

OF THE PACIFIC

Interred 14 June 1949

DISINTERMENT DIRECTIVE

Q 1147

ALVAN C. BAKER - Cemetery Superintendent

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4560 00000

DATE

15 10 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

HALAWA NAVAL CEM OAHU

0492 64

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

B 543 TERRITORY HAWAII

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-51

7 Dec 41

19 Sept 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

U S NAVY

☐ MARKERJOHN J. DAVIS, 1ST LT. CE
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Temporary Casket

Skeletal

OTHER MEANS OF IDENTIFICATION

Mortuary Plate and Cemetery Record

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 Apr 49

BY

J. N. ROBINSON

CASKET SEALED BY

EMBALMER (Signature)

J. N. ROBINSON

J. N. ROBINSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 25 Apr 49 BY J. N. ROBINSON

A. J. ROBERTSON

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

A. J. ROBERTSON

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO CHIEF HAWN DC	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER J. E. WILSON CAPT., QMO	DATE 28 APR 1949	SIGNATURE OF RECEIVER JAMES B HARRIS CAPTAIN Q M C	DATE 28 APR 1949

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

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

a. NATIONAL CEMETERY		IDH	
<div style="font-size: 48pt; font-weight: bold;">1</div>	OF THE PACIFIC		Inter: 14 June 1949
	2 1147		DISINTERMENT / ACTIVE
	ALVAN J. BARTER - Cemetery Superintendent		
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4560 00000	DATE 15 10 47 DAY MONTH YEAR
NAME	SERIAL NUMBER	RANK	ARM
UNKNOWN X	51		K
CEMETERY HALAWA NAVAL CEM OAHU			DATE OF DEATH DAY MONTH YEAR 04 92 64 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY
B		543	TERRITORY HAWAII
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-51	SERIAL NUMBER	RANK	DATE OF DEATH 7 Dec 41
DATE DISTINTERRED 19 Sept 47			
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION U S NAVY	RELIGION	IDENTIFICATION VERIFIED BY JOHN J. DAVIS, 1ST LT. CE NAME AND TITLE
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT			
NATURE OF BURIAL Temporary Casket		CONDITION OF REMAINS Skeletal	
OTHER MEANS OF IDENTIFICATION Mortuary Plate and Cemetery Record			
MINOR DISCREPANCIES 1 None			
REMAINS PREPARED AND PLACED IN CASKET			
DATE 25 Apr 49 CASKET SEALED BY	BY J. N. ROBINSON	EMBALMER (Signature) J. N. ROBINSON	
J. N. ROBINSON CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY A. J. ROBERTSON		
DATE 25 Apr 49 BY J. N. ROBINSON			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.			
 A. J. ROBERTSON SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.			

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MUSEUM NO. 3		TO CHIEF HAWN DC	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER J. E. WILSON CAPT., QMO	DATE 28 APR 1949	SIGNATURE OF RECEIVER JAMES B HARRIS CAPTAIN Q M C	DATE 28 APR 1949

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

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

20 Sep 2000

Original file sent to
CILTI at the request
of Rick Houston.

X. Tate

IDENTIFICATION DATA

REMAINS OF UNKNOWN X-51				USS Arizona		2. DATE OF REPORT 25 October 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Halawa Cemetery				4. PLOT	5. ROW A	6. GRAVE 38	7. DATE OF DISINTERMENT 12 Oct '48
							REINTERMENT 25 Oct '48
PHYSICAL DESCRIPTION Age: 20 (plus) years.							
8. ESTIMATED WEIGHT U. T. D.		9. ESTIMATED HEIGHT U. T. D.		10. COLOR OF HAIR U. T. D.		11. RACE U. T. D.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed tag on box reads: Unknown X-51, Halawa, Row-A. One (1) embossed tag on box reads: Unidentified, X-51, USS Arizona, 12/7/41. One (1) embossed tag on box reads: Unknown X-51, Halawa.							
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 CIRIL C. DISNEY 1st. Lt., FA 0-1167395 Cyril C. Disney 21 March 49							
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Bone fragments present, all badly charred.					
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? All bones present fractured and/or burned and eroded.					
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							

18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: UNK. X-51		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: U.S.S. ARIZONA		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS: HALAWA CEM.		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
(SEC. OF MAX. AND TEETH MISSING)								(SECTION OF MAXILLA AND TEETH MISSING.)							
MANDIBLE AND TEETH MISSING															
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."

REMARKS:

- There are some teeth present but they are so badly burnt and charred that it is difficult to say anything definite.

19. BLACK OUT PARTS OF BODY NOT COLORED



20.

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

I CERTIFY THAT ^{this} ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT'S ~~REMAINS~~ ~~OF THE FOLLOWING ANATOMICAL PARTS~~
NUMBER

See attached narrative.

M. TROTTER ~~ANTHROPOLOGIST~~ Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

The extensive charred and fragmented condition precludes description.

The age estimate is based on the eroded right symphysis pubis.

FLUOROSCOPICAL EXAMINATION NEGATIVE.

NO TEETH PRESENT.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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

SIGNATURE

O. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Missing - portion of frontal, temporal, mandible, parietals and occipital. Fractured and charred.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC			Charred fragments only.
	LUMBAR			" " "
SACRUM		1		" " "
INNOMINATES	RIGHT		BI-ILIAC DIAM	" " "
	LEFT			" " "
RIBS				" " "
STERNUM		0		Missing.
CLAVICLES	RIGHT			Charred fragments only.
	LEFT			" " "
SCAPULAE	RIGHT			" " "
	LEFT			" " "
HUMERI	RIGHT			" " "
	LEFT			" " "
RADII	RIGHT			" " "
	LEFT			" " "
ULNAE	RIGHT			" " "
	LEFT			" " "
HANDS	RIGHT			" " "
	LEFT			" " "
FEMORA	RIGHT			" " "
	LEFT			" " "
PATELLAE	RIGHT			" " "
	LEFT			" " "
TIBIAE	RIGHT			" " "
	LEFT			" " "
FIBULAE	RIGHT			" " "
	LEFT			" " "
FEET	RIGHT			" " "
	LEFT			" " "

NO MEASURABLE BONES.

HUMERO-CLAVICULAR RATIO U. T. D.	APPROXIMATE AGE (in years) 20 plus years.
ESTIMATED HEIGHT U. T. D.	LEG-HIP BR RATIO U. T. D.
ESTIMATED WEIGHT U. T. D.	

ENCLOSURE TO: Unknown X-51, USS ARIZONA

M. Trotter
M. TROTTER
ANTHROPOLOGIST

CENTRAL IDENTIFICATION LABORATORY
AIC 957

25 October 1948

NARRATIVE

The following listed known and Unknown remains, killed aboard the USS Arizona, and formerly interred in Nuuanu and Malawa cemeteries, have been processed simultaneously.

Unknown	A-31	Nuuanu	Unknown	A-32	Malawa
"	A-32	"	"	A-38	"
"	A-33	"	"	A-39	"
"	A-34	"	"	A-41	"
"	A-35	"	"	A-42	"
"	A-39	"	"	A-43	"
"	A-40	"	"	A-44	"
"	A-41	"	"	A-46	"
"	A-42	"	"	A-49	"
"	A-43	"	"	A-50	"
"	A-44	"	"	A-51	"
"	A-45	"	"	A-52	"
"	A-46	"	"	A-53	"
"	A-47	"	"	A-55	"
"	A-48	"	"	A-56	"
"	A-49	"	"	A-57	"
"	A-51	"	"	A-61	"
"	A-51	"	"	A-63	"
"	A-70	"	"	A-77	"
"	A-71	"	"	A-91	"
"	A-72	"	"	A-107	"
"	A-73	"	"	A-178	"
"	A-74	"	"	A-180	"
"	A-75	"	"	A-182	"
"	A-76	"	"	A-183	"
"	A-78	"	"	A-185	"
"	A-79	"	"	A-187	"
"	A-80	"	"	A-200	"
"	A-81	"	"	A-201	"
"	A-82	"	"	A-218	"
"	A-83	"			
"	A-84	"			
"	A-85	"			

Phelps, Geo., Edward Sl/c 2386945
(Formerly A-87)

The remains of Phelps, George Edward, Sl/c, 2386945; formerly A-87, Nuuanu Cemetery was checked at this time for possible association with this group. No associations with Phelps' remains were made, and no case papers prepared.

Interchanges and associations of skeletal parts within the group were made on a basis of bone color, size, age, general morphology and/or articulation.

Remains in addition to one remains per A-number were found: (1) making a total of 57 complete (cranial and post-cranial) remains which were completely processed, (2) a total of 27 post-cranial remains (remains minus skulls), (3) a total of 26 (numbered 1 thru 26) unassociated skulls, (4) a total of 7 (numbered 27 thru 33) unassociated mandibles, (5) and the following unassociated skeletal parts which were wrapped as a group and placed in the casket with the unassociated skulls and mandibles;

11 Cervical vertebrae	1 Right radius
1 Thoracic	2 Left ulnae
1 Right fibula	1 Right ulna
2 Left fibulae	1 Pair navicular bones
1 Left tibia	3 Tali.
1 Pair humeri	1 Very small left hand
2 Innominates	1 Metatarsal bone
2 Left radii	1 Fragment of left humerus
	Fragments of 3 skulls

All cases from Muuanu cemetery had been previously processed individually. It was deemed necessary at this time to reprocess these remains with the other remains from Malawa cemetery known to have been removed from the USS Arizona. At this previous processing, nine (9) C.I.L. Unknowns (groups of extra skeletal parts) were removed. At the present processing, absorption of these C.I.L. Unknowns was effected as follows;

CIL A-207	Removed from	A-43	Muanu	Associated with	A-44	Muanu
CIL A-210	"	A-46	"	"	A-45	"
CIL A-198	"	A-47	"	"	A-48	"B"
CIL A-199	"	A-47	"	"	A-48	"A"
CIL A-200	"	A-48	"	"	A-48	"B"
CIL A-203	"	A-80	"	"	A-71	"
CIL A-353	"	A-83	"	"	A-48	"B"
CIL A-348	"	A-85	"	"	A-78	"
CIL A-201	"	A-87	"	"	A-78	"

Herewith is listed the present designations of USS Arizona remains: All Muanu remains retain the same A-number designation as listed in the beginning of this narrative, excepting A-48, which consisted of 2 remains and was redesignated as A-48 "A" and A-48 "B".

The Halawa A-number designations are the same as listed at the beginning of narrative, with the following redesignated alphabetical exceptions. It is noted that all remains alphabetically listed from Halawa are post-cranial remains with no skulls

<u>Unknown</u>	<u>Halawa</u>	<u>Unknown</u>	<u>Halawa</u>	<u>Unknown</u>	<u>Halawa</u>
A-185 "A"	"	A-200 "B"	"	A-201 "A"	"
A-185 "B"	"	A-200 "C"	"	A-201 "B"	"
A-185 "C"	"	A-200 "D"	"	A-201 "C"	"
A-185 "D"	"	A-200 "E"	"	A-201 "D"	"
A-187 "A"	"	A-200 "F"	"	A-201 "E"	"
A-187 "B"	"	A-200 "G"	"	A-218 "A"	"
A-187 "C"	"	A-200 "H"	"	A-218 "B"	"
A-187 "D"	"	A-200 "I"	"	A-218 "C"	"
A-200 "A"	"	A-200 "J"	"	A-218 "D"	"

It is also noted that A-77, Halawa Cemetery, was formerly processed with remains from the USS California; however, information received since that time indicated that these remains belong to USS Arizona group. Unknown A-77 was therefore reprocessed with the Arizona group and corrected copies of case papers made.

Association of parts for each decedent has been made by articulation, bone size, color, texture, age and/or general bone morphology.

After thorough processing, all remains were carefully wrapped and returned to their respective caskets for storage in U. S. Army Mausoleum #2.

M. Trotter

M. TROTTER
Anthropologist

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for enemy dead) to BuMed for burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION
ATTACHED AT TIME OF DEATH USS ARIZONA DATE REPORT FILLED OUT 19 July 1945

COPY OF IDENTIFICATION TAG	NAME (Last) <u>243</u> (First) <u>Kalan</u> (Middle) <u>AD</u>		
	FILE OR SERVICE NO. <u>E.L.M. UNIDENTIFIED X-51</u>	RANK OR RATE <u>X-51</u>	BRANCH OF SERVICE <u>AD</u>
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH <u>unknown</u>	PLACE OF DEATH <u>unknown</u>
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) <u>unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>unknown</u>
--	---

DATE OF DEATH <u>7 December 1941</u>	DATE OF BURIAL <u>4 January 1942</u>
---	---

NAME OF CEMETERY <u>HALAWA NAVAL CEMETERY</u>	LOCATION OF CEMETERY <u>OHU, T. H.</u>
--	---

GRAVE MARKER TYPE <u>Numbered Cen. and Cross</u>	PLOT No. <u>B</u>	ROW No. <u>Right 187.0</u>	GRAVE No. <u>543</u>
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BURIED AT SEA (Date)		AREA	
----------------------	--	------	--

TYPE OF RELIGIOUS CEREMONY <u>Military - All Rights</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) <u>unknown</u>
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <u>unknown</u>
--

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER <u>No. on wooden marker attached to body. No. painted on canvass covering body. No. painted on box. Measured distance from survey point to center of casket.</u>

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side			
BODY ON LEFT, NAME (Last, first, middle) <u>HAWKINS, Russell Dean</u>	RANK OR RATE <u>SN3c</u>	FILE OR SERVICE NO. <u>337-28-13</u>	GRAVE NO. <u>541</u>
BODY ON RIGHT, NAME (Last, first, middle) <u>UNIDENTIFIED X-53</u>	RANK OR RATE <u>---</u>	FILE OR SERVICE NO. <u>---</u>	GRAVE NO. <u>545</u>

PERSON REPORTING BURIAL (Name) <u>R. M. LHAMON, Captain (MC) USN</u>	PERSON CONDUCTING BURIAL RITES <u>Chaplain Miller, Strauss, Odum & McGuire</u>
---	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL <u>FILE</u> <u>NAVY SECTION</u> <u>C. J. MOYER</u>	VERIFIED AND FORWARDED <u>R. M. LHAMON, Captain (MC) USN</u> (Name) (Rank) (Title)
---	--

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

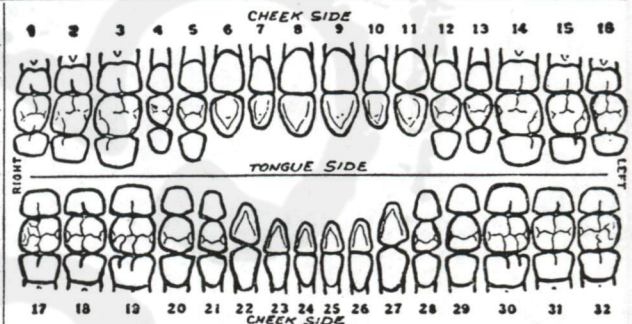
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

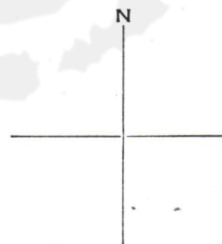


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

☐ POSITIVE IDENTITY ☐ SOME RESEMBLANCE ☐ NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



REPORT OF BURIAL

NAVED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for ~~and~~ and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION
ATTACHED AT TIME OF DEATH USS ARIZONA DATE REPORT
FILLED OUT 19 July 1945

COPY OF IDENTIFICATION TAG	NAME		
	(Last)	(First)	(Middle)
	E.L.M. UNIDENTIFIED X-51		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION			RACE

CAUSE OF DEATH unknown	PLACE OF DEATH unknown
---------------------------	---------------------------

NAME OF NEXT OF KIN (If known) unknown	ADDRESS OF NEXT OF KIN (If known) unknown
---	--

DATE OF DEATH 7 December 1941	DATE OF BURIAL 4 January 1942
----------------------------------	----------------------------------

NAME OF CEMETERY HALAWA NAVAL CEMETERY	LOCATION OF CEMETERY OAHU, T. H.
---	-------------------------------------

GRAVE MARKER TYPE Numbered Cem. and Cross	PLOT NO. B	ROW NO. Right 187.0	GRAVE NO. 543
BURIED AT SEA (Date)	AREA		

TYPE OF RELIGIOUS CEREMONY Military -- All Faiths	RELIGION OF DECEASED unknown
--	---------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) unknown
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME unknown	

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
No. on wooden marker attached to body. No. painted on canvass covering body. No. painted on box. Measured distance from survey point to center of casket.

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle) HAWKINS, Russell Dean	RANK OR RATE SM3c	FILE OR SERVICE NO. 337-28-13	GRAVE NO. 541
BODY ON RIGHT, NAME (Last, first, middle) UNIDENTIFIED X-53	RANK OR RATE ---	FILE OR SERVICE NO. ---	GRAVE NO. 545

PERSON REPORTING BURIAL (Name) B. D. LUSK	(Rank or rate) LIEUT.(HC) USN	PERSON CONDUCTING BURIAL RITES Chaplains Miller, Strauss, Odlum & McGuire
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED R. M. LHAMON, Captain (MC) USN

(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL

IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON AND SERIAL NO.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

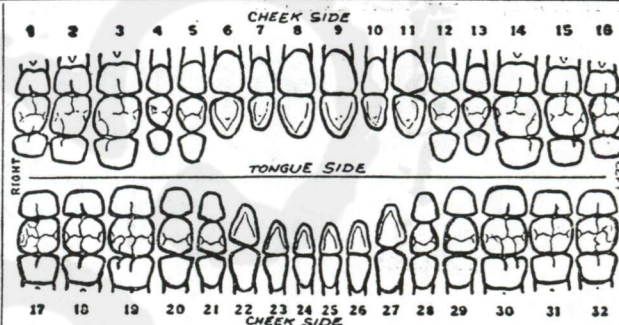
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

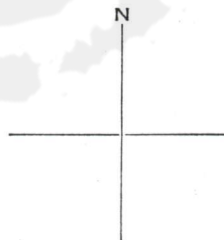


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

☐ POSITIVE IDENTITY ☐ SOME RESEMBLANCE ☐ NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



NAVJAG-601 (3-45)

SHIP OR STATION
ATTACHED AT TIME OF DEATH USS ARIZONA DATE REPORT 19 July 1945
FILLED OUT

16-43683-1

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON AND SERIAL No.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

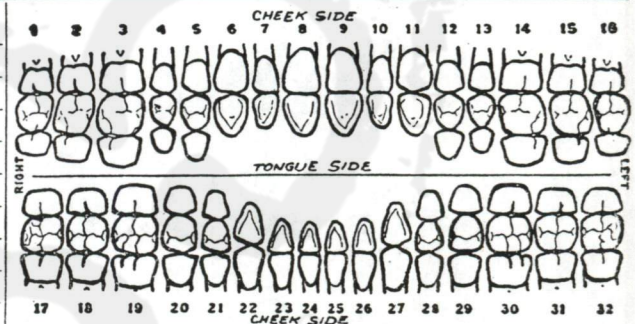
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

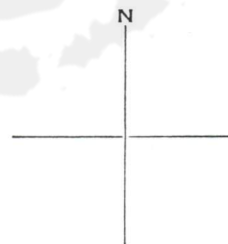


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

☐ POSITIVE IDENTITY ☐ SOME RESEMBLANCE ☐ NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-51				2. DATE OF REPORT 25 October 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Halawa Cemetery				4. PLOT	5. ROW A	6. GRAVE 38	7. DATE OF DISINTERMENT 12 Oct '48
							REINTERMENT 25 Oct '48

PHYSICAL DESCRIPTION **Age: 20 (plus) years.**

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
--	--	--------------------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed tag on box reads: **Unknown X-51, Halawa, Row-A,**

One (1) embossed tag on box reads: **Unidentified, X-51, USS Arizona, 12/7/41.**

One (1) embossed tag on box reads: **Unknown X-51, Halawa.**

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 0-1167395

Cyril C. Disney

21 March 49

14. WAS BODY BURNED? ☒ YES ☐ NO TO WHAT EXTENT?
Bone fragments present, all badly charred.

15. WAS BODY MANGLED? ☒ YES ☐ NO TO WHAT EXTENT?
All bones present fractured and/or burned and eroded.

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

0 • 2 • WILLIAMSON

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

UNK. X-51

TOP VIEW

SIDE VIEW



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

U.S.S. ARIZONA

Gold Crown, Porcelain Crown



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

HALAWA CEM.

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



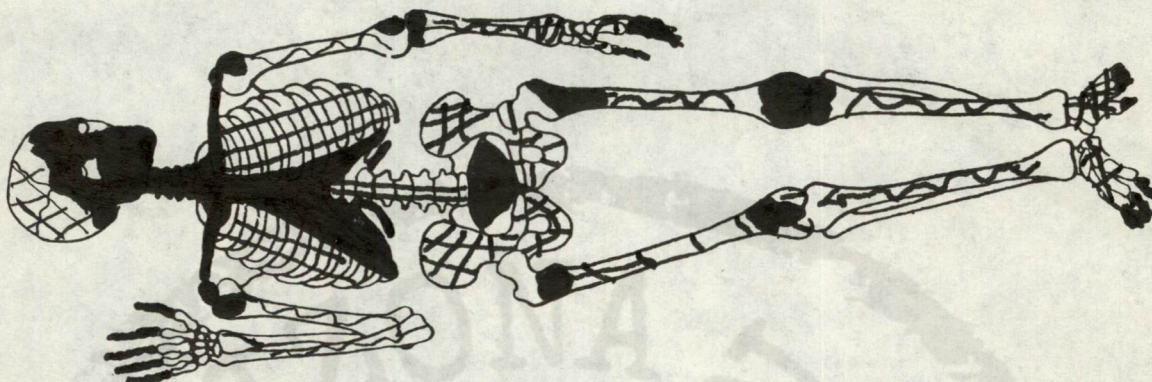
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SEC. OF MAX. AND TEETH MISSING								SECTION OF MAXILLA AND TEETH MISSING.							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
MANDIBLE AND TEETH MISSING								MANDIBLE AND TEETH MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

REMARKS:

1. There are some teeth present but they are so badly burnt and charred that it is difficult to say anything definite.

19. BLACK OUT PARTS OF BODY NOT RE RED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT ^{this} ~~THE GROUP~~ REMAINS CONSIST OF PARTS OF 1 DECEDENTS ~~BASED ON THE PRESENCE OF ONE OR MORE~~
~~OF THE FOLLOWING ANATOMICAL PARTS~~
 NUMBER

See attached narrative.

M. TROTTER ~~SIGNATURE OF MEDICAL OFFICER~~ Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

The extensive charred and fragmented condition precludes description.

The age estimate is based on the eroded right symphysis pubis.

FLUOROSCOPICAL EXAMINATION NEGATIVE.

NO TEETH PRESENT.

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

CE RAL IDENTIFICATION LABORA Y
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Missing - portion of frontal, temporal, mandible, parietals and occipital. Fractured and charred.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC			Charred fragments only.
	LUMBAR			" " "
SACRUM		1		" " "
INNOMINATES	RIGHT		BI-ILIAC DIAM	" " "
	LEFT			" " "
RIBS				" " "
STERNUM		0		Missing.
CLAVICLES	RIGHT			Charred fragments only.
	LEFT			" " "
SCAPULAE	RIGHT			" " "
	LEFT			" " "
HUMERI	RIGHT			" " "
	LEFT			" " "
RADII	RIGHT			" " "
	LEFT			" " "
ULNAE	RIGHT			" " "
	LEFT			" " "
HANDS	RIGHT			" " "
	LEFT			" " "
FEMORA	RIGHT			" " "
	LEFT			" " "
PATELLAE	RIGHT			" " "
	LEFT			" " "
TIBIAE	RIGHT			" " "
	LEFT			" " "
FIBULAE	RIGHT			" " "
	LEFT			" " "
FEET	RIGHT			" " "
	LEFT			" " "

NO MEASURABLE BONES.

HUMERO-CLAVICULAR RATIO U. T. D.

APPROXIMATE AGE (in years)

20 plus years.

ESTIMATED HEIGHT U. T. D.

LEG-HIP BR RATIO

U. T. D.

ESTIMATED WEIGHT U. T. D.

ENCLOSURE TO: Unknown X-51, USS ARIZONA

M. Trotter
M. TROTTER
ANTHROPOLOGIST

CENTRAL IDENTIFICATION LABORATORY
AFC 957

25 October 1948

NARRATIVE

The following listed known and Unknown remains, killed aboard the USS Arizona, and formerly interred in Nuuanu and Halawa cemeteries, have been processed simultaneously.

Unknown	A-31	Nuuanu	Unknown	A-32	Halawa
"	A-32	"	"	A-38	"
"	A-33	"	"	A-39	"
"	A-34	"	"	A-41	"
"	A-35	"	"	A-42	"
"	A-39	"	"	A-43	"
"	A-40	"	"	A-44	"
"	A-41	"	"	A-46	"
"	A-42	"	"	A-49	"
"	A-43	"	"	A-50	"
"	A-44	"	"	A-51	"
"	A-45	"	"	A-52	"
"	A-46	"	"	A-53	"
"	A-47	"	"	A-55	"
"	A-48	"	"	A-56	"
"	A-49	"	"	A-57	"
"	A-51	"	"	A-61	"
"	A-61	"	"	A-63	"
"	A-70	"	"	A-77	"
"	A-71	"	"	A-91	"
"	A-72	"	"	A-107	"
"	A-73	"	"	A-178	"
"	A-74	"	"	A-180	"
"	A-75	"	"	A-182	"
"	A-76	"	"	A-183	"
"	A-78	"	"	A-185	"
"	A-79	"	"	A-187	"
"	A-80	"	"	A-200	"
"	A-81	"	"	A-201	"
"	A-82	"	"	A-218	"
"	A-83	"			
"	A-84	"			
"	A-85	"			

Phelps, Geo., Edward Sl/c 2386945
(Formerly A-87)

The remains of Phelps, George Edward, Sl/c, 2386945; formerly A-87, Nuuanu Cemetery was checked at this time for possible association with this group. No associations with Phelps' remains were made, and no case papers prepared.

Interchanges and associations of skeletal parts within the group were made on a basis of bone color, size, age, general morphology and/or articulation.

Remains in addition to one remains per A-number were found: (1) making a total of 57 complete (cranial and post-cranial) remains which were completely processed, (2) a total of 27 post-cranial remains (remains minus skulls), (3) a total of 26 (numbered 1 thru 26) unassociated skulls, (4) a total of 7 (numbered 27 thru 33) unassociated mandibles, (5) and the following unassociated skeletal parts which were wrapped as a group and placed in the casket with the unassociated skulls and mandibles;

11 Cervical vertebrae	1 Right Radius
1 Thoracic	2 Left ulnae
1 Right fibula	1 Right ulna
2 Left fibulae	1 Pair navicular bones
1 Left tibia	3 Tali.
1 Pair humeri	1 Very small left hand
2 Innominates	1 Metatarsal bone
2 Left radii	1 Fragment of left humerus
	Fragments of 3 skulls

All cases from Muuanu cemetery had been previously processed individually. It was deemed necessary at this time to reprocess these remains with the other remains from Malawa cemetery known to have been removed from the USS Arizona. At this previous processing, nine (9) C.I.L. Unknowns (groups of extra skeletal parts) were removed. At the present processing, absorption of these C.I.L. Unknowns was effected as follows;

CIL A-207 removed from	A-43 Muuanu	Associated with	A-44 Muuanu
CIL A-210	"	"	A-45 "
CIL A-198	"	"	A-48 "B" "
CIL A-199	"	"	A-48 "A" "
CIL A-200	"	"	A-48 "B" "
CIL A-203	"	"	A-71 "
CIL A-353	"	"	A-48 "B" "
CIL A-348	"	"	A-78 "
CIL A-201	"	"	A-78 "

Herewith is listed the present designations of USS Arizona remains: All Muuanu remains retain the same A-number designation as listed in the beginning of this narrative, excepting A-48, which consisted of 2 remains and was redesignated as A-48 "A" and A-48 "B".

The Halawa A-number designations are the same as listed at the beginning of narrative, with the following redesignated alphabetical exceptions. It is noted that all remains alphabetically listed from Halawa are post-cranial remains with no skulls

<u>Unknown</u>	<u>Halawa</u>	<u>Unknown</u>	<u>Halawa</u>	<u>Unknown</u>	<u>Halawa</u>
A-185 "A"	"	A-200 "B"	"	A-201 "A"	"
A-185 "B"	"	A-200 "C"	"	A-201 "B"	"
A-185 "C"	"	A-200 "D"	"	A-201 "C"	"
A-185 "D"	"	A-200 "E"	"	A-201 "D"	"
A-187 "A"	"	A-200 "F"	"	A-201 "E"	"
A-187 "B"	"	A-200 "G"	"	A-218 "A"	"
A-187 "C"	"	A-200 "H"	"	A-218 "B"	"
A-187 "D"	"	A-200 "I"	"	A-218 "C"	"
A-200 "A"	"	A-200 "J"	"	A-218 "D"	"

It is also noted that A-77, Halawa Cemetery, was formerly processed with remains from the USS California; however, information received since that time indicated that these remains belong to USS Arizona group. Unknown A-77 was therefore reprocessed with the Arizona group and corrected copies of case papers made.

Association of parts for each decedent has been made by articulation, bone size, color, texture, age and/or general bone morphology.

After thorough processing, all remains were carefully wrapped and returned to their respective caskets for storage in U. S. Army Mausoleum #2.

M. Trotter

M. TROTTER
Anthropologist

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed c. i. burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.
If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH USS ARIZONA DATE REPORT FILLED OUT 19 July 1945

COPY OF IDENTIFICATION TAG	NAME (Last) <u>243</u> (First) <u>Kalawa</u> (Middle)
	FILE OR SERVICE NO. <u>E.L.M. UNIDENTIFIED X-51</u> RANK OR RATE <u>---</u> BRANCH OF SERVICE <u>---</u>
	CORPS OR RESERVE CLASSIFICATION <u>---</u> RACE <u>---</u>

CAUSE OF DEATH <u>unknown</u>	PLACE OF DEATH <u>unknown</u>
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) <u>unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>unknown</u>
--	---

DATE OF DEATH <u>7 December 1941</u>	DATE OF BURIAL <u>4 January 1942</u>
---	---

NAME OF CEMETERY <u>HALAWA NAVAL CEMETERY</u>	LOCATION OF CEMETERY <u>OAHU, T. H.</u>
--	--

GRAVE MARKER TYPE <u>Numbered Cen. and Cross</u>	PLOT NO. <u>B</u>	ROW NO. <u>Right 187.0</u>	GRAVE NO. <u>543</u>
---	----------------------	-------------------------------	-------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <u>Military — All Faiths</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
--	--

COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>unknown</u>
---	----------------

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <u>unknown</u>
--

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER <u>No. on wooden marker attached to body. No. painted on canvass covering body. No. painted on box. Measured distance from survey point to center of casket.</u>

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle) <u>HAWKINS, Russell Dean</u>	RANK OR RATE <u>SM3c</u>	FILE OR SERVICE NO. <u>337-26-13</u>	GRAVE NO. <u>541</u>
BODY ON RIGHT, NAME (Last, first, middle) <u>UNIDENTIFIED X-53</u>	RANK OR RATE <u>---</u>	FILE OR SERVICE NO. <u>---</u>	GRAVE NO. <u>545</u>

PERSON REPORTING BURIAL (Name) <u>B. D. LUCK</u> (Rank or rate) <u>1LT (MC) USN</u>	PERSON CONDUCTING BURIAL RITES <u>Chaplain Miller, Strauss, Odum & McGuire</u>
---	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL <u>FILE</u> <u>NAVY SECTION</u> <u>C. J. MOYER</u>	VERIFIED AND FORWARDED <u>R. M. LIAMON, Captain (MC) USN</u> (Name) (Rank) (Title)
---	--

INSTRUCTIONS FOR

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

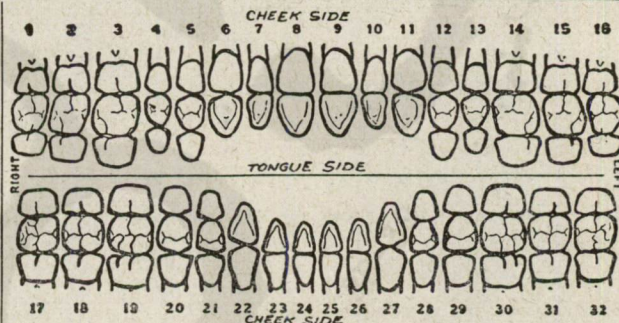
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

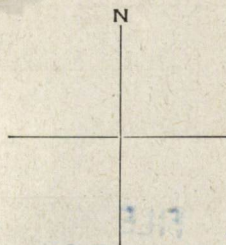


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

☐ POSITIVE IDENTITY ☐ SOME RESEMBLANCE ☐ NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION USS ARIZONA DATE REPORT 19 July 1945
ATTACHED AT TIME OF DEATH _____ FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME		
	(Last)	(First)	(Middle)
	E.L.M. UNIDENTIFIED X-51		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION			RACE

CAUSE OF DEATH	PLACE OF DEATH
unknown	unknown

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
unknown	unknown

DATE OF DEATH	DATE OF BURIAL
7 December 1941	4 January 1942

NAME OF CEMETERY	LOCATION OF CEMETERY
HALAWA NAVAL CEMETERY	OAHU, T. H.

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Numbered Cem. and Cross	B	Right 187.0	543

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Military -- All Faiths	unknown

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	
COMPLETE DENTAL CHART ON REVERSE	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	unknown
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
unknown

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
No. on wooden marker attached to body. No. painted on canvass covering body. No. painted on box. Measured distance from survey point to center of casket.

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
HAWKINS, Russell Dean	SM3c	337-28-13	541
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
UNIDENTIFIED X-53	---	---	545

PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
B. D. LUSK	LIEUT. (HC) USN	Chaplains Miller, Strauss, Odlum & McGuire
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED
		R. M. LHAMON, Captain (MC) USN
		(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL.

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

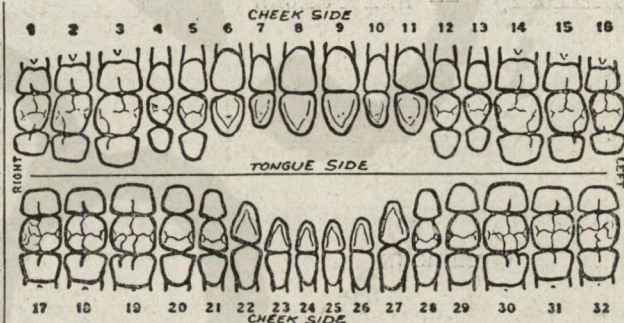
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____
Occlusion (Type of) _____
Malposed teeth (Describe) _____
Removable appliances _____
Other defects _____
Remarks _____

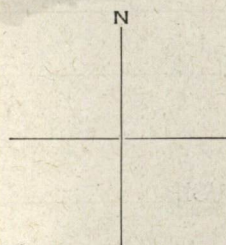


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

☐ POSITIVE IDENTITY ☐ SOME RESEMBLANCE ☐ NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



REPORT OF BURIAL

DAV MED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.
If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION USS ARIZONA DATE REPORT 19 July 1945
ATTACHED AT TIME OF DEATH _____ FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	E.L.M. UNIDENTIFIED X-51		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION		RACE	

CAUSE OF DEATH unknown	PLACE OF DEATH unknown
---------------------------	---------------------------

NAME OF NEXT OF KIN (If known) unknown	ADDRESS OF NEXT OF KIN (If known) unknown
---	--

DATE OF DEATH 7 December 1941	DATE OF BURIAL 4 January 1942
----------------------------------	----------------------------------

NAME OF CEMETERY HALAWA NAVAL CEMETERY	LOCATION OF CEMETERY OAHU, T. H.
---	-------------------------------------

GRAVE MARKER TYPE Numbered Cen. and Cross	PLOT NO. B	ROW NO. Right 187.0	GRAVE NO. 543
BURIED AT SEA (Date)	AREA		

TYPE OF RELIGIOUS CEREMONY Military — All Faiths	RELIGION OF DECEASED unknown
---	---------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) unknown
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME unknown

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER No. on wooden marker attached to body. No. painted on canvass covering body. No. painted on box. Measured distance from survey point to center of casket.
--

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle) HAWKINS, Russell Dean	RANK OR RATE SM3c	FILE OR SERVICE NO. 337-28-13	GRAVE NO. 541
BODY ON RIGHT, NAME (Last, first, middle) UNIDENTIFIED X-53	RANK OR RATE ---	FILE OR SERVICE NO. ---	GRAVE NO. 545

PERSON REPORTING BURIAL (Name) B. D. LUSK	(Rank or rate) LIEUT. (MC) USN	PERSON CONDUCTING BURIAL RITES Chaplains Miller, Strauss, Odum & McGuire
--	-----------------------------------	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED R. M. LHAMON, Captain (MC) USN
	(Name) (Rank) (Title)

INSTRUCTIONS FOR BUREAU

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

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CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

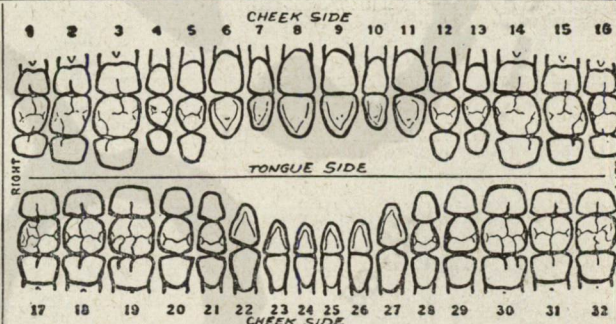
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

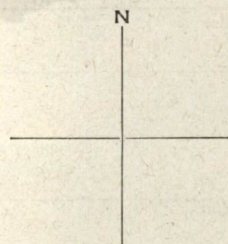


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

☐ POSITIVE IDENTITY ☐ SOME RESEMBLANCE ☐ NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE