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FILE IDENTIFICATION TOPPER

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FILE NUMBER	
SUBJECT	293 Ink Machine Case X-95 (A Thru B)

QMC FORM 1121  
1 AUG 45

1

# DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 CG-135

DATE  
14 11 49  
DAY MONTH YEAR

COMMON GRAVE  
(SEE ATTACHED SHEET)

SERIAL NUMBER GRADE ARM RACE RELIGION  
8 0 6

CEMETERY  
GUADLACANAL - S I

PLOT ROW GRAVE DISPOSITION OF REMAINS  
C 91 5 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 ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN NAME AND TITLE  
 MARKER

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
OTHER MEANS OF IDENTIFICATION

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

**HANG**

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)  
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]*  
X 293 Guadalupe X 95A  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
PERMANENTLY INTERRED IN NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, T. H.  
SECTION Q, GRAVES 790, 791, 792, 793  
REMAINS UNIDENTIFIABLE  
*[Handwritten notes: F. H. P., 10/10/19, Sec]*

*And 101*

## GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER	NUMBER OF REMAINS IN GROUP	NUMBER OF CASKETS	TEMPORARY OVERSEAS CEMETERY
8730 CG-135	8	1	GUADALCANAL, S. I.
GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP			DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP
PLOT C, ROW 91, GRAVE 5			8730 CG-135
DECEDENT IN GROUP			
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	NAME
UNKNOWN		X-95	
UNKNOWN		X-95A	
UNKNOWN		X-95B	
UNKNOWN		X-95C	
UNKNOWN		X-95D	
UNKNOWN		X-95E	
UNKNOWN		X-95F	
UNKNOWN		X-95G	
		CREED	ADDRESS
		NEXT OF KIN	

NATIONAL CEMETERY  
 PACIFIC ISLANDS  
 MEMORIAL OF THE

**DISINTERMENT DIRECTIVE**

**2**

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

**8730 CG-135**

DATE

**14 11 49**  
DAY MONTH YEAR

**COMMON GRAVE  
(SEE ATTACHED SHEET)**

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

**8**

**0**

**6**

CEMETERY

**GUADLACANAL - S 1**

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

**C**

**91**

**5**

**0492**

CODE

**64**

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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS  
 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 194 for minor discrepancies.*)

**LIANG**

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (*Signature*)

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

**PERMANENTLY INTERRED IN NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, T. H.  
SECTION Q, GRAVES 790, 791, 792, 793**

**REMAINS UNIDENTIFIABLE**

**FILE**  
**DEC 9 1949**  
*James Smith*  
*Res. Sec.*



# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

8730 CG-135

DATE

14 11 49  
DAY MONTH YEAR

NAME  
**COMMON GRAVE  
(SEE ATTACHED SHEET)**

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

8 0 6

CEMETERY

GUADLACANAL - S 1

PLOT

ROW

GRADE

DISPOSITION OF REMAINS

C 91 5

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~~ 293 7/c

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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- 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

CASKET SEALED BY

EMBALMER (Signature)

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.

✓ 293 unk S. I. X 96 (a-g) (Guadla canal)

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

PERMANENTLY INTERRED IN NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, T. H.  
SECTION Q, GRAVES 790, 791, 792, 793

REMAINS UNIDENTIFIABLE

NAT  
FILE  
SENT NOV 18 1949

NAME

R & R BR.

SENT NOV 18 1949

1	PACIFIC June 1948 <b>DISINTERMENT DIRECTIVE</b> - Secretary of Superintendent 731, 792, 793, 794 ADJUTANT G. BAKER				
SECTION A - NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER	DATE	
UNKNOWNX-000095			8730 00000	26 09 47 DAY MONTH YEAR	
NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWNX-000095		8			DAY MONTH YEAR
CEMETERY				DISPOSITION OF REMAINS	
GUADALCANAL				0492 64 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
C	91	5	SOLOMON ISLANDS	6	
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN		
HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII  (BY ADMINISTRATIVE ORDER)					
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-95 Guadalcanal		Unk.	Unk.	Unk.	9 March '47
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER				Unk.	R. L. Trask, Emb. NAME AND TITLE
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL			CONDITION OF REMAINS		
Casketed			Skeletal		
OTHER MEANS OF IDENTIFICATION					
Cemetery Record and Grave Marker					
MINOR DISCREPANCIES					
None					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY			
2 July '48		WILLIAM J. WILLIS, EMBALMER			
CASKET SEALED BY			EMBALMER (Signature)		
M. C. DUNMAN			M. C. Dunman M. C. DUNMAN		
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY		
DATE 10 June 49 BY E. E. BRAYBOY			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 SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. *Inspected for identification by [unclear] paragraph 2, 1st Ind, [unclear] File QMOMO 293 (Pacific), dated 6 May 1948.					

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

FROM: *[Faint text]* TO: **CHIEF HAWAII**  
 KIND OF CONVEYANCE: **TRUCK** NAME OF CONVOYER: *[Faint]*  
 SIGNATURE OF SHIPPER: *J. E. Wilson* DATE: **14 JUN 1949**  
 SIGNATURE OF RECEIVER: *James B Harris* DATE: **14 JUN 1949**  
 J. E. WILSON, CAPTAIN, QMC  
 JAMES B HARRIS, CAPTAIN, QMC

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

KIND OF CONVEYANCE: (BY AIR OR OTHER)  
 SIGNATURE OF SHIPPER: *[Faint]* DATE: *[Faint]*  
 SIGNATURE OF RECEIVER: *[Faint]* DATE: *[Faint]*

## 6. SHIPPED

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

## 7. SHIPPED

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

~~293unk~~ AIR MAIL

~~Guadalcanal (misc)~~

SUBJECT: Resolution of Unidentified Remains

(X-95, X-99, X-118, X-312, X-314, X-320)

DEPARTMENT OF THE ARMY, OCMG, WASHINGTON 25, D. C. 11 January 1949

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

1. Reference is made to basic communication and inclosures, withdrawn.
2. Subject cases have been reviewed and this office concurs in the classification of Unknowns X-95, X-99, X-118, X-312, X-314, and X-320, all formerly Guadalcanal, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

6 Incls: w/d

F. H. MOTT  
Lt. Colonel, QMC  
Memorial Division

JAN 11 1 03 PM '49  
OCMG  
WARR BR  
dal:Morgan  
[Handwritten initials]

X-95 - Guadalcanal  
NJS  
JCM  
X-95

MEMORIAL DIVISION  
JAN 11 15 28 AM '49  
IDENTIFICATION BRANCH

Cross for each no. AIR MAIL  
✓ 293unk Guadalcanal (X-95, X-99, X-118, X-312, X-314, X-320)



AIR MAIL

SEP 21 1948

HEREC 293

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith QMC Forms 1044 for six unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948. *see*

2. Due to lack of dental anatomy and other identifying data, individual identification is not feasible.

3. Request acknowledgment of receipt.

FOR THE COMMANDING OFFICER:

6 Incls

1. QMC Form 1044-1044a-1044b-  
Bone List-X-95 Guadal.
2. QMC Form 1044-1044b-Bone  
List-X-99-Guadalcanal
3. QMC Form 1044-1044a-1044b-  
Bone List-X-118-Guadalcanal
4. QMC Form 1044-1044a-1044b-  
Bone List-X-312-Guadalcanal
5. QMC Form 1044-1044a-1044b-  
Bone List-X-314-Guadalcanal
6. QMC Form 1044-1044b-Bone List-  
X-320-Guadalcanal

HORACE MANN  
Captain, QMC  
Chief, RR Div

*443 HQ Pacific*

AIR MAIL

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-95 GUADALCANAL				2. DATE OF REPORT 18 February 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Guadalcanal	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	C	91	5	DISINTERMENT	REINTERMENT
				17 Feb '48	18 Feb '48

8. ESTIMATED WEIGHT 120 - 125 lbs.			9. ESTIMATED HEIGHT 156 - 61.43 - 5' 1-3/8"		10. COLOR OF HAIR -	11. RACE Possibly Native.
---------------------------------------	--	--	--	--	------------------------	------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unknown X-95, P-C, R-91, Gr-5.

One (1) embossed plate reading: Unknown X-95 - 64.

13. GIVE DESCRIPTION OF TATTOOS 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. CYRIL C. DISNEY  
1st. Lt. I. I. G-1167395 *Cyril C. Disney* *Dec 22 1948*

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?  
Fracture of mandible, innominates, lower leg bones.

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.

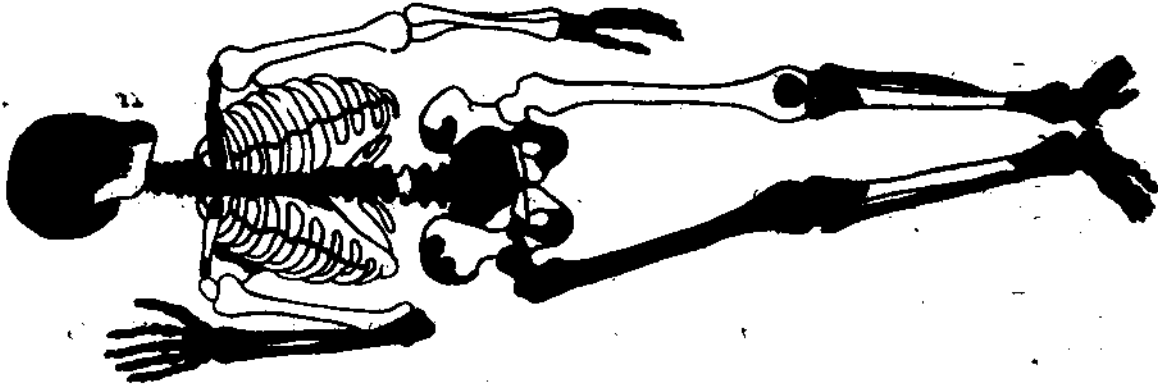
*Incl 1*

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: Unknown X-95</p>		
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: 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>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<b>MAXILLA AND TEETH MISSING</b>															
<p style="text-align: center;">THIS SECTION OF MANDIBLE + TEETH MISSING</p>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

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

(See reverse side)

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very small short man with a rather rugged body build. It is suggested that this individual is of native origin rather than that of a white person. The associated lower half of the right jaw fragment is of very heavy bone structure. It would appear that the chin is receding and the line of the jaw is long.

Animal bones were found among the remains and were removed and destroyed.

The remains of the seven (7) individuals were listed as Unknown 95-A-B-C-D-E-F-G and were replaced in the casket from which they were taken.

The bones of all of these individuals are stout and robust and are of short individuals. The tilted tibial heads the presence of squatting facets suggest a rather primitive habit. It would appear that they are the remains of natives.

Teeth charted. Fluoroscope examination negative.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

ITEM # 20

- (1) Unknown X-95 (A)  
One (1) left humeri, One (1) right femur, One (1) left tibia fragment.
- (2) Unknown X-95 (B)  
One (1) right humeri, one (1) left humeri fragment, One (1) right femur,  
One (1) left tibia.
- (3) Unknown X-95 (C)  
Right temporal fragment, one (1) left humeri, one (1) right femur, one (1) right tibia.
- (4) Unknown X-95 (D)  
One (1) lower half of left femur, one (1) left tibia, One (1) half of right tibia, one (1) right fibulae.
- (5) Unknown X-95 (E)  
One (1) left clavicle, one (1) right humeri, Right and left innominates, right and left femora, one (1) left fibulae.
- (6) Unknown X-95 (F)  
Fragment of left occipital and parietal, right and left humeri, one (1) left innominate, one (1) right femur, one (1) left fibulae.
- (7) Unknown X-95 (G)  
Right and left humeri, one (1) left innominate, one (1) right femur, one (1) right fibulae.

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

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Right side of mandible present only.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	0		Missing.
	LUMBAR	1		1-2-4-5 missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured, part of ilium missing.
	LEFT	1		Fractured, part of ilium & ischium missing.
RIBS		24		Fractured.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Both ends missing.
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fractured, part missing.
	LEFT	0		Missing.
HUMERI	RIGHT	1	30.5	
	LEFT	1	30.8	
RADII	RIGHT	0		Missing.
	LEFT	1	22.5	
ULNAE	RIGHT	0		Missing.
	LEFT	1	24.5	
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	0		Missing.
	LEFT	1	43.0	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1		Fractured, upper & lower ends missing.
	LEFT	1		Fractured, upper & lower ends missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		Missing.
FEET	RIGHT	0		Missing.
	LEFT	0		Missing.

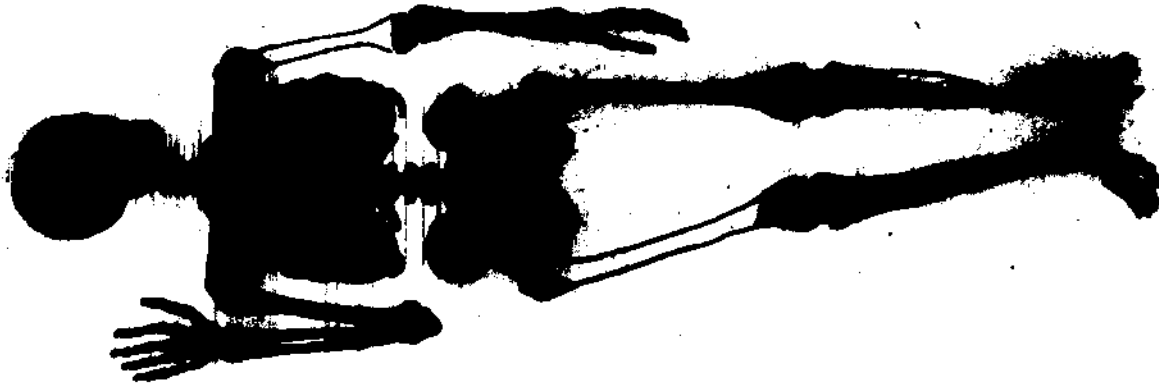
NUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	156 - 61.43 5' 1-3/8"	AGE	31-38 YEARS
ESTIMATED WEIGHT	120 - 125 lbs.	LEG-HIP BR RATIO	

*Charles E. Snow*

ENCLOSURE TO: Unknown X-95 GUADALCANAL

Charles E. Snow  
ANTHROPOLOGIST

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

*Charles E. Snow*

Charles E. Snow

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Fluoroscope examination negative.

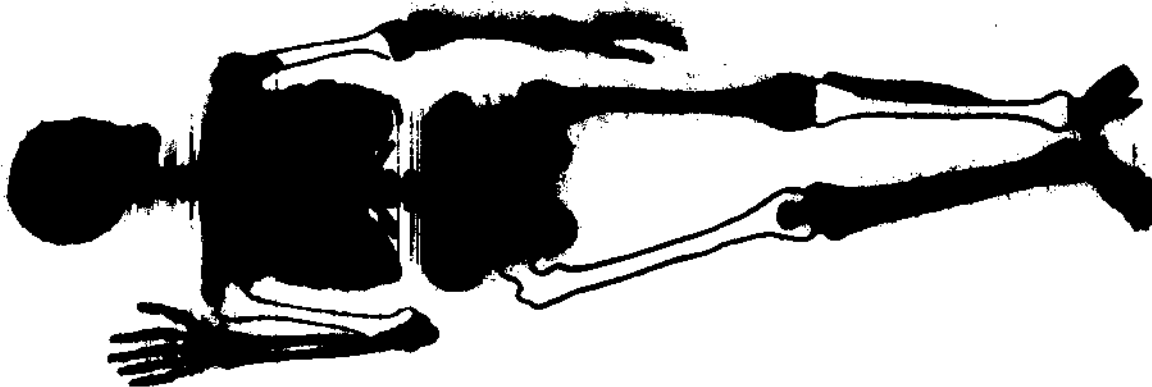
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
C. W. GREENWOOD, CAPT. QMC  
CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

SIGNATURE  
*C. W. Greenwood*

*RE!*

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

Charles E. Snow

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

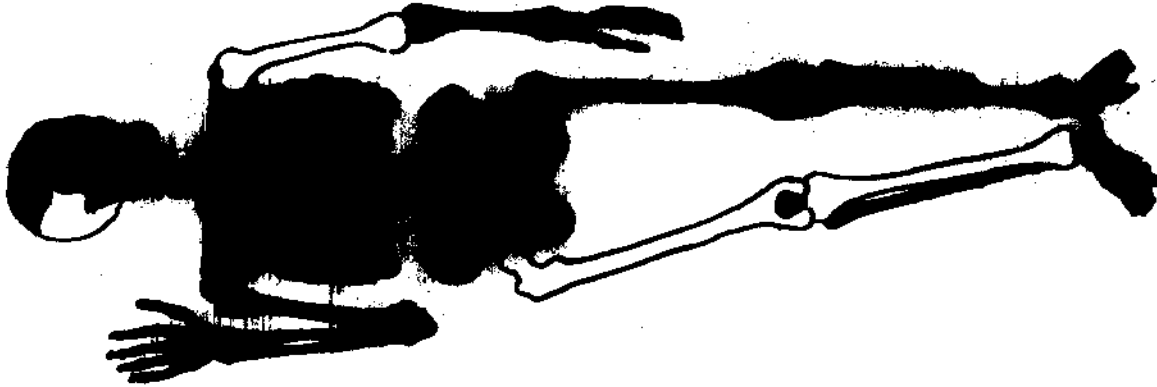
Fluoroscope examination negative.

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

TYPED NAME, GRADE, ARN OR SERVICE, AND ORGANIZATION	SIGNATURE
D. W. GREENWOOD, CAPT., OMC CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957	



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

Charles E. Snow,

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Fluoroscope examination negative.

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

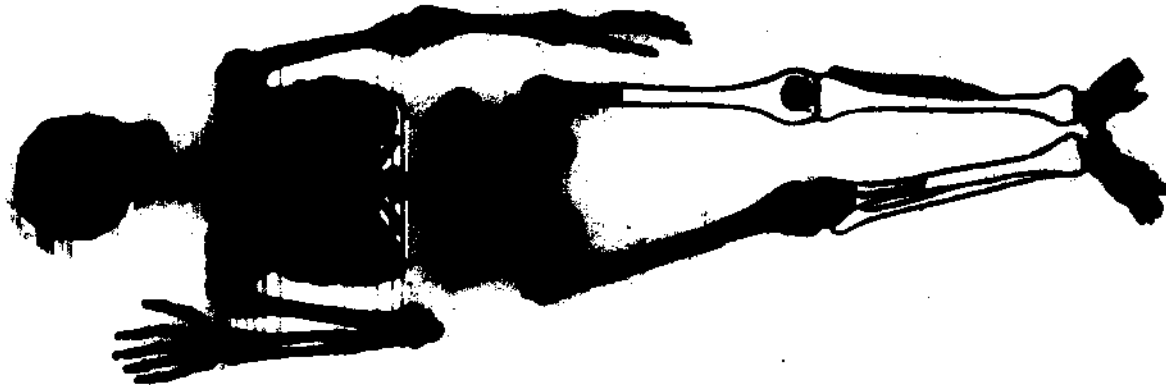
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

O. W. GREENWOOD, CAPT., QMC  
**CENTRAL IDENTIFICATION LABORATORY**  
**AND MAUSOLEUM, APO 551**

4/6

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

Charles E. Snow,

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

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

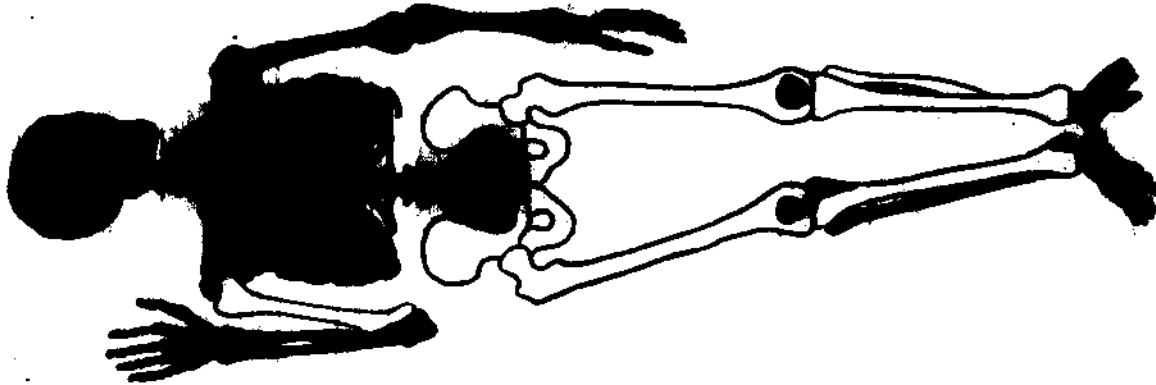
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY**  
**AND MAUSOLEUM, APO 951**

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

*Chas. E. Snow*

Charles E. Snow,

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

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

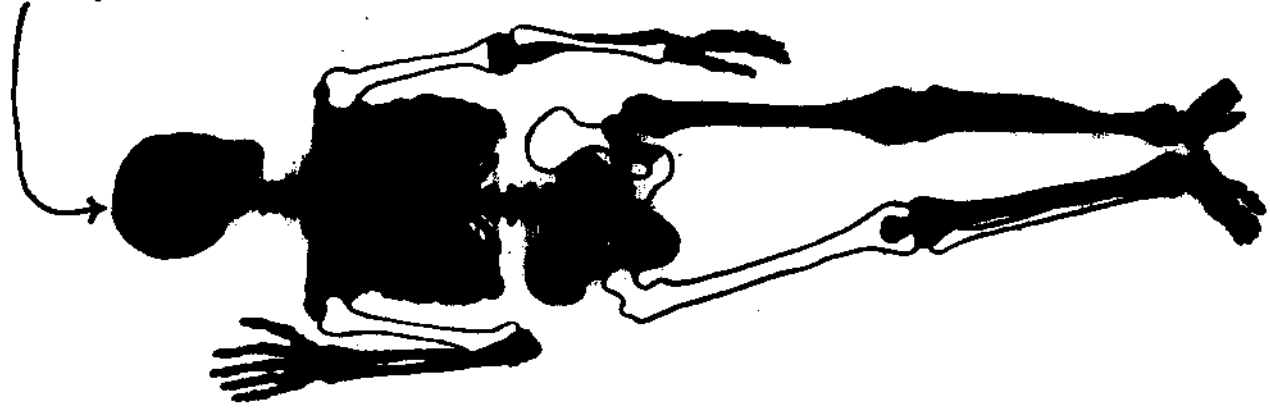
SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 951**

*O. W. Greenwood*

226-

19. BLACK OUT PARTS OF BODY NOT RECORDED  
Fragments of left occipital and parietal bones present.



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)  
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

*Charles E. Snow*

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Fluoroscope examination negative.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

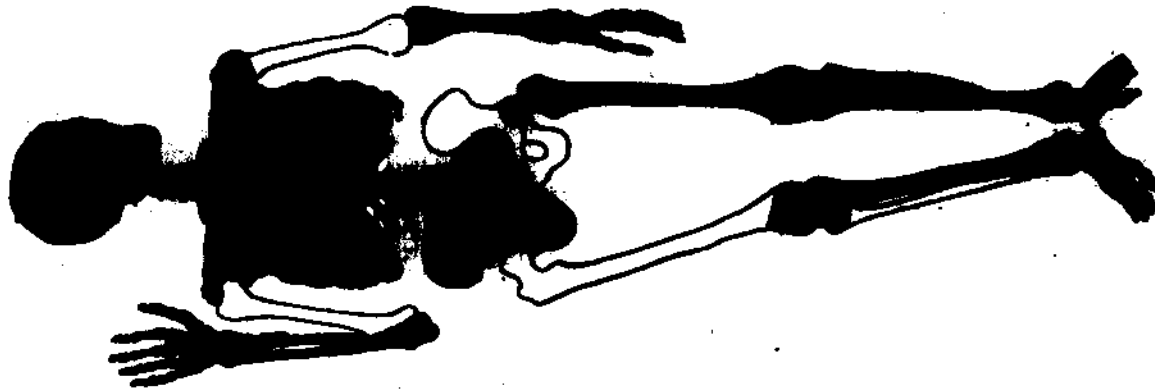
SIGNATURE

O. W. GREENWOOD, CAPT., OMC  
**CENTRAL IDENTIFICATION LABORATORY**  
AND MAUSOLEUM, APO 931

*O. W. Greenwood*

*Ho.*

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

*Charles E. Snow*

Charles E. Snow, SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

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, DMC  
CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 951

*O. W. Greenwood*

*Sh.*

23 OCT 1944

Unidentified Body X-6

Guadalcanal (Last name) Unknown (First) Unknown (Middle) Unknown (Serial number) Unknown (Rank) Unknown (Organization)

1400 23 May 1944 (Place of death) (Date of death) Army Navy Marine (Cause of death) Guadalcanal

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

5

91

"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 the body?)

Scattered bones found by fallen tree near Fighter Strip # 21 Guadalcanal. Pushed up by bulldozer while clearing. Bits of American equipment and clothing were found with the bones

(If no identification tags, but identity established, give (Name) (Rank) (Organization) (Grave number))

Body buried on RIGHT Clark, Lennox B. 290384 Ensign Scouting Sqdn 54 6  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Myers, Robert R. 09752 Capt. 3rd Bn. 22nd Mar Regt 4  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Unknown

Unknown

(Name and address of next of kin) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: No effect were found

87

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

LEFT HAND

4
3
2
1
THUMB

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 8/19/45). 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.**

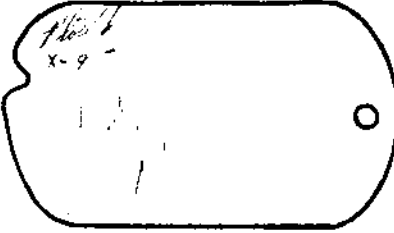


*John L. Stewart*  
 (Signature of officer or other person reporting burial)

*John L. Stewart*  
 (Verified by Army GRS er)

RIGHT HAND

4
3
2
1
THUMB

**RESTRICTED**

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 20 July 1949					
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>								
GRADE Unknown		NAME (Last, first, middle initial) UNKNOWN I-95 (GUADALCANAL (UNIDENTIFIABLE))		SERIAL No. 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		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										
<b>Section 2.—BURIAL.</b> 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 22 June 1949		HOUR 1000		BURIED IN (Street, Number, or name of altar) Permanent Type Casket		TYPE OF GRAVE MARKER Cross		PLOT No. Q	ROW No.	GRAVE No. 791
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								
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) Pace, Henry C.				RANK Tec 5	SERIAL No. 35637827	ORGANIZATION USAGF	GRAVE No. 761			
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)				RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
SIGNATURE OF PERSON PREPARING REPORT  Margaret E Parry, Chief Clerk, MDC				SIGNATURE OF GRS OFFICER VERIFYING REPORT  James B Harris, Capt., QMC						
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.

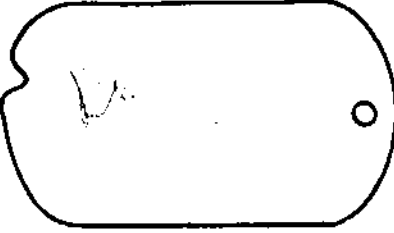

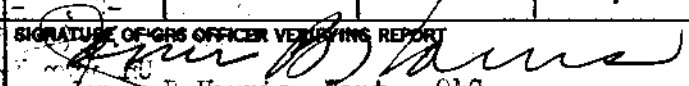
REMARKS:

Unknown X-95, X-95A thru X-95G consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.)

Unknown X-95 - Casket 1 of 8  
Section 2, Grave No. 791

Unknown X-95A - Casket 2 of 8

**RESTRICTED**

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 20 July 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>					
NAME (Last, first, middle initial) <b>UNKNOWN X-95A</b>		(GUADALCANAL (UNIDENTIFIABLE))		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) <b>Unknown</b>							
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 <b>None</b>							
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>National Memorial Cemetery of the Pacific, Honolulu, T. H.</b>							
DATE OF BURIAL 22 June 1949	HOUR 1000	BURIED IN (Shroud, Masket, or name of casket) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No.	GRAVE No. 791	
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>ADM Cemetery, Guadalcanal BSI</b>			PLOT No. 0	ROW No. 91	GRAVE No. 5	
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) Pace, Henry C.			RANK Tec 5	SERIAL No. 35637827	ORGANIZATION USAGF	GRAVE No. 761	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT  Margaret E. Parry, Chief Clerk, GPO			SIGNATURE OF GRS OFFICER VERIFYING REPORT  James B. Harris, Capt., QLC				
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 1. 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	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER

**FILLINGS**

SILVER FILLING  
GOLD FILLING

**CAVITIES**

CAVITY  
DECAYED

**MISSING TEETH**

TOOTH MISSING

**CROWNED TEETH**

PORCELAIN CROWN  
GOLD CROWN

**BRIDGE WORK**

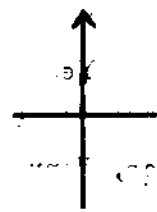
GOLD BRIDGE

UPPER

LOWER

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



**REMARKS:**

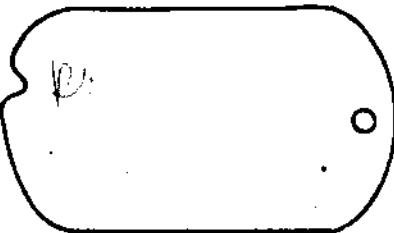
Unknown X-95, X-95A thru X-95G consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.)

Unknown X-95 - Casket 1 of 8

Unknown X-95A - Casket 2 of 8

Section 2, Grave No. 791

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 20 July 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-95B (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)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		UNIDENTIFIABLE				
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.
22 June 1949	1000	Permanent Type Casket	Cross	4		792
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. 6	ROW No. 91	GRAVE No. 5
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) Lake, Eldon A.		RANK 2 Lt	SERIAL No. 01314652	ORGANIZATION USAGF	GRAVE No. 762	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT Margaret E Parry, Chief Clerk, HDC			SIGNATURE OF GRS OFFICER VERIFYING REPORT James B Harris, Capt., GMC			
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.

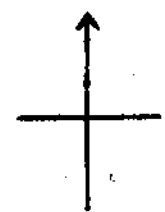
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	<p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	<p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	<p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	<p>GOLD BRIDGE</p>	

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

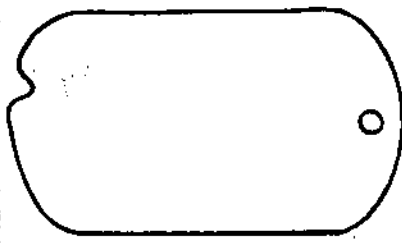


**REMARKS:**

Unknown X-95, X-95A thru X-95G-consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.)

Unknown X-95B - Casket 3 of 8  
 Unknown X-95C - Casket 4 of 8 Sect. 4, Grave No. 792

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 20 July 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>						
		NAME (Last, first, middle initial) UNKNOWN X-95C (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								
<b>Section 2.—BURIAL.</b> 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 22 June 1949		HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket		TYPE OF GRAVE MARKER Cross	PLOT No. 4	ROW No. 91	GRAVE No. 792
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 NSI				PLOT No. C	ROW No. 91	GRAVE No. 5
TYPE OF RELIGIOUS CEREMONY Catholic Protestant		PERSON CONDUCTING BURIAL RITES Eugene L A Fisher, Chaplain Albert P Clock, 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) Lake, Eldon A			RANK 2 Lt	SERIAL No. 01314652	ORGANIZATION USAGF	GRAVE No. 762		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
SIGNATURE OF PERSON PREPARING REPORT Margaret E Parry, Chief Clerk, HDG				SIGNATURE OF GRS OFFICER VERIFYING REPORT James D Harris, Capt., QLC				
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:**


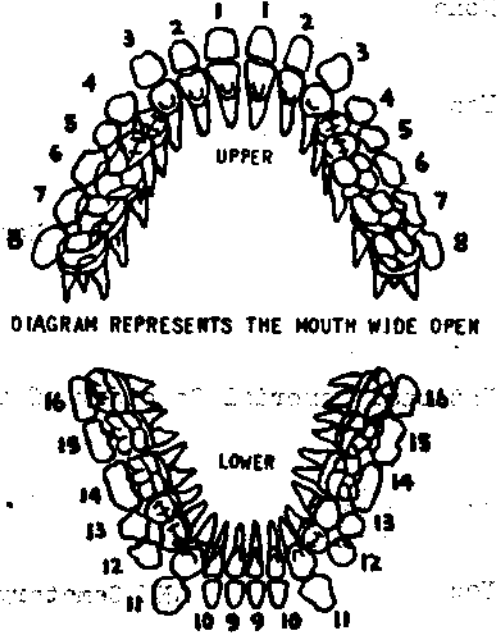




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

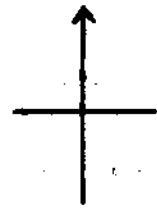
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

<p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p> 	
<p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p> 	
<p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p> 	
<p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p> 	

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



**REMARKS:**

Unknown X-95, X-95A thru X-95G consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.)

Unknown X-95B - Casket 3 of 8

Unknown X-95C - Casket 4 of 8 Sect. Q, Grave No.792

**RESTRICTED**

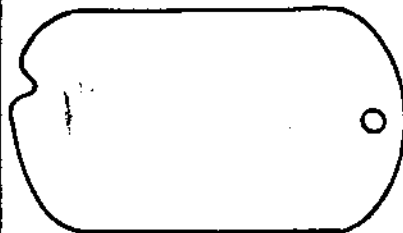
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 July 1949

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN X-95D  
(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

**Guadal canal**

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 June 1949	1000	Permanent Type Casket	Cross	Q		793

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.
<b>Yes</b>	<b>ADM Cemetery, Guadalcanal BSI</b>	<b>Q</b>	<b>91</b>	<b>5</b>

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


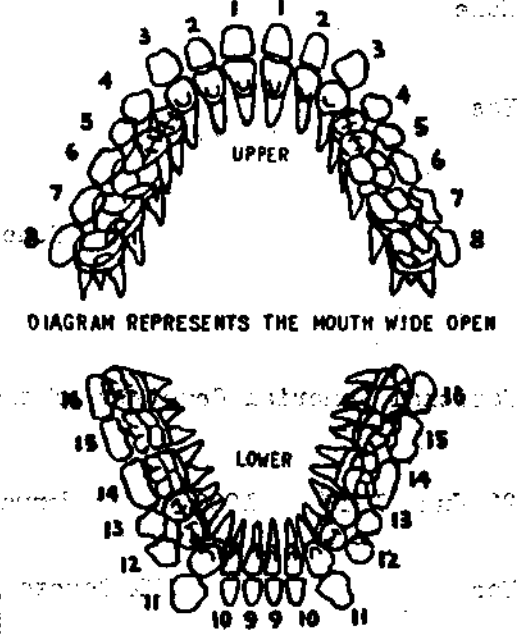





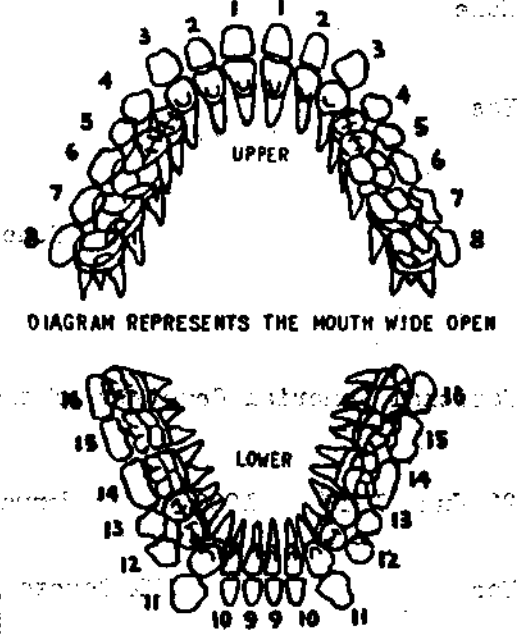





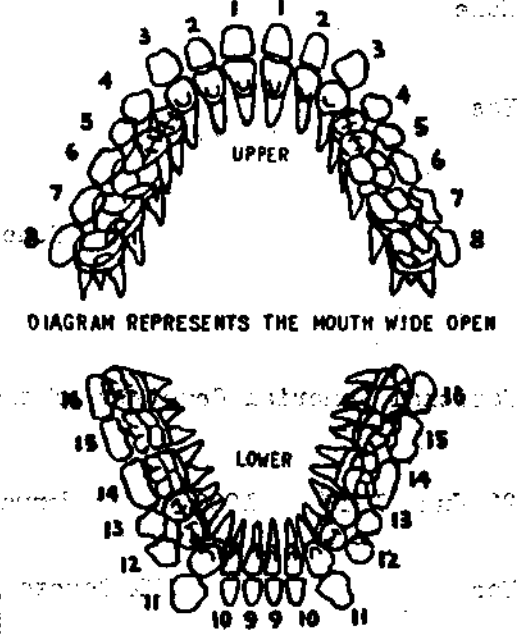





BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Atkins, James R.	Sgt	258484	USMC	763
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Parry</i> Margaret E. Parry, Chief Clerk, HHC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B. Harris</i> James B. Harris, Capt., USMC
---	---

**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 Office. Copies for retention in theater as prescribed by theater commander.

**RESTRICTED**



	<b>Section 3 UNIDENTIFIED REMAINS.</b>								
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (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.								
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES						
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS						
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES								
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <b>FILLINGS</b>                   SILVER FILLING                  GOLD FILLING             </td> <td rowspan="5" style="width:50%; vertical-align:top;">                  UPPER                  LOWER                  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td> <b>CAVITIES</b>                   CAVITY                  DECAYED             </td> </tr> <tr> <td> <b>MISSING TEETH</b>                   TOOTH MISSING             </td> </tr> <tr> <td> <b>CROWNED TEETH</b>                   PORCELAIN CROWN                  GOLD CROWN             </td> </tr> <tr> <td> <b>BRIDGE WORK</b>                   GOLD BRIDGE             </td> </tr> </table>			<b>FILLINGS</b>  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	<b>CAVITIES</b>  CAVITY DECAYED	<b>MISSING TEETH</b>  TOOTH MISSING	<b>CROWNED TEETH</b>  PORCELAIN CROWN GOLD CROWN	<b>BRIDGE WORK</b>  GOLD BRIDGE
<b>FILLINGS</b>  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN								
<b>CAVITIES</b>  CAVITY DECAYED									
<b>MISSING TEETH</b>  TOOTH MISSING									
<b>CROWNED TEETH</b>  PORCELAIN CROWN GOLD CROWN									
<b>BRIDGE WORK</b>  GOLD BRIDGE									
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY								
RIGHT INDEX FINGER									
RIGHT MIDDLE FINGER	REMARKS:								
RIGHT RING FINGER	Unknown X-95, X-95A thru X-95G consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.) Unknown X-95D - Casket 5 of 8 Unknown X-95E - Casket 6 of 8								
RIGHT LITTLE FINGER									

RESTRICTED

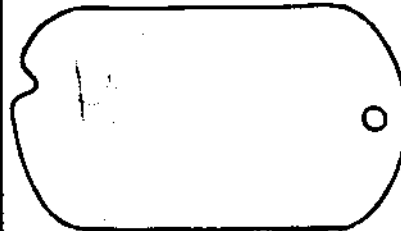
WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

30 July 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

(GUALDALCANAL  
UNKNOWN X-95B (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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 June 1949	1000	Permanent Type Casket	Cross	Q		793

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	ABM Cemetery, Guadalcanal IS1	C	91	5

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Atkins, James R.	Sgt	258484	USMC	763
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E Parry</i> Margaret E Parry, Chief Clerk, HDC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B Harris</i> James B Harris, Capt., QMC
---	--

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>
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>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



REMARKS:

Unknown X-95, X-95A thru X-95G consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.)

Unknown X-95D - Casket 5 of 8

Unknown X-95E - Casket 6 of 8 Sect 4, Grave No.793

RESTRICTED

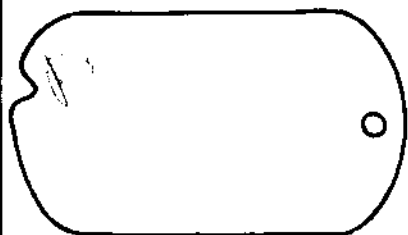
WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 July 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-957  
(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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 June 1949	1000	Permanent Type Casket	Cross	Q		790

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	AMI Cemetery, Guadalcanal BSI	G	91	5

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant	Eugene L A Fisher, Chaplain Albert F Click, Chaplain	

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


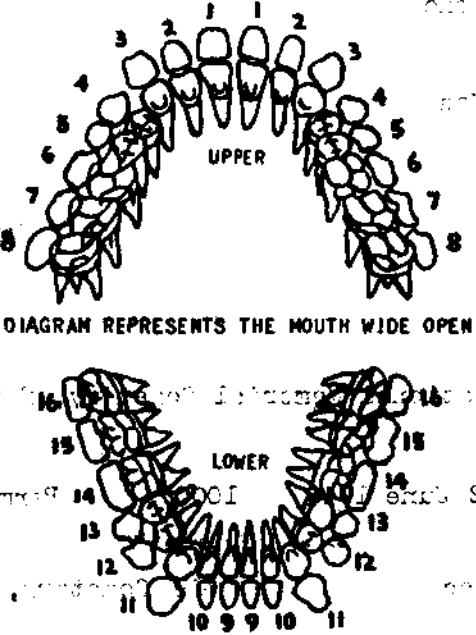





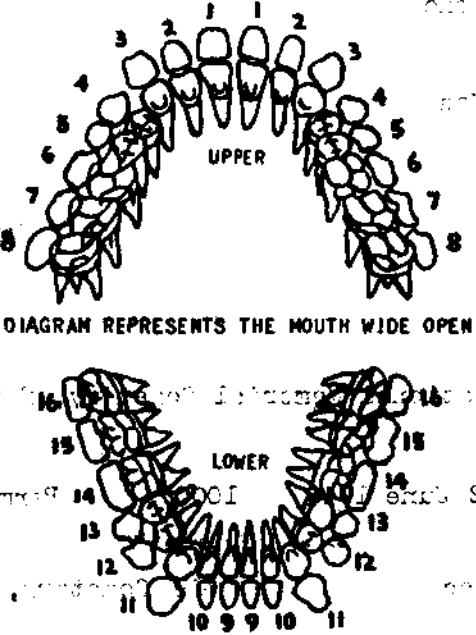





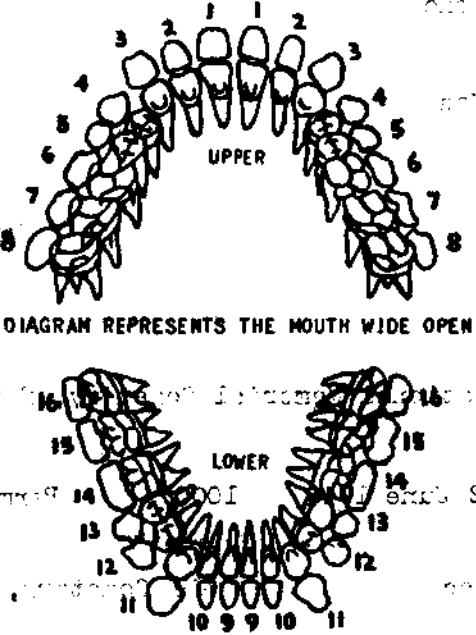




BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Ostrolecki, Raymond P.	Pvt	7025650	USAGF	760

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT: Margaret J. Barry, Chief Clerk, HHC  
 SIGNATURE OF GRS OFFICER VERIFYING REPORT: James B. Harris, Capt., QMC

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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.											
LEFT LITTLE FINGER	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">HEIGHT</th> <th style="width: 15%;">WEIGHT</th> <th style="width: 20%;">COLOR OF EYES</th> <th style="width: 20%;">COLOR OF HAIR</th> <th style="width: 30%;">BIRTHMARKS, SCARS, OR TATTOOS</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS					
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">WEAPON AND SERIAL No.</th> <th style="width: 33%;">LAUNDRY MARKS</th> <th style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND							
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
LEFT INDEX FINGER	<p>OTHER IDENTIFICATION CLUES</p> <p> </p>										
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p>  </td> <td rowspan="6" style="width: 50%; vertical-align: top;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p>  </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> </td> </tr> </table>	<p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p> 	<p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p> 	<p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p> 	<p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p> 	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>			
<p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p> 		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>									
<p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p> 											
<p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p> 											
<p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p> 											
<p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p> 											
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>											
RIGHT THUMB	<p> </p>										
RIGHT INDEX FINGER	<p> </p>										
RIGHT MIDDLE FINGER	<p> </p>										
RIGHT RING FINGER	<p> </p>										
RIGHT LITTLE FINGER	<p> </p>										
<p>REMARKS:</p> <p>Unknown X-95, X-95A thru X-95G consisting of 8 remains in 8 caskets. (Guadalcanal, Solomon Is.)</p> <p>Unknown X-95E - Casket 7 of 8</p> <p>Unknown X-95G - Casket 8 of 8</p> <p align="right">Sect. 4, Grave No. 790</p>											

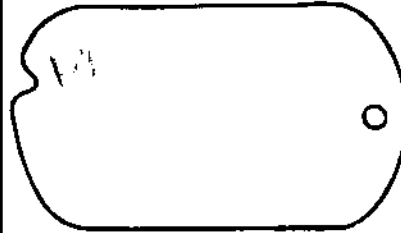
**RESTRICTED**

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  
30 July 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-956</b>		(GUADALCANAL (UNIDENTIFIABLE))	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>22 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>790</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>ANH Cemetery, Guadalcanal BSI</b>	PLOT No. <b>C</b>	ROW No. <b>91</b>	GRAVE No. <b>5</b>
---	---	----------------------	----------------------	-----------------------

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
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	


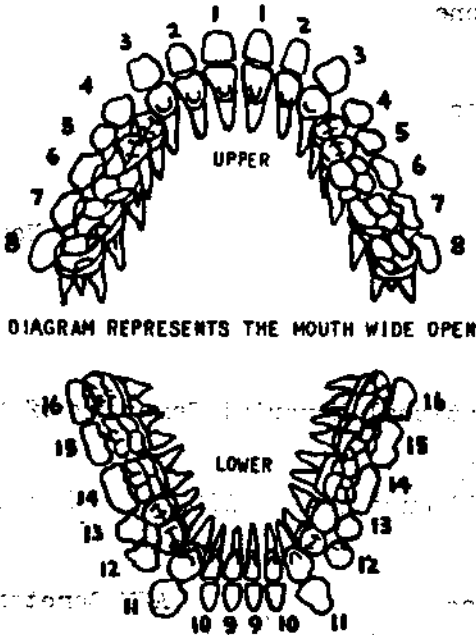





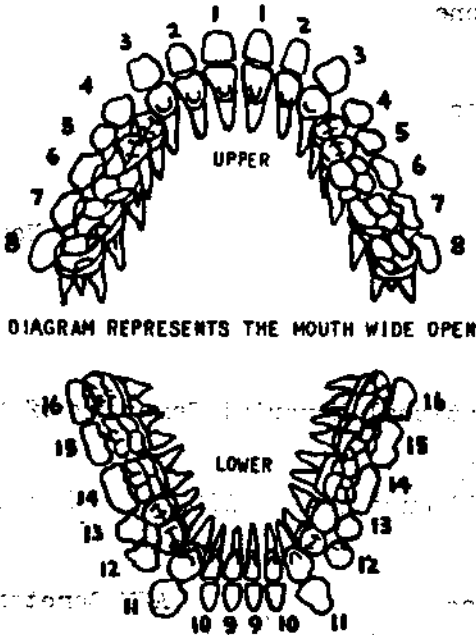





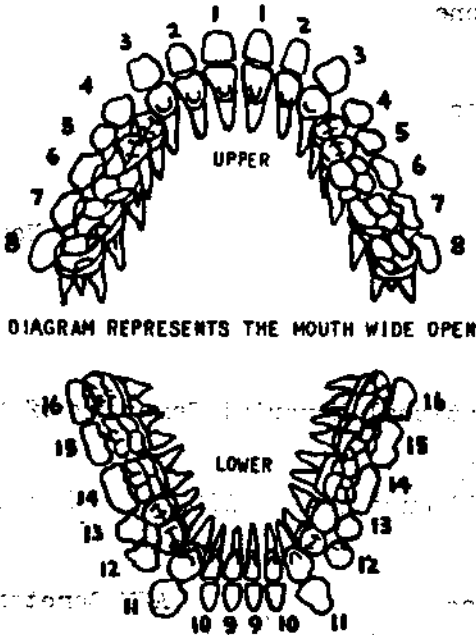




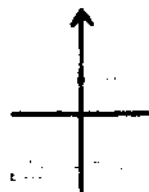
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Ostrolecki, Raymond F.</b>	RANK <b>Pvt</b>	SERIAL No. <b>7025650</b>	ORGANIZATION <b>USAGF</b>	GRAVE No. <b>760</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E Parry</i> <b>Margaret E Parry, Chief Clerk, GDC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James B Harris</i> <b>James B Harris, Capt., GDC</b>
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**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 Office. Copies for retention in theater as prescribed by theater commander.

**RESTRICTED**

	Section 3 UNIDENTIFIED REMAINS.									
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (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.									
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES							
			COLOR OF HAIR							
	BIRTHMARKS, SCARS, OR TATTOOS									
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		WHERE BODY WAS BURIED OR FOUND							
	LAUNDRY MARKS									
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES									
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <b>FILLINGS</b>   </td> <td rowspan="6" style="width:50%; text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td> <b>CAVITIES</b>   </td> </tr> <tr> <td> <b>MISSING TEETH</b>   </td> </tr> <tr> <td> <b>CROWNED TEETH</b>   </td> </tr> <tr> <td> <b>BRIDGE WORK</b>   </td> </tr> <tr> <td></td> </tr> </table>			<b>FILLINGS</b> 		<b>CAVITIES</b> 	<b>MISSING TEETH</b> 	<b>CROWNED TEETH</b> 	<b>BRIDGE WORK</b> 	
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<b>CAVITIES</b> 										
<b>MISSING TEETH</b> 										
<b>CROWNED TEETH</b> 										
<b>BRIDGE WORK</b> 										
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.									
RIGHT MIDDLE FINGER										
RIGHT LITTLE FINGER	<b>REMARKS:</b> Unknown X-95, X-95A thru X-95G-consisting of 8 remains in 8 caskets. (Guadaleanal, Solomon Is.) Unknown X-95F - Casket 7 of 8, Sect Q, Grave No. 790 Unknown X-95G - Casket 8 of 8									