ML1/c	Boat Pool 12 USNR	7
	(Name)	(Serial #)	(Rank)	(Orgn)	(Grave #)
Body buried on LEFT	Matelski, C.A.	346458		USMC	5
	(Name)	(Serial #)	(Rank)	(Orgn)	(Grave #)

Unknown

(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:

Not Handled:

Auth War Dept W. 600-61-43- dated 28 July 1943
 Memo Hq. 121 USAFISPA dated 21 Aug 1943

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. 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:	Apparent nationality
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race	Is tooth chart attached?

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

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

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

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

Mgt Richard Meyer
 (Signature of Officer or other person reporting burial)

George M. McVeigh
 (Verified by Army GRS Officer)
1st Lt. G. M. C. McVeigh

4
3
2
1
0

LEFT HAND

THUMB

4
3
2
1
0

THUMB