

INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME NAGASE	FIRST NAME Masao
2.	BIRTH, PLACE OF	BIRTH, DATE OF
3.	DEATH, PLACE OF 49th Gen Hosp APO 72	DEATH, DATE OF 14 Jan. 1945
4.	POW CAMP AND COMPANY POW Ward 49th General Hospital	INTERNMENT SERIAL NO. 51J-8021
5.	FAMILIES ADDRESS, IF KNOWN	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE	CAPTURE, WHERE
8.	CAUSE OF DEATH GSW. left thigh	
9.	BURIAL	BURIAL, DATE OF
10.	PLACE OF	
11.	LOCATION AND IDENTIFICATION OF GRAVE Enemy Section, USAF Cemetery, Tacloban #1, Leyte P.I. 16 Jan 1945	
12.	GRAVE IDENTIFICATION Grave 51, Identified by regular enemy marker	
13.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED	
14.	None	
15.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?	
16.	No	
17.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT	
18.	Died in the City of Tacloban, Leyte Is. P.I.	
19.	Buried in the City of Tacloban, Leyte Is. P.I.	

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*Shenton A. Davis - Capt. M.C.*  
 SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

1. **NAKAMURA** **KAORU**  
SURNAME FIRST NAME
2. **Unknown** **Unknown**  
BIRTH PLACE OF BIRTH DATE OF
3. **Galasio, Pangasinan, Luzon, P.I.** **17 March 1945**  
DEATH, PLACE OF DEATH, DATE OF
4. **360th Station Hospital** **51-J-11706**  
POW CAMP AND COMPANY INTERMENT SERIAL NO.
5. **Unknown**  
FAMILIES ADDRESS, IF KNOWN
6. **Unknown**  
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. **8 March 1945** **Bamban, Tarlac, Luzon, P.I.**  
CAPTURE, DATE CAPTURE WHERE
8. **Malnutrition Severe**  
CAUSE OF DEATH
9. **Grave # 42** **USAF, Cemetery #1, Santa Barbara,** **17 March 45**  
BURIAL **Pangasinan, Luzon, P.I.** PLACE OF BURIAL, DATE OF
10. **Grave #42 USAF, Cemetery # 1, Santa Barbara, Pangasinan, Luzon, P.I.**  
LOCATION AND IDENTIFICATION OF GRAVE
11. **None**  
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE  
BY THE WAR DEPARTMENT?
13. **Died 1600 hours 17 March 45 in 360th Station Hospital. Body removed  
to USAF, Cemetery # 1, Santa Barbara, Pangasinan, Luzon, P.I. Grave #42**  
BRIEF DETAILS OF DEATH AND BURIAL.

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GENERAL

CERTIFIED TRUE COPY

*Jack I. Shearin*  
JACK I. SHEARIN  
WOJG, USA  
Registrar

SIGNATURE OF MEDICAL OFFICER  
*A. J. Wojnowski*  
A. J. WOJNOWSKI  
Major, CMP.  
PW Camp #1 COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
DEATH CERTIFICATE

Surname	First Name
<u>1. NARITA</u>	<u>Zenzo</u>
Birth, Place Of	Birth, Date Of
<u>2. Toyoko, Japan</u>	<u><del>26 September 1919</del> 27 July 1921</u>
Death, Place Of	Death, Date Of
<u>3. Unit G-4, No. 4, Navy 3245</u>	<u>8 February 1945</u>
Unit, (Corps, Regiment, Battalion, Co.)	No. of Reg. Inscription on <u>None</u>
<u>4. <del>Civilian Labor</del> 1st Navy Air OBS Unit.</u>	Identification Tags. <u><del>P.O.W. 1984</del></u>
Families Address, If Known	
<u>5. Toyoko - To, Tachikawa - Sho, Showai - Cho.</u>	
If Married, Date and Place Thereof. (Inf. Required for Germans Only)	
<u>6. Not Married.</u>	
Capture, Date	Capture, Where
<u>7. 26 January 1945</u>	<u>Saipan, Mariana Is.</u>
Cause of Death	
<u>8. Tetanus</u>	
Burial, Place Of	Burial, Date Of
<u>9. Army Cemetery No. 1, Annex No. 1, (ED) P.O.W. Cemetery, Saipan, Mariana Is.</u>	<u>Saipan, M.I. 9 February 1945</u>
Location and Identification of Grave	
<u>10. Grave No. 36, Row No. 4, Plot No. 1.</u>	
Disposition of Personal Effects Belonging to Deceased	
<u>11. Patient had none.</u>	
Will Personal Effects be Sent, together with Death Certificate, by the War Department.	
<u>12. Patient had none</u>	
Brief details of Death and Burial for transmittal by International Red Cross to Family of Deceased.	
<u>13.</u>	

Prisoner developed Tetanus of the 2nd left toe four days after being admitted for a fracture, simple, 2nd left toe on 1-31-45. Patient expired due to this condition 2-8-45. Prisoner buried with the proper ceremony.

SEAL  
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 PROV OST MARSHAL  
 GENERAL

CERTIFIED A TRUE COPY

*J. G. Schnebly*  
 J. G. SCHNEBLY  
 SIGNATURE OF MEDICAL OFFICER  
 Capt. (MC) USN.

COMMANDING

*page 2*



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

1. Nishimoto  
SURNAME Risei  
FIRST NAME
2. Japan  
BIRTH PLACE OF 19 May 1921  
BIRTH DATE OF
3. PW Enclosure #1, APO #70  
DEATH, PLACE OF 23 February 1945  
DEATH, DATE OF
4. PW Enclosure #1, APO #70  
POW CAMP AND COMPANY 51 J 10762  
INTERMENT SERIAL NO.
5. Japan, Hiroshima-ken, Takada-gun, Akiba-mura  
FAMILIES ADDRESS, IF KNOWN
6. Unknown  
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. 8 February 1945  
CAPTURE, DATE San Jose, Luzon, P.I.  
CAPTURE WHERE
8. Poisoning, acute, self-inflicted (Iodine)  
CAUSE OF DEATH
9. USAFFE Cemetery, #1, Santa Barbara, Luzon, P.I. 23 Feb., 1945  
BURIAL PLACE OF BURIAL, DATE OF
10. **Grave No. 21**  
LOCATION AND IDENTIFICATION OF GRAVE
11. **None**  
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. **None**  
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE  
BY THE WAR DEPARTMENT?
13. **None**  
BRIEF DETAILS OF DEATH AND BURIAL.

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PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*Jack I. Shearin*  
SIGNATURE OF MEDICAL OFFICER  
JACK I. SHEARIN  
WOJG, U.S.A.  
REGISTRAR  
COMMANDING







INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1. **0** SURNAME **BOKU** FIRST NAME
2. **Unknown** BIRTH PLACE OF **Unknown** BIRTH DATE OF
3. **360th Station Hospital** DEATH, PLACE OF **21 March 45** DEATH, DATE OF
4. **POW Camp #1, Base M, APO 70** POW CAMP AND COMPANY **51 J 11798** INTERMENT SERIAL NO.
5. **Unknown** FAMILIES ADDRESS, IF KNOWN
6. **Unknown** IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. **7 March 45** CAPTURE, DATE **Floridablanca, Pampanga, Luzon PI.** CAPTURE WHERE
8. **Wound, gunshot, entrance right upper arm, exit left upper chest below clavicle.** CAUSE OF DEATH **severe, date and place of wound undetermined,**  
**USAF Cemetery #1, Santa Barbara,**
9. **Grave # 49** BURLIAL **Pangasinan, Luzon, P.I.** PLACE OF **21 March 45** BURLIAL, DATE OF
10. **Grave #49, USAF Cemetery #1, Santa Barbara, Pangasinan, Luzon, PI.** LOCATION AND IDENTIFICATION OF GRAVE
11. **None** DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. **None** WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE BY THE WAR DEPARTMENT?
13. **Died 0900 hrs 21 March 45, removed to USAF Cemetery #1, Santa Barbara, Pangasinan, Luzon, PI, buried 21 March 45 in Grave # 49** BRIEF DETAILS OF DEATH AND BURLIAL:

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OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*Jack I. Shearin*  
JACK I. SHEARIN  
WOJG, USA

Registrar  
SIGNATURE OF MEDICAL OFFICER

*A. J. Wojnowski*  
A. J. WOJNOWSKI  
Major, CMP  
PW Camp #1 COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME OGAWA	FIRST NAME Ichiro
2.	BIRTH, PLACE OF	BIRTH, DATE OF
3.	DEATH, PLACE OF 49th Gen Hosp APO 72	DEATH, DATE OF 16 Jan 1945
4.	POW CAMP AND COMPANY POW Ward, 49th General Hospital	INTERNMENT SERIAL NO. 51J-8201
5.	FAMILY ADDRESS, IF KNOWN	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE	CAPTURE, WHERE
8.	CAUSE OF DEATH GSW left thigh	
9.	BURIAL	BURIAL, DATE OF
10.	PLACE OF Enemy Section, USAF Cemetery, Tacloban #1, Leyte P.I.	16 Jan. 1945
11.	LOCATION AND IDENTIFICATION OF GRAVE Grave 53, Identified by regular enemy marker	
12.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED None	
13.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? No	
14.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT Died in the City of Tacloban, Leyte Is. P.I. Buried in the City of Tacloban, Leyte Is. P.I.	

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*Max Tobey Capt MC*  
 SIGNATURE OF MEDICAL OFFICER

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COMMANDING







INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

SURNAME		FIRST NAME	
1. Okuda,		Yasuo	51J-8027
BIRTH, PLACE OF		BIRTH, DATE OF	
2. Japan		20 August 1915	
DEATH, PLACE OF		DEATH, DATE OF	
3. Base "K" POW Stockade, San Joaquin		11 February 1945	
POW CAMP AND COMPANY		INTERMENT SERIAL NO.	
4. "C" Co., Base "A" POW Stockade, APO 72.		51J-8027	
FAMILIES ADDRESS, IF KNOWN			
5. Japan, Osaka Shi, Nigashi Hariku, Oimadato Honmachi, 6 Chome, 9Banchi			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)			
6.			
CAPTURE, DATE		CAPTURE, WHERE	
7. 11 January 1945		San Jose, Mindoro, P.I.	
CAUSE OF DEATH			
8. Beri Beri, severe			
BURIAL	PLACE OF	BURIAL, DATE OF	
9. Enemy Section, USAF Cemetery, Tacloban #1,	Leyte, P.I.	11 Feb. 1945	
LOCATION AND IDENTIFICATION OF GRAVE			
10. Grave #68, Identified by Reg Enemy Marker			
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11. None			
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12. No.			

BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT

13. Died in the City of San Joaquin, Leyte, P.I.  
 Buried in the City of Tacloban, Leyte, P.I.

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SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*M. M. McLaughlin, M.D.*  
 SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING







INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME OTAKE	FIRST NAME Ryozo	51J-8270
2.	BIRTH, PLACE OF	BIRTH, DATE OF	
3.	DEATH, PLACE OF 49th General Hospital, APO 72	DEATH, DATE OF 7 Feb. 1945	
4.	POW CAMP AND COMPANY POW Ward, 49th General Hosp.	INTERMENT SERIAL NO. 51J-8270	
5.	FAMILIES ADDRESS, IF KNOWN		
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)		
7.	CAPTURE, DATE	CAPTURE, WHERE	
8.	CAUSE OF DEATH Dysentery, unclassified, acute, severe		
9.	BURIAL	PLACE OF	BURIAL, DATE OF
10.	Enemy Section, USAF Cemetery, Tacloban #1, Leyte P.I., 7 Feb 1945		
11.	LOCATION AND IDENTIFICATION OF GRAVE Grave 67, Identified by regular enemy marker		
12.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED None		
13.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? No		

BRIF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT

13. Died in the City of Tacloban, Leyte Is. P.I.  
 Buried in the City of Tacloban, Leyte Is. P.I.

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*M M Mc Dowell, M.D., M.C.*

SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME <u>Owaki</u>	FIRST NAME <u>Yukitoski</u>
2.	BIRTH, PLACE OF <u>Japan</u>	BIRTH, DATE OF <u>23 August 1922</u>
3.	DEATH, PLACE OF <u>49th General Hospital APO 72</u>	DEATH, DATE OF <u>POW CAMP AND COMPANY</u>
4.	POW CAMP AND COMPANY <u>POW Ward, 49th General Hospital</u>	INTERMENT SERIAL NO. <u>51J-10592</u>
5.	FAMILIES ADDRESS, IF KNOWN <u>Japan, Nagoya Shi</u>	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE <u>Jan 2, 1945</u>	CAPTURE, WHERE <u>Deposito, Leyte Is. P.I.</u>
8.	CAUSE OF DEATH <u>Dysentery, chronic, severe, unclassified, Immd. cause Hemorrhage</u>	
9.	BURIAL <u>Enemy Section, USAF Cemetery, Tacloban #1, Leyte, P.I. 10 Jan 1945</u>	PLACE OF <u>USAF Cemetery, Tacloban #1, Leyte, P.I.</u>
10.	BURIAL, DATE OF <u>10 Jan 1945</u>	
11.	LOCATION AND IDENTIFICATION OF GRAVE <u>Grave 42, Identified by regular enemy marker</u>	
12.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED <u>None</u>	
13.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? <u>No</u>	
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT		
<u>Died in the City of Tacloban, Leyte Is. P.I.</u>		
<u>Buried in the City of Tacloban, Leyte Is. P.I.</u>		

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*Hamilton A. Davis, Capt. M.C.*  
 SIGNATURE OF MEDICAL OFFICER

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INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

1. SAGAWA IORI  
SURNAME FIRST NAME
2. Unknown Unknown  
BIRTH PLACE OF BIRTH DATE OF
3. Dagupan, Pangasinan, Luzon, P.I. 4 March 1945  
DEATH, PLACE OF DEATH, DATE OF
4. Prisoner of War Camp No. 1. 51-J-10763  
POW CAMP AND COMPANY INTERNMENT SERIAL NO.
5. Unknown  
FAMILIES ADDRESS, IF KNOWN
6. Unknown  
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. 1 February 1945 Sison, Pangasinan, Luzon,  
CAPTURE, DATE Philippine Islands  
CAPTURE WHERE
8. Malnutrition Severe  
CAUSE OF DEATH
9. Grave # 24. USAF, Cemetery # 1, Santa Barbara, Pangasinan, Luzon, P.I. 4 March 45  
BURIAL PLACE OF BURIAL, DATE OF
10. USAF, Cemetery # 1, Santa Barbara, Pangasinan, Luzon, P.I.  
LOCATION AND IDENTIFICATION OF GRAVE
11. None  
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE  
BY THE WAR DEPARTMENT?
13. Died Prisoner of War Camp #1, 1400 hours 4 March 1945  
Body was removed to Grave # 24 USAF, Cem #1, Santa Barbara, Pangasinan,  
BRIEF DETAILS OF DEATH AND BURIAL. Philippine Islands.

*Vincent J. De Nicola*  
VINCENT J. DE NICOLA  
Major, M.C.

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OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

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*A. J. Wojnowski*  
SIGNATURE OF MEDICAL OFFICER

A. J. WOJNOWSKI  
Major, CMP  
PW Camp #1 COMMANDING



51 J 20448

INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1.	SURNAME <b>SACURUNA</b>	FIRST NAME <b>KUNIIKO</b>
2.	BIRTH, PLACE OF <b>PRISON HOSPITAL</b>	BIRTH, DATE OF <b>FEBRUARY 1945</b>
3.	DEATH, PLACE OF	DEATH, DATE OF
4.	UNIT (Corps, Regiment, Battalion, Company) <b>Unknown</b>	NUMBER OF REGISTRATION (Inscriptions on identification tags) <b>EA17509J</b>
5.	FAMILY'S ADDRESS, IF KNOWN <b>Unknown</b>	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)	
7.	CAPTURE, DATE <b>11 Feb. 1945</b>	CAPTURE, WHERE <b>Reservoir near Rosario Hts., Manila</b>
8.	CAUSE OF DEATH <b>TETANUS</b>	
9.	BURIAL <b>Manila Cemetery #1</b>	PLACE OF <b>Manila Cemetery #1</b>
10.	LOCATION AND IDENTIFICATION OF GRAVE <b>Manila Cemetery #1 (New section)</b>	BURIAL, DATE OF <b>24 Feb. 1945</b>
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED <b>None</b>	<b>Grave No. 3 Row No. 1</b>
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? <b>None</b>	
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED <b>This man was committed to hospital upon his entry into Hilibid Prison, Manila. His death occurred there and he was interred in Manila Cemetery #1 by the 408th Medical Collecting Co. 108th Quartermaster Graves Registration Platoon.</b>	

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

*V. Vincent de la Cruz*  
(Signature of medical officer)

CERTIFIED TRUE COPY

**408th Medical Collecting Co.**  
Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

1. **SANAMOTO**  
SURNAME **SUSUMU**  
FIRST NAME
2. **Unknown**  
BIRTH PLACE OF **Unknown**  
BIRTH DATE OF
3. **54th Evacuation Hospital APO 70**  
DEATH, PLACE OF **1 Feb 45**  
DEATH, DATE OF
4. **Base M, APO 70**  
POW CAMP AND COMPANY **51 J 11231**  
INTERNMENT SERIAL NO.
5. **Unknown**  
FAMILIES ADDRESS, IF KNOWN
6. IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. **24 Jan 45**  
CAPTURE, DATE **Bataquil, Pangasinan, P.I.**  
CAPTURE WHERE
8. **Pulmonary embolism**  
CAUSE OF DEATH
9. **USAFFE Cemetary** **Santa Barbara** **2 Feb 45**  
BURIAL PLACE OF BURIAL, DATE OF
10. **Grave # 5**  
LOCATION AND IDENTIFICATION OF GRAVE
11. **None**  
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. **None**  
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE  
BY THE WAR DEPARTMENT?
13. BRIEF DETAILS OF DEATH AND BURIAL.

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GENERAL

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*Jack I. Shearin*  
SIGNATURE OF MEDICAL OFFICER  
JACK I. SHEARIN  
M.O.J.G., U.S.A.  
**REGISTRAR**  
COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

51J-2571

1. **SURNAME** **SASAKI,** **FIRST NAME** **Tetzu**

2. **BIRTH, PLACE OF** **Unknown** **BIRTH, DATE OF** **Unknown**

3. **DEATH, PLACE OF** **132nd General Hospital, Biak Island, DNG** **DEATH, DATE OF** **6 February 1945**

4. **UNIT (Corps, Regiment, Battalion, Company)** **NUMBER OF REGISTRATION (Inscriptions on identification tags)**

5. **FAMILY'S ADDRESS, IF KNOWN** **Unknown**

6. **IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)**

7. **CAPTURE, DATE** **6 February 1945** **CAPTURE, WHERE** **Biak Island, DNG**

8. **CAUSE OF DEATH** **Malnutrition, beri beri, Appendicitis acute.**

9. **BURIAL** **Interred** **PLACE OF** **USAF Cemetery Bosnek #1, Biak Island** **BURIAL, DATE OF** **7 February 1945**

10. **LOCATION AND IDENTIFICATION OF GRAVE** **Grave No. 30, Enemy Section**

11. **DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED** **No personal effects**

12. **WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?**

13. **BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT**

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY of existing records, 3 March 1945.

*R. E. Smith*

(Signature of medical officer)

R. E. SMITH, Lt Colonel, Infantry,  
PWIB SWPA

Commanding.

W. D., A. G. O. Form No. 19-48  
(Old W. D., P. M. G., Form No. 95, which may continue in use)  
14 June 1944

*Ince 32*



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

SURNAME		FIRST NAME	
1. SAWADA	YOSHIMASA		51J-8144
BIRTH, PLACE OF		BIRTH, DATE OF	
2. Japan			5 July 1914
DEATH, PLACE OF		DEATH, DATE OF	
3. City of San Jacquin, Leyte P.I. (POW Camp)	4 February 1945		
UNIT (Corps, Regiment, Battalion, Company)		NUMBER OF REGISTRATION (Inscriptions on identification tags)	
4. Medical Corps, 16th Div.	Unknown		
FAMILY'S ADDRESS, IF KNOWN			
5. Japan, Kyoto Fu, Yoza Gun, Iwataki, Machi, 359 Banchi			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)			
6. 28 January 1945			
CAPTURE, DATE		CAPTURE, WHERE	
7. 28 January 1945	Nr. Dolores, Leyte Is., P.I.		
CAUSE OF DEATH			
8. Cashexia, Severe			
BURIAL	PLACE OF	BURIAL, DATE OF	
9. Enemy Section, USAF Cemetery, Tacloban #1, Leyte P.I.	4 Feb. 1945		
LOCATION AND IDENTIFICATION OF GRAVE			
10. Grave 62, Identified by regular enemy marker			
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11. None			
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12. No.			
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT			
13. Died at POW Camp, city of San Jacquin, Leyte, P.I.			
Buried in the City of Tacloban, Leyte, P.I.			

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

*L. B. Pearson*  
(Signature of medical officer)

CERTIFIED TRUE COPY

Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE 51J-2675

SURNAME		FIRST NAME	
1. SEIGISHI,		Demidu	
BIRTH, PLACE OF		BIRTH, DATE OF	
2.			
DEATH, PLACE OF		DEATH, DATE OF	
3. 9th General Hospital, Biak Island, DNG		18 February 1945	
UNIT (Corps, Regiment, Battalion, Company)		NUMBER OF REGISTRATION (Inscriptions on identification tags)	
4.			
FAMILY'S ADDRESS, IF KNOWN			
5.			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)			
6.			
CAPTURE, DATE		CAPTURE, WHERE	
7. 18 February 1945		Biak Island, DNG	
CAUSE OF DEATH			
8. GSW Abdomen, right thigh.			
BURIAL		PLACE OF	
9. Interred		USAF Cemetery Bosnek No. 1, Biak Is, DNG	
LOCATION AND IDENTIFICATION OF GRAVE		BURIAL, DATE OF	
10. Grave No. 31, Enemy Plot, Enemy Marker.		18 February 1945	
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11. No personal effects.			
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12.			
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT			
13.			

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PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY of existing records, 26 March 1945.

*[Handwritten Signature]*

(Signature of medical officer)

R. E. SMITH, Lt Colonel, Inf,

Commanding.

*June 31*



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## DEATH CERTIFICATE

1.	Surname SEIJI	First Name ADACHI
2.	Birth, Place of Unknown	Birth, Date of
3.	Death, Place of Prisoner of War Camp, Guam M I	Death, Date of 14 March 1945
4.	Unit, (Corps, regiment, battalion, company Unknown	No. of Reg. (inscriptions on I. Tags)
5.	Family address, if known Unknown	
6.	If married, date and place thereof, if known (Required for Germans only) Unknown	
7.	Capture, date Unknown	Capture, where Iwo Jima
8.	Cause of death Wounds, Gunshot, Multiple	
9.	Burial Japanese Cemetary	Place of Assan Pt. Guam M I
10.	Burial, date of 14 March 1945	
11.	Location and identification of grave Row 1, Grave 6	
12.	Disposition of personal effects belonging to deceased None	
13.	Will personal effects be sent, together with death certificate, by War Dept. None	
14.	Brief details of death and burial for transmittal by IRC to family of deceased Patient was picked up on Iwo Jima and evacuated to Prisoner of War Camp, Guam. Wounds were treated and dressed. Patient died in the Prisoner of War Camp Hospital approximately 12 Hours after his arrival.	

Burial took place 12 hours after death. He was buried in the Japanese Cemetary at Assan Pt. Guam M I and the grave is clearly marked with cross as prescribed by Prisoner of War Circuâars.

Seal of Office of the  
Provost Marshal General

Certified True Copy

*[Signature]* #1

PMG Form No 95 1 Jan 1944

*J.A. Bailey*  
Signature of Med. Officer

Lt. (MC) USNR  
Commanding



51 J 20439

INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

1.	SURNAME <b>Shiga</b>	FIRST NAME <b>Yoshio</b>	BIRTH, DATE OF
2.	BIRTH, PLACE OF <b>Unknown</b>	BIRTH, DATE OF <b>Unknown</b>	
3.	DEATH, PLACE OF <b>Bilibid Prison Hospital</b>	DEATH, DATE OF <b>Manila, P.I. 20 March 1945</b>	
4.	UNIT (Corps, Regiment, Battalion, Company) <b>Unknown</b>	NUMBER OF REGISTRATION (Inscriptions on identification tags)	
5.	FAMILY'S ADDRESS, IF KNOWN <b>Unknown</b>		
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)		
7.	CAPTURE, DATE <b>14 March 1945</b>	CAPTURE, WHERE <b>Santol, Batangas Province</b>	
8.	CAUSE OF DEATH <b>Malaria</b>		
9.	BURIAL <b>USAP Manila #1</b>	PLACE OF <b>Manila, P.I.</b>	BURIAL, DATE OF <b>20 March 1945</b>
10.	LOCATION AND IDENTIFICATION OF GRAVE <b>Grave No. 15 Row No. 2</b>		
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED <b>None</b>		
12.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?		
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED		

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OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*R. B. Mertz*  
(Signature of medical officer)  
**R. B. MERTZ**  
Captain, M.C.  
120th General Hospital  
Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

1. SHO SURNAME GEM KYO FIRST NAME
2. Unknown BIRTH PLACE OF Unknown BIRTH DATE OF
3. 7th Evacuation Hospital DEATH, PLACE OF 4 Feb 45 DEATH, DATE OF
4. Base M. APO 70 POW CAMP AND COMPANY 51 J 11225 INTERNMENT SERIAL NO.
5. Unknown FAMILIES ADDRESS, IF KNOWN
6. IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. Unknown CAPTURE, DATE Unknown CAPTURE WHERE
8. Shock CAUSE OF DEATH
9. USAFPE Cemetary BURIAL Santa Barbara PLACE OF BURIAL, DATE OF 4 Feb 45
10. Grave # 7 LOCATION AND IDENTIFICATION OF GRAVE
11. None DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. None WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE  
BY THE WAR DEPARTMENT?
13. BRIEF DETAILS OF DEATH AND BURIAL.  
*Gas Gangrene - Rt leg & thigh  
Cerebral Hemorrhage.*

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL*Capt S Maroon MC*  
SIGNATURE OF MEDICAL OFFICER  
*7th Evac. Hosp.*

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COMMANDING











INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

1.	SURNAME <b>SUGIMOTO</b>	FIRST NAME <b>TOYOMITSU</b>	<b>51J-8166/</b>
2.	BIRTH, PLACE OF <b>Japan Gifu Ken, Mugi Gun</b>	BIRTH, DATE OF <b>28 March 1911</b>	
3.	DEATH, PLACE OF <b>126th General Hospital, APO 72</b>	DEATH, DATE OF <b>19 Feb 45</b>	
4.	UNIT (Corps, Regiment, Battalion, Company) <b>Independent Unit (Kanda) APO 72</b>	NUMBER OF REGISTRATION (Inscriptions on identification tags) <b>None</b>	
5.	FAMILY'S ADDRESS, IF KNOWN <b>Same as 2.</b>		
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)		
7.	CAPTURE, DATE <b>24 January 1945</b>	CAPTURE, WHERE <b>Near Delores, Leyte, P.I.</b>	
8.	CAUSE OF DEATH <b>Sarapnel wound, chest</b>		
9.	BURIAL <b>Enemy Section, USAF Cemetery, Taeleban #1</b>	PLACE OF <b>Leyte P.I.</b>	BURIAL, DATE OF <b>19 Feb. 1945</b>
10.	LOCATION AND IDENTIFICATION OF GRAVE <b>Grave #74 Regular Enemy Marker</b>		
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED <b>None</b>		
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? <b>None</b>		
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT <b>Died in the city of Palo, Leyte Island, P.I. Buried in the city of Taeleban, Leyte Island, P.I.</b>		

SEAL  
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GENERAL

*Leonard P. Heath*  
LEONARD P. HEATH, MAJ., MC  
(Signature of medical officer)

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INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1. **SUTO** **KATSUJI**  
SURNAME FIRST NAME
2. **Unknown** **Unknown**  
BIRTH PLACE OF BIRTH DATE OF
3. **360th Station Hospital** **13 March 45**  
DEATH, PLACE OF DEATH, DATE OF
4. **POW Camp #1, Base N, APO 70** **52 J 21678**  
POW CAMP AND COMPANY INTERNMENT SERIAL NO.
5. **Unknown**  
FAMILIES ADDRESS, IF KNOWN
6. **Unknown**  
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-  
QUIRED FOR GERMANS ONLY)
7. **1000 hrs, 10 March 45** **River bed near Digdig**  
CAPTURE, DATE CAPTURE WHERE
8. **GSW Lt. Arm**  
CAUSE OF DEATH
9. **Grave # 38** **USAF Cemetery #1, Santa Barbara,** **15 March 45**  
BURIAL **Pangasinan, Luzon, P.I.** PLACE OF BURIAL, DATE OF
10. **Grave #38, USAF Cemetery #1, Santa Barbara, Pangasinan, Luzon, P.I.**  
LOCATION AND IDENTIFICATION OF GRAVE
11. **None**  
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. **None** WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE  
BY THE WAR DEPARTMENT?
13. **Died 1320 hours 13 March 45, removed to USAF Cem. #1, Santa Barbara, Pangasinan,**  
**Luzon, P.I. buried in Grave #38**  
BRIEF DETAILS OF DEATH AND BURIAL.

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GENERAL

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*Jack E. Shearin*  
**JACK E. SHEARIN**  
WOMB, USA  
Registrar

SIGNATURE OF MEDICAL OFFICER

*A. J. Wojnowski*  
**A. J. WOJNOWSKI**  
Major, OMP  
PW Camp #1 COMMANDING







INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
DEATH CERTIFICATE

Surname	First Name
<u>1. SUZUKI</u>	<u>YOSHIRO</u>
Birth, Place Of	Birth, Date Of
<u>2. JAPAN</u>	<u>11 January 1922</u>
Death, Place Of	Death, Date Of
<u>3. 369 Station Hosp. Civ. Annex, Saipan, M.I.</u>	<u>2 January 1945</u>
Unit, (Corps, Regiment, Battalion, Co.)	No. of Reg. Inscription on Identification Tags.
<u>4. Sorabayashi Tai # 901</u>	<u>18192</u>
Families Address, If Known	
<u>5. Shizuoka-ken, Fujii-gun, Sodo-mura.</u>	
If Married, Date and Place Thereof. (Inf. Required for Germans Only)	
<u>6. Single</u>	
Capture, Date	Capture, Where
<u>7. 3 October 1944</u>	<u>Saipan, M.I.</u>
Cause of Death	
<u>8. Pulmonary Tuberculosis with Cavite formation</u>	
Burial, Place Of	Burial, Date Of
<u>9. Saipan, M.I.</u>	<u>3 January 1945</u>
Location and Identification of Grave	
<u>10. Army Cemetery No. 1, Annex No. 1, (ED), Grave 30, Row 3, Lot 1.</u>	
Disposition of Personal Effects Belonging to Deceased	
<u>11. Deceased had none.</u>	
Will Personal Effects be Sent, together with Death Certificate, by the War Department.	
<u>12. None</u>	
Brief details of Death and Burial for transmittal by International Red Cross to Family of Deceased.	
<u>13. Died of Pulmonary Tuberculosis with Cavite Formation.</u>	

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 PROV OST MARSHAL  
 GENERAL

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*H.S. Benjamin Thoney*  
 SIGNATURE OF MEDICAL OFFICER

COM LANDING

W.D., P.M.G., Form No. 96  
 1 January 1945

24-69065ABCD-1000

RESTRICTED



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1.	SURNAME <b>TAGAKI</b>	FIRST NAME <b>PARATARO</b>	<b>51 J 20450</b>
2.	BIRTH, PLACE OF <b>Unknown</b>	BIRTH, DATE OF <b>Unknown</b>	
3.	DEATH, PLACE OF <b>Bilibid Prison Hospital Manila P.I.</b>	DEATH, DATE OF <b>25 Feb. 1945</b>	
4.	UNIT (Corps, Regiment, Battalion, Company) <b>Unknown</b>	NUMBER OF REGISTRATION (Inscriptions on identification tags) <b>4366 EA</b>	
5.	FAMILY'S ADDRESS, IF KNOWN <b>Unknown</b>		
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)		
7.	CAPTURE, DATE <b>3 Feb. 1945</b>	CAPTURE, WHERE <b>Manila P.I.</b>	
8.	CAUSE OF DEATH <b>Dysentery, Old Age</b>		
9.	BURIAL <del>XXXXXXXXXXXXXXXXXX</del> <b>North Cemetery</b>	PLACE OF <b>Manila, P.I.</b>	BURIAL, DATE OF <b>25 Feb. 1945</b>
10.	LOCATION AND IDENTIFICATION OF GRAVE <b>Pit opened for mass burial of enemy dead</b>		<b>Enemy Section</b>
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED		
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?		
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED		

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PROVOST MARSHAL  
GENERAL

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*V. De Lalla*  
(Signature of medical officer)

**V. De Lalla**  
**1st Lt. , M.C.**  
**408 Med. Coll. Co. (Sep)**

Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

- |     |  |   |
|-----|--|---|
| 1.  | TAI<br>SURNAME   | MEGUMI<br>FIRST NAME                        |
| 2.  | Unknown<br>BIRTH PLACE OF  | Unknown<br>BIRTH DATE OF                    |
| 3.  | POW Camp, Base M, APO 70<br>DEATH, PLACE OF  | 15 Feb 45<br>DEATH, DATE OF                 |
| 4.  | POW Camp, Base M, APO 70<br>POW CAMP AND COMPANY   | 51 J 11227<br>INTERMENT SERIAL NO.          |
| 5.  | Unknown<br>FAMILIES ADDRESS, IF KNOWN  |   |
| 6.  | IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-<br>QUIRED FOR GERMANS ONLY)        |   |
| 7.  | 13 Feb 45<br>CAPTURE, DATE   | Urdaneta, Pangasinan, P.I.<br>CAPTURE WHERE |
| 8.  | Pneumonia, Lebar, Acute, Bilateral<br>CAUSE OF DEATH   |   |
| 9.  | BURIAL   | PLACE OF BURIAL, DATE OF                    |
| 10. | USAFFE Cemetary (Grave 13), Santa Barbara<br>LOCATION AND IDENTIFICATION OF GRAVE                | Grave# 13                                   |
| 11. | None<br>DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED                                    |   |
| 12. | None<br>WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE<br>BY THE WAR DEPARTMENT? |   |
| 13. | BRIEF DETAILS OF DEATH AND BURIAL.   |   |

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GENERAL

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*Jack I. Shearin*  
SIGNATURE OF MEDICAL OFFICER  
JACK I. SHEARIN  
WOJG, U.S.A.  
REGISTRAR  
COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR

SI J 20447

**DEATH CERTIFICATE**

SURNAME		FIRST NAME	
1.	Taichashi	Koichi	
BIRTH, PLACE OF		BIRTH, DATE OF	
2.	Unknown	Unknown	
DEATH, PLACE OF		DEATH, DATE OF	
3.	607th Medical Clearing Sta., Manila, P.I.	16 February 1945	
UNIT (Corps, Regiment, Battalion, Company)		NUMBER OF REGISTRATION (Inscriptions on identification tags)	
4.	117 Fishing Unit, 2nd Co. 2nd Plat.	Unknown	
FAMILY'S ADDRESS, IF KNOWN			
5. Unknown			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)			
6.			
CAPTURE, DATE		CAPTURE, WHERE	
7.	14 February 1945	2 Miles west of Grace Park, Manila, P.I.	
CAUSE OF DEATH			
8.	Generalized toxemia and peritonitis resulting from abdominal Gun Shot Wound		
BURIAL		PLACE OF	BURIAL, DATE OF
9.		Manila Cemetary #1 (Enemy Section)	16 February 1945
LOCATION AND IDENTIFICATION OF GRAVE			
10.	Manila Cemetary #1 (Enemy Section)	Grave No. 2	Row No. 1
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11.	No personal effects		
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12.			
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT			
13.	Patient admitted to Clearing Station 14 February 1945, in condition of severe shock and evidence of large hemorrhage. Abdomen opened, general peritonitis noted, Intestinal perforations repaired, and abdomen closed in layers without drainage. Post operatively he received 4U of plasma, 3,000 cc Glucose solution daily, Sulfathiozale intraveinously every six hours, and morphine sulfate for the control of pain. He expired at 1500 16 February 1945, and the body was taken to 108th Quartermaster Graves Registration Platoon for burial.		

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 GENERAL

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*Eugene F. Richter*  
 EUGENE F. RICHTER, Lt. Col., CMP  
 Commanding 602nd M.P. Bn.

/S/ Nelson H. Chesnut  
 /T/ NELSON H. CHESNUT, Major, MC

607th Medical Clearing Station  
 Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1.	SURNAME TAKAHASHI	FIRST NAME Hayao
2.	BIRTH, PLACE OF	BIRTH, DATE OF
3.	DEATH, PLACE OF 49th Gen. Hosp APO 72	DEATH, DATE OF 29 Jan. 1945
4.	POW CAMP AND COMPANY POW ward, 49th General Hospital	INTERMENT SERIAL NO. 51J-8200
5.	FAMILIES ADDRESS, IF KNOWN	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE	CAPTURE, WHERE
8.	CAUSE OF DEATH 1. GSW right thigh 2. Cellulitis, right thigh	
9.	BURIAL PLACE OF Enemy Section, USAF Cemetery, Tacloban #1, Leyte, P.I.	BURIAL, DATE OF 29 Jan 1945
10.	LOCATION AND IDENTIFICATION OF GRAVE Grave 49, Identified by regular enemy marker	
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED None	
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? No	
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT Died in the city of Tacloban, Leyte Is. P.I. Buried in the city of Tacloban, Leyte Is. P.I.	

SEAL  
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PROVOST MARSHAL  
GENERAL

SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING







INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME <b>Takebuchi</b>	FIRST NAME <b>Tseugio</b>
2.	BIRTH, PLACE OF <b>Japan</b>	BIRTH, DATE OF <b>29 March 1922</b>
3.	DEATH, PLACE OF <b>49th General Hospital APO 72</b>	DEATH, DATE OF <b>11 Jan. 1945</b>
4.	POW CAMP AND COMPANY <b>49th General Hospital APO 72</b>	INTERMENT SERIAL NO. <b>513-10430</b>
5.	FAMILIES ADDRESS, IF KNOWN <b>Japan, Gunma Ken, Agaysuna Gun, Takayama Muro, Shiritaka Mura,</b> IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY) <b>1522 Banohi</b>	
6.		
7.	CAPTURE, DATE <b>13 Dec, 1944</b>	CAPTURE, WHERE <b>Leyte Is. P.I.</b>
8.	CAUSE OF DEATH <b>1. Wound, Penetrating, shell fragment, left thigh, Cardiac collapse</b>	
9.	BURIAL PLACE OF <b>Enemy Section, USAF Cemetery, Tacloban #1, Leyte, P.I.</b>	BURIAL, DATE OF <b>12 Jan. 1945</b>
10.	LOCATION AND IDENTIFICATION OF GRAVE <b>Grave 44, Identified by regular enemy marker</b>	
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED <b>None</b>	
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? <b>No</b>	
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT <b>Died in the City of Tacloban, Leyte Is. P.I.</b> <b>Buried in the City of Tacloban, Leyte Is. P.I.</b>	

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*Max T. ... Capt MC.*  
 SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME Takeuchi,	FIRST NAME Kiyoshi
2.	BIRTH, PLACE OF Japan	BIRTH, DATE OF 1 March 1920
3.	DEATH, PLACE OF 49th Gen. Hosp. APO 72.	DEATH, DATE OF 10 January 1945
4.	POW CAMP AND COMPANY POW Ward. 49th Gen Hosp.	INTERNMENT SERIAL NO. 51J-10558
5.	FAMILIES ADDRESS, IF KNOWN Japan, Shiga Ken, Koka Gun, Konan Cho.	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE 24 December 1944	CAPTURE, WHERE Valencia, Leyte Is., P.I.
8.	CAUSE OF DEATH Dysentery with severe malnutrition.	
9.	BURIAL Enemy Section, USAF Cemetery, Tacloban #1, Leyte, P.I., 10 Jan. 1945.	PLACE OF BURLAL, DATE OF
10.	LOCATION AND IDENTIFICATION OF GRAVE Grave #43, Identified by Reg enemy marker.	
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED No personal effects.	
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? No.	

13. BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT  
 Died at the 49th Gen Hosp, Tacloban, Leyte, P.I.,  
 Buried in the City of Tacloban, Leyte Is., P.I.

SEAL  
 OFFICE OF THE  
 PROVCST MARSHAL  
 GENERAL

*Max Tokey*  
 SIGNATURE OF MEDICAL OFFICER

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INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR  
DEATH CERTIFICATE

1. SUPPLINE FIRST NAME

2. ~~PLACE~~ PLACE OF BIRTH, DATE OF ~~P.W.~~

3. ~~PLACE~~ PLACE OF DEATH, DATE OF

4. ~~POW CAMP AND SERIAL NO.~~ POW CAMP AND SERIAL NO. ~~28 December 1944~~

5. ~~Basam~~ ~~POW Address, known~~ ~~72.~~ ~~51J-8038~~ (Not processed)

6. ~~Unknown~~ DEPARTED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)

7. CAPTURE, DATE CAPTURE, WHERE

8. ~~28 December 1944~~ ~~Leyte Is., P.I.~~

9. ~~GSW Rectum~~ BURIAL PLACE OF BURIAL, DATE OF

10. ~~Burial Section USAF Cemetery, Tacloban #1, Leyte, P.I., 31 Dec. '44~~ LOCATION AND IDENTIFICATION OF GRAVE

11. ~~None~~ DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED

12. ~~None~~ WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?

13. ~~None~~ ~~None~~ DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT

~~Died in the City of Tacloban, Leyte Is., P.I.~~

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

*Max Tobey*  
SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING













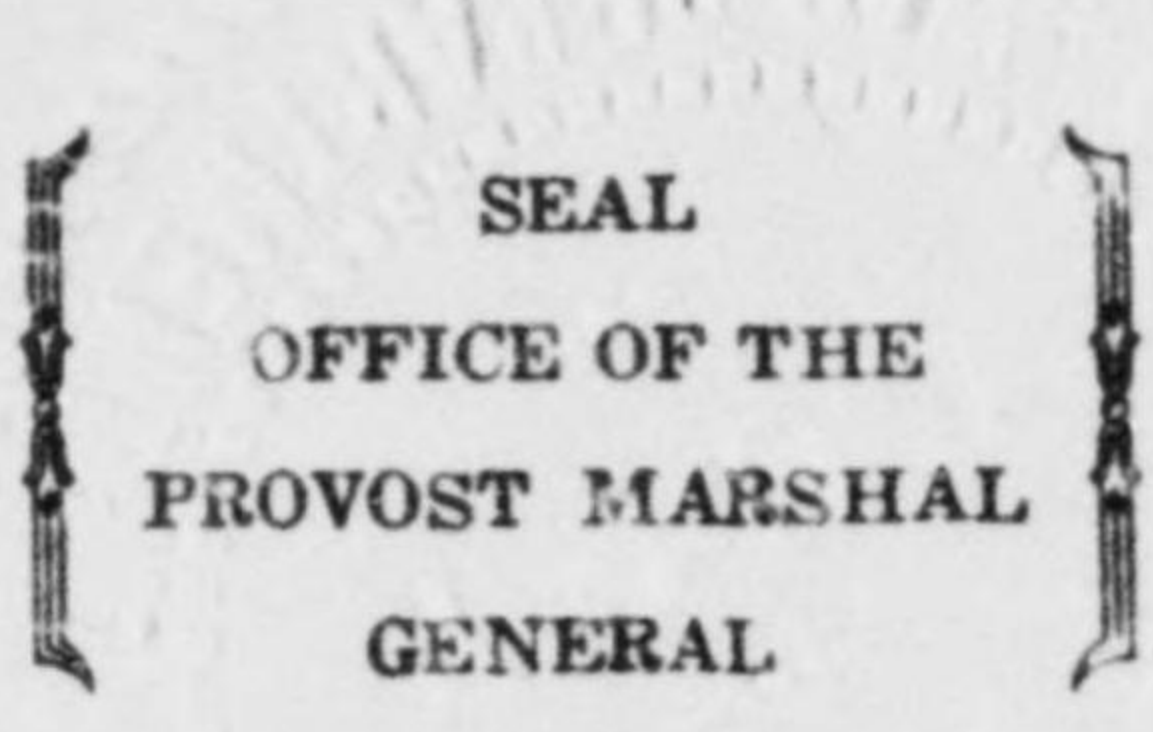


SI J 20434

INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

SURNAME	FIRST NAME	
1. <b>Teuda</b>	<b>Eunicho</b>	
BIRTH, PLACE OF	BIRTH, DATE OF	
2. <b>Unknown</b>	<b>Unknown</b>	
DEATH, PLACE OF	DEATH, DATE OF	
3. <b>Bilibid Prison Hospital</b>	<b>Manila, P.I.</b>	<b>29 March 1945</b>
UNIT (Corps, Regiment, Battalion, Company)	NUMBER OF REGISTRATION (Inscriptions on identification tags)	
4. <b>Japanese Civilian</b>	FAMILY'S ADDRESS, IF KNOWN	
5. <b>Unknown</b>	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)	
6.	CAPTURE, DATE	
7. <b>13 March 1945</b>	<b>Montalban, Luzon</b>	
CAUSE OF DEATH	CAPTURE, WHERE	
8. <b>Pulmonary Tuberculosis, far advanced</b>	PLACE OF	
BURIAL	BURIAL, DATE OF	
9. <b>ASAF Manila #1</b>	<b>Manila, P.I.</b>	<b>29 March 1945</b>
LOCATION AND IDENTIFICATION OF GRAVE		
10.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED	
11. <b>None</b>	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?	
12.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED	
13.		



SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

*R.B. Mertz*  
(Signature of medical officer)  
**R.B. MERZ**  
Captain, M.C.  
120 General Hospital  
Commanding.

CERTIFIED TRUE COPY



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1. **TSUHANA** SURNANE **SAIWAIYOSHI** FIRST NAME
2. **Unknown** BIRTH PLACE OF **Unknown** BIRTH DATE OF
3. **360th Station Hospital** DEATH, PLACE OF **2 March 45** DEATH, DATE OF
4. **POW Camp No. 1** POW CAMP AND COMPANY **51 J 11413** INTERMENT SERIAL NO.
5. **Aomori-ken, Shimokita-gun, Higashidori-mura** FAMILIES ADDRESS, IF KNOWN
6. **Unknown** IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)
7. **22 Feb 45** CAPTURE, DATE **Balayang, Victoria, Tarlac, P.I.** CAPTURE WHERE
8. **Cerebral Hemorrhage** CAUSE OF DEATH
9. **Grave 27** BURIAL **USAF Cemetery #1, Santa Barbara, Pangasinan, Luzon, P.I.** PLACE OF BURIAL, **4 March 45** DATE OF
10. **Grave #27, USAF Cemetery #1, Santa Barbara, Pangasinan, Luzon, PI** LOCATION AND IDENTIFICATION OF GRAVE
11. **None** DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED
12. **None** WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE BY THE WAR DEPARTMENT?
13. **Died 1830 hours 2 March 45, at 360th Station Hospital. Removed to USAF Cemetery #1, Santa Barbara, Pangasinan, Luzon, P.I. and buried in grave #27.** BRIEF DETAILS OF DEATH AND BURIAL.

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*Jack T. Shearin*  
JACK T. SHEARIN  
WOJG, USA  
Registrar

SIGNATURE OF MEDICAL OFFICER

*A. J. Wojnowski*  
A. J. WOJNOWSKI  
Major, CMP  
PW Camp #1 COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

1. SURNAME	UEMATSU		FIRST NAME	NOBUTOKI	
2. BIRTH, PLACE OF	JAPAN SHIZUOKA KEN FUJI MATSUHARA 37 BANCHI		BIRTH, DATE OF	9 NOVEMBER 1917	
3. DEATH, PLACE OF	49 Gen'l Hosp, Base K, APO 72		DEATH, DATE OF	23 DECEMBER 1944	
4. UNIT (Corps, Regiment, Battalion, Company)	POW Stockade, APO 72		NUMBER OF REGISTRATION (Inscriptions on identification tags)	51J-10350	
5. FAMILY'S ADDRESS, IF KNOWN	UEMATSU, Yoshie (Wife) - SAME AS NO. 2				
6. IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)					
7. CAPTURE, DATE	9 DECEMBER 1944		CAPTURE, WHERE	LEYTE ISLAND	
8. CAUSE OF DEATH	MALNUTRITION, DYSENTERY				
9. BURIAL	PLACE OF	ENEMY SECTION, USAF CEMETERY TACLOBAN #1, LEYTE PI.		BURIAL, DATE OF	23 DEC. 1944
10. LOCATION AND IDENTIFICATION OF GRAVE	GRAVE #27 - ENEMY SECTION				
11. DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED	NONE				
12. WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?					
13. BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT					

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*Vester M. Rutherford*  
(Signature of medical officer)  
VESTER M. RUTHERFORD  
Captain, M.C.

Commanding.







INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

SURNAME		FIRST NAME	
1. Umi	Hidetaro	(Alias) Masi	Hidetaro
BIRTH, PLACE OF		BIRTH, DATE OF	
2. Japan		16 December 1919	
DEATH, PLACE OF		DEATH, DATE OF	
3. 49th Gen Hosp, APO 72		3 February 1945	
POW CAMP AND COMPANY		INTERMENT SERIAL NO.	
4. POW Ward, 49th Gen Hosp		51J-10288	
FAMILIES ADDRESS, IF KNOWN			
5. Japan, Shiga Ken, Koka Gun, Kumoi Mura, Oaja Maki.			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)			
6.			
CAPTURE, DATE		CAPTURE, WHERE	
7. 11 November 1944		Leyte Is., P.I.	
CAUSE OF DEATH			
8. Malnutrition			
BURIAL	PLACE OF	BURIAL, DATE OF	
9. Enemy Section, USAF Cemetery, Tacloban #1,	Leyte P.I.	4 Feb. 1945	
LOCATION AND IDENTIFICATION OF GRAVE			
10. Grave 63, identified by regular enemy marker.			
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11. None			
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12. No			
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT			
13. Died in the City of Tacloban, Leyte Is., P.I.			
Buried in the City of Tacloban, Leyte Is., P.I.			
-----			
-----			
-----			
SEAL		Henry Kammundel Capt. M.C.	
OFFICE OF THE PROVOST MARSHAL GENERAL		SIGNATURE OF MEDICAL OFFICER	
CERTIFIED TRUE COPY		COMMANDING	



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

1. SURNAME	UYEDA	FIRST NAME	TANEIRO	51J-8346
BIRTH, PLACE OF	Unknown	BIRTH, DATE OF	Unknown	
2. DEATH, PLACE OF	126th Gen. Hosp., APO 72	DEATH, DATE OF	24 Feb 45	
UNIT (Corps, Regiment, Battalion, Company)	Unknown	NUMBER OF REGISTRATION (Inscriptions on identification tags)	Unknown	
4. FAMILY'S ADDRESS, IF KNOWN	Unknown			
5. IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)	Unknown			
6. CAPTURE, DATE	CAPTURE, WHERE			
7. CAUSE OF DEATH	Unknown	Leyte, P.I.		
8. BURIAL	Psychosis Malnutrition	PLACE OF	BURIAL, DATE OF	
9. LOCATION AND IDENTIFICATION OF GRAVE	Enemy Section, USAF Cemetery, Taeleban #1, Leyte, P.I., 25 Feb. 1945.			
10. DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED	Grave #79, identified by Reg. Enemy Marker.			
11. WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?	No personal effects.			
12. BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT	No.			
13. DIED IN THE CITY OF PALE, LEYTE, P.I.	Buried in the City of Taeleban, Leyte, P.I.			

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*Leonard P. Heath*  
(Signature of medical officer)  
**LEONARD P. HEATH, MAJ., MC**

Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR  
 DEATH CERTIFICATE

1.	SURNAME Watanabe,	FIRST NAME Ushichi
2.	BIRTH, PLACE OF Japan	BIRTH, DATE OF 17 OCTOBER 1913
3.	DEATH, PLACE OF 49th General Hospital, APO 72	DEATH, DATE OF 3 February 1945
4.	POW CAMP AND COMPANY POW ward 49th General Hosp.	INTERMENT SERIAL NO. 51J-8074
5.	FAMILIES ADDRESS, IF KNOWN Japan, Aichi Ken, Ichinomiya Shi, Mukoyama, 1 Chome, 10 Banchi	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE 14 January 1945	CAPTURE, WHERE N. of Valencia, Leyte, P.I.
8.	CAUSE OF DEATH 1. Malnutrition, severe. 2. Auitaminosis, severe	
9.	BURIAL Enemy Section, USAF Cemetery, Tacloban #1, Leyte, P. I.	PLACE OF Tacloban #1, Leyte, P. I.
10.	BURIAL, DATE OF 3 Feb 1945	
11.	LOCATION AND IDENTIFICATION OF GRAVE Grave 61 Identified by regular enemy marker	
12.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED None	
13.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? No	

BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT

13. Died in the city of Tacloban, Leyte Is., P.I.  
 Buried in the city of Tacloban, Leyte Is., P.I.

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*J. J. Captone*  
 SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING











INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

1. SURNAME <b>YEWASA</b>	FIRST NAME <b>NANKAZU (Alias) Yuwasa, Norikazu</b>	<i>51J-8344</i>
2. BIRTH, PLACE OF <b>Unknown</b>	BIRTH, DATE OF <b>Unknown</b>	
3. DEATH, PLACE OF <b>128th General Hospital, APO 72</b>	DEATH, DATE OF <b>19 Feb 45</b>	
4. UNIT (Corps, Regiment, Battalion, Company) <b>Unknown</b>	NUMBER OF REGISTRATION (Inscriptions on identification tags) <b>Unknown</b>	
5. FAMILY'S ADDRESS, IF KNOWN <b>Unknown</b>		
6. IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)		
7. CAPTURE, DATE <b>Unknown</b>	CAPTURE, WHERE <b>Leyte, P.I.</b>	
8. CAUSE OF DEATH <b>Psychosis, undetermined, malnutrition</b>		
9. BURIAL <b>Enemy Section, USAF Cemetery, Taeleban #1, Leyte, P.I., 19 Feb., 1945.</b>	PLACE OF	BURIAL, DATE OF
10. GRAVE #73, identified by Reg. Enemy Marker. DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED		
11. <b>No Personal effects.</b> WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?		
12. <b>No</b>		
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT		
13. <b>Died in the City of Pale, Leyte, P.I.</b> <b>Buried in the City of Taeleban, Leyte, P.I.</b>		

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

*Leonard P. Heath*  
 LEONARD P. HEATH, M.D., MC  
(Signature of medical officer)

CERTIFIED TRUE COPY

Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

1.	SURNAME Yonemura	FIRST NAME Mitsuyoski
2.	BIRTH, PLACE OF Japan	BIRTH, DATE OF 1 March 1914
3.	DEATH, PLACE OF 49th General Hospital APO 72	DEATH, DATE OF 15 Jan. 1945
4.	POW CAMP AND COMPANY POW Ward, 49th General Hospital APO 72	INTERNMENT SERIAL NO. 517-10631
5.	FAMILY ADDRESS, IF KNOWN Japan, Komamoto Ken, Otaku Gun, Nakashima Mura Aza Nakashima	
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY)	
7.	CAPTURE, DATE 6 Jan 1945	CAPTURE, WHERE Catayan, Leyte Is. P.I.
8.	CAUSE OF DEATH Hepatitis, toxic, severe, acute, jaundice	
9.	BURIAL Enemy Section, USAF Cemetery, Tacloban #1, Leyte P.I.	PLACE OF BURLAL, DATE OF 16 Jan 1945
10.	LOCATION AND IDENTIFICATION OF GRAVE Grave 52, Identified by regular enemy marker	
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED None	
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? No	
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT Died in the City of Tacloban, Leyte Is. P.I. Buried in the City of Tacloban, Leyte Is. P.I.	

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

*Larnton A. Davis Capt MC*  
SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA

## CENTRAL AGENCY FOR PRISONERS OF WAR

## D E A T H C E R T I F I C A T E

- |     |   |   |
|-----|---|---|
| 1.  | <b>Yoshinoga</b><br>SURNAME   | <b>Fumio</b><br>FIRST NAME                  |
| 2.  | <b>Unknown</b><br>BIRTH PLACE OF  | <b>Unknown</b><br>BIRTH DATE OF             |
| 3.  | <b>107th Station Hosp, APO #70</b><br>DEATH, PLACE OF   | <b>10 February 1945</b><br>DEATH, DATE OF   |
| 4.  | <b>POW Camp, Base M, APO #70</b><br>POW CAMP AND COMPANY  | <b>51 J 11233</b><br>INTERNMENT SERIAL NO.  |
| 5.  | <b>Unknown</b><br>FAMILIES ADDRESS, IF KNOWN  |   |
| 6.  | IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION RE-<br>QUIRED FOR GERMANS ONLY)               |   |
| 7.  | <b>3 February 1945</b><br>CAPTURE, DATE   | <b>Sogong, Luzon, P.I.</b><br>CAPTURE WHERE |
| 8.  | <b>Malnutrition</b><br>CAUSE OF DEATH   |   |
| 9.  | <b>USAFFE Cemetery, Santa Barbara, Luzon, P.I., 11 February 45</b><br>BURIAL                            | PLACE OF BURIAL, DATE OF                    |
| 10. | <b>Grave #12</b><br>LOCATION AND IDENTIFICATION OF GRAVE  |   |
| 11. | <b>None</b><br>DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED                                    |   |
| 12. | <b>None</b><br>WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE<br>BY THE WAR DEPARTMENT? |   |
| 13. | BRIEF DETAILS OF DEATH AND BURIAL.  |   |

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

*John W. Ebelman*  
SIGNATURE OF MEDICAL OFFICER

CERTIFIED TRUE COPY

COMMANDING





ARMY SERVICE FORCES  
OFFICE OF THE COMMANDING GENERAL  
WASHINGTON 25, D. C.



18 July 1945

Special War Problems Division  
Department of State  
501 17th Street, N. W.  
Washington, D. C.

SPECIAL WAR PROBLEMS  
*File* DIVISION *cm*  
JUL 19 1945  
DEPARTMENT OF STATE

711.94114D/7-1845

Gentlemen:

The Provost Marshal General has directed me to transmit herewith copy of Death List Number 27, reporting one (1) Japanese prisoner of war dead.

Sincerely yours,

*H. N. Kirkman*

H. N. KIRKMAN  
Lt Colonel, CE  
Director, Enemy Prisoner of War  
Information Bureau  
Provost Marshal General's Office

1 Incl  
List No. 27

DOE - ARA Unit  
*DL*  
*MS*

CS/A  
711.94114 & /7-1845



HEADQUARTERS ARMY SERVICE FORCES  
Office of The Provost Marshal General  
Washington 25, D. C.

JAPANESE DEATH LIST

TOTAL 1

LIST NO. 27

This list contains all the  
available information con-  
cerning the deceased named  
herein.



1	2	3	4
(a) Surname	(a) Identification Tag	(a) Date of Death	(a) Name Next of Kin
(b) First Name	(b) Organization <u>or</u> Fieldpost Number	(b) Place of Death	(b) Address NOK <u>or</u> Home Address of Deceased
(c) Grade	(c) Internment Serial Number	(c) Cause of Death	
(d) Date of Birth			
(a) Kanahashi	(a) ---	(a) 9 July 45	(a) None
(b) Hompei	(b) Oichi Unit	(b) Cp McCoy, Wisc.	(b) Ehime Ken, Yo Gun, Gunchi Machi
(c) Ittohei	(c) 41J-3696	(b) Tuberculosis	
(d) 3 Oct 20			

HEADQUARTERS ARMY SERVICE FORCES  
Office of the Provost Marshal General  
Washington 25, D. C.

JAPANESE MILITARY LIST

NAME

LIST NO.

This list contains all available information regarding the deceased.



2	3	4	5
(a) Identification Tag (b) Organization <u>or</u> Fieldpost Number (c) Internment Serial Number	(a) Date of Death (b) Place of Death (c) Cause of Death	(a) Name Next of Kin (b) Address NOK <u>or</u> Home Address of Deceased	(a) Place of Burial (b) Remarks
(a) --- (b) Oichi Unit (c) 41J-3696	(a) 9 July 45 (b) Cp McCoy, Wisc. (b) Tuberculosis	(a) None (b) Ehime Ken, Yo Gun, Gunchi Machi	(a) --- (b) ---

This report contains all the available information concerning the deceased named above.





ARMY SERVICE FORCES  
OFFICE OF THE COMMANDING GENERAL  
WASHINGTON 25, D. C.



11 August 1945

Special War Problems Division  
Department of State  
501 17th Street, N. W.  
Washington, D. C.

SPECIAL WAR PROBLEMS  
DIVISION  
*File*  
*EW*  
AUG 14 1945  
DEPARTMENT OF STATE

711.94114D/8-1145

Gentlemen:

The Provost Marshal General has directed me to forward herewith three (3) copies of Death List Number 32, reporting two (2) Japanese prisoners of war dead, - *Philippine Islands* cabled this date to the International Red Cross, Geneva, Switzerland, in accordance with the provisions of the Red Cross Convention.

The above list is forwarded to your office in lieu of a protecting power of Japanese interests.

Sincerely yours,

*H. N. Kirkman*

1 Incl  
Death List No. 32 (trip)

H. N. KIRKMAN  
Lt Colonel, CE  
Director, Enemy Prisoner of War  
Information Bureau  
Provost Marshal General's Office

COX REP UNIT  
*DL*  
*LP*

CS/ V 7 711.94114 D/8-1145



HEADQUARTERS ARMY SERVICE FORCES  
Office of The Provost Marshal General  
Washington 25, D. C.

JAPANESE DEATH LIST

TOTAL 2  
LIST NO. 32  
CABLE NO. 358

This list contains all the available information concerning the deceased named herein.



1	2	3	4	5
(a) Surname (b) First Name (c) Grade (d) Date of Birth	(a) Identification Tag (b) Organization <u>or</u> Fieldpost Number (c) Internment Serial Number	(a) Date of Death (b) Place of Death (c) Cause of Death	(a) Name Next of Kin (a) (b) Address MOK <u>or</u> (b) Home Address of Deceased	
(a) Sha (b) Fuku Mei (c) Civ. Navy (d) 12 Jan 24	(a) --- (b) 103rd Naval Military Affairs Group, 3025 Military Aff. Unit (c) 5LJ-9375	(a) 7 July 45 (b) Philippine Is. (c) Internal Hemorrhage fr ruptured spleen	(a) O Shi Shi Sha (a) (b) Tainan Shu, Shinka I Gun, Formosa	
(a) Hasegawa (b) Masao (c) Ittohei (d) 10 June 20	(a) 29 (b) 723 Unit (c) 5LJ-10801	(a) 6 July 45 (b) 10°27.5' N Lat. & 126° 07' E Long. (c) Lost at Sea	(a) Morio Hasegawa (b) Ibaragi-ken, Higashi Ibaragi-gun Takehara-mura, 2532 Banchi, Japan	

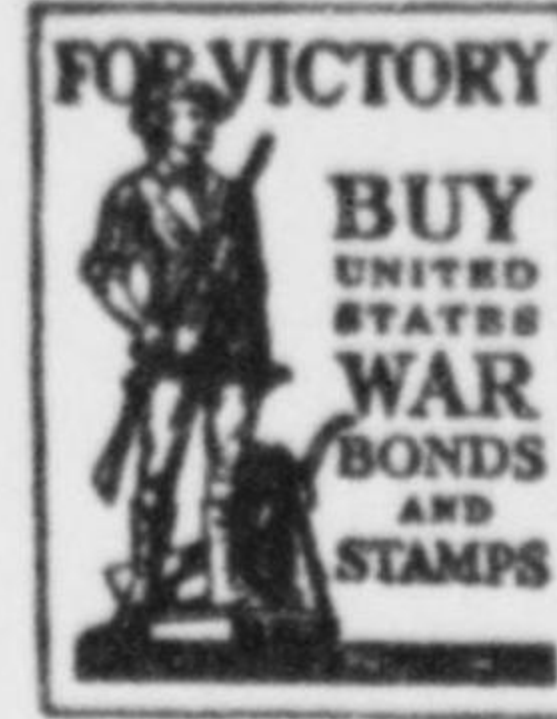


2	3	4	5
(a) Identification Tag (b) Organization <u>or</u> Fieldpost Number (c) Internment Serial Number	(a) Date of Death (b) Place of Death (c) Cause of Death	(a) Name Next of Kin (b) Address NOK <u>or</u> Home Address of Deceased	(a) Place of Burial (b) Remarks
(a) --- (b) 103rd Naval Military Affairs Group, 3025 Military Aff. Unit (c) 5LJ-9375	(a) 7 July 45 (b) Philippine Is. (c) Internal Hemorrhage fr ruptured spleen	(a) O Shi Shi Sha (b) Tainan Shu, Shinka Gun, Formosa	(a) USAF Cem Leyte #1, P.I.
(a) 29 (b) 723 Unit (c) 5LJ-10801	(a) 6 July 45 (b) 10°27.5' N Lat. & 126° 07' E Long. (c) Lost at Sea	(a) Morio Hasegawa (b) Ibaragi-ken, Higashi Ibaragi-gun Takehara-mura, 2532 Banchi, Japan	





ARMY SERVICE FORCES  
OFFICE OF THE COMMANDING GENERAL  
WASHINGTON 25, D. C.



30 August 1945

Special War Problems Division  
Department of State  
501 17th Street, N.W.  
Washington, D.C.

SPECIAL WAR PROBLEMS  
DIVISION  
*File*  
AUG 31 1945  
DEPARTMENT OF STATE

711.94114D/8-3045

Gentlemen:

The Provost Marshal General has directed me to forward to you photostatic copies of death certificates of the following Japanese Civilians:

- AKATSUKI, Tasako
- YONAHA, Matashiro
- YOSHIMOTO, Shoichi

Duplicate copies have been forwarded to the International Red Cross.

Sincerely yours,

*Howard F. Bresee*

Incl  
3 Death Certificates

HOWARD F. BRESEE  
Colonel, CMP  
Director, American Prisoner of  
War Information Bureau  
Provost Marshal General's Office

*Philippine  
Islands*

CS/V

711.94114D/8-3045

OUT - ALL VISA  
*SL*  
*LDP*



30 August 1945

Special War Problems Division  
Department of State  
501 17th Street, N.W.  
Washington, D.C.

Gentlemen:

The Provost Marshal General has directed me to forward to you photostatic copies of death certificates of the following Japanese Civilians:

AKATSUKI, Tasako  
YONAHARA, Matashiro  
YOSHIMOTO, Shoichi

Duplicate copies have been forwarded to the International Red Cross.

Sincerely yours,

Incl  
3 Death Certificates

HOWARD F. BRESEE  
Colonel, CMP  
Director, American Prisoner of  
War Information Bureau  
Provost Marshal General's Office



30 August 1945

Special War Problems Division  
Department of State  
501 17th Street, N.W.  
Washington, D.C.

Gentlemen:

The Provost Marshal General has directed me to forward to you photostatic copies of death certificates of the following Japanese Civilians:

AKATSUKI, Tasako  
YONAHARA, Matashiro  
YOSHIMOTO, Shoichi

Duplicate copies have been forwarded to the International Red Cross.

Sincerely yours,

Incl  
3 Death Certificates

HOWARD F. BRESKE  
Colonel, CMP  
Director, American Prisoner of  
War Information Bureau  
Provost Marshal General's Office



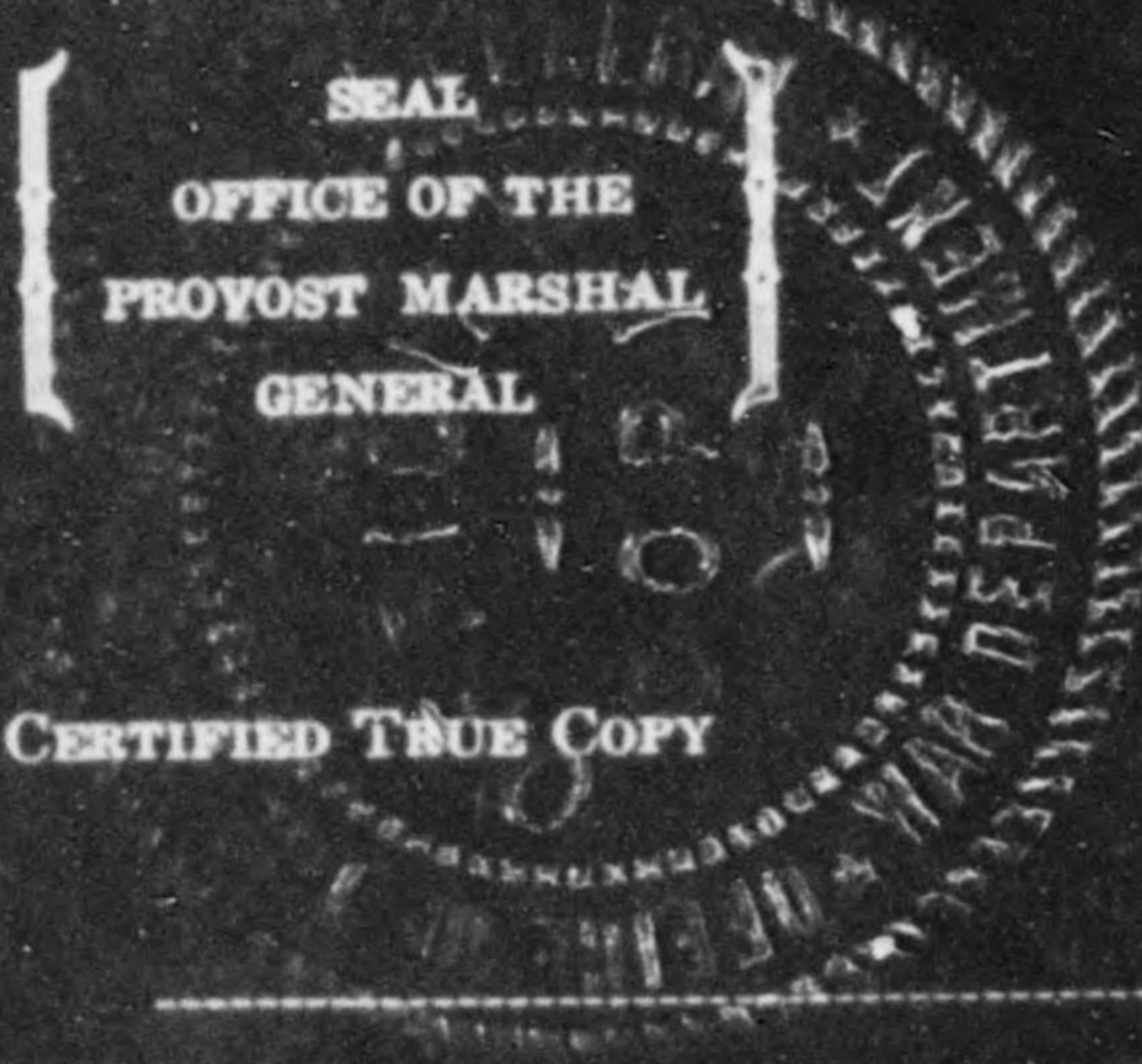




INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

SURNAME	FIRST NAME	51J-20559-CI
1. <b>Yeshimoto,</b>	<b>Shoichi</b>	BIRTH. DATE OF
BIRTH. PLACE OF	19 April 1911	
2. <b>Japan</b>		DEATH. DATE OF
DEATH. PLACE OF		8 August 1945
3. <b>Luzon Prisoner of War Camp #1, APO 75</b>	NUMBER OF REGISTRATION (Inscriptions on identification tags)	
UNIT (Corps, Regiment, Battalion, Company)	None	
4. <b>None</b>	None	
FAMILY'S ADDRESS, IF KNOWN		
5. <b>Kagaken, Sakide Cho, 450 Banchi.</b>		
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)		
6. <b>Unknown</b>		
CAPTURE. DATE	CAPTURE. WHERE	
7. <b>4 February 1945</b>	<b>Londo, Manila, Luzon, P.I.</b>	
CAUSE OF DEATH		
8. <b>(1) Tuberculosis, pulmonary, chronic, bilateral, reinfection state, advanced. *</b>		
BURIAL	PLACE OF	BURIAL. DATE OF
9. <b>Prisoner of War Cemetery, Canlubang #1, Luzon, P.I.</b>		<b>9 August 1945</b>
LOCATION AND IDENTIFICATION OF GRAVE		
10. <b>Plot #1, Grave #77, Row #3.</b>		
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED		
11. <b>None</b>		
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?		
12. <b>No</b>		
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED		
13. <b>*12) Malaria, "new", smear positive for P. Faldiparum, 21 July 1945. Death was not due to patients own misconduct.</b>		



*Otto Zirlinger*  
(Signature of medical officer)  
**OTTO ZIRLINGER, 1st Lt., M.C.**  
Commanding.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

SURNAME		FIRST NAME	
1. <u>Yonaha,</u>		<u>Matashiro</u>	<u>51J-20428-CI</u>
BIRTH, PLACE OF		BIRTH, DATE OF	
2. <u>Japan</u>		<u>5 January 1886</u>	
DEATH, PLACE OF		DEATH, DATE OF	
3. <u>Luzon Prisoner of War Camp #1, APO 75</u>		<u>9 August 1945</u>	
UNIT (Corps, Regiment, Battalion, Company)		NUMBER OF REGISTRATION (Inscriptions on identification tags)	
4. <u>None</u>		<u>None</u>	
FAMILY'S ADDRESS, IF KNOWN			
5. <u>452 Degara, San Palo, Manila, P.I.</u>			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)			
6. <u>Un known</u>			
CAPTURE, DATE		CAPTURE, WHERE	
7. <u>28 February 1945</u>		<u>Bariwaku, Bulakan, Luzon, P.I.</u>	
CAUSE OF DEATH			
8. <u>Malnutrition, severe, cause undetermined.</u>			
BURIAL	PLACE OF	BURIAL, DATE OF	
9. <u>Prisoner of War Cemetery, Canlubang #1, Luzon, P.I.</u>		<u>30 August 1945</u>	
LOCATION AND IDENTIFICATION OF GRAVE			
10. <u>Plot #1, Grave #81, Row #3.</u>			
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11. <u>None</u>			
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12. <u>No</u>			
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED			
13. <u>Death was not due to patient's own misconduct.</u>			

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

*Clovis J. Altmaier*

(Signature of medical officer)

CLOVIS J. ALTMAIER, Capt., M.C.

Commanding.

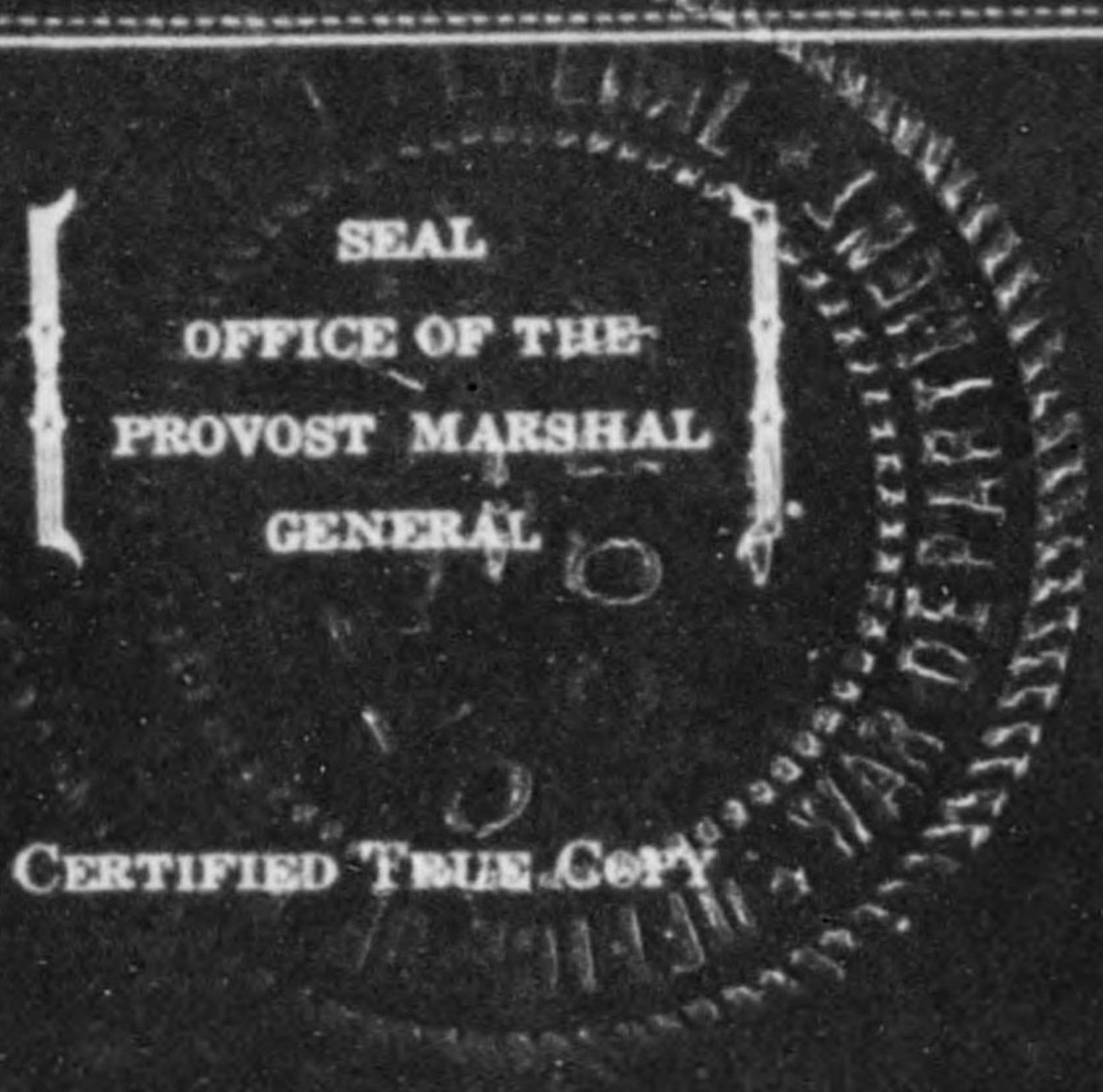
*Incl #1*



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

**DEATH CERTIFICATE**

SURNAME		FIRST NAME	
1. Yonaha,		Matashiro	51J-20428-CI
BIRTH. PLACE OF		BIRTH. DATE OF	
2. Japan		5 January 1886	
DEATH. PLACE OF		DEATH. DATE OF	
3. Luzon Prisoner of War Camp #1, APO 75		9 August 1945	
UNIT (Corps, Regiment, Battalion, Company)		NUMBER OF REGISTRATION (Inscriptions on identification tags)	
4. None		None	
FAMILY'S ADDRESS, IF KNOWN			
5. 452 Degara, San Palo, Manila, P.I.			
IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (Information required for Germans only)			
6. Un known			
CAPTURE, DATE		CAPTURE, WHERE	
7. 28 February 1945		Bariwaku, Bulakan, Luzon, P.I.	
CAUSE OF DEATH			
8. Malnutrition, severe, cause undetermined.			
BURIAL	PLACE OF	BURIAL, DATE OF	
9.	Prisoner of War Cemetery, Canlubang #1, Luzon, P.I.	10 August 1945	
LOCATION AND IDENTIFICATION OF GRAVE			
10. Plot #1, Grave #81, Row #3.			
DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED			
11. None			
WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT?			
12. No			
BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEASED			
13. Death was not due to patients own misconduct.			



*Louis J. Altmaier*  
(Signature of medical officer)  
LOUIS J. ALTMAYER, Capt., M.C.

Commanding.

*Inlet 1*



INTERNATIONAL RED CROSS COMMITTEE  
 GENEVA  
 CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

511-30110-CT

1.	SURNAME AKATSUKI, TASAKO	FIRST NAME <del>24 G-15246</del>	(FEMALE)
2.	BIRTH, PLACE OF DAVAO PROVINCE, MIND., P. I.	BIRTH, DATE OF 1940 (5 YRS. OLD)	
3.	DEATH, PLACE OF 216TH M. P. STOCKADE	DEATH, DATE OF 12 AUGUST, 1945	
4.	UNIT; (CORPS, REGIMENT, BATTALION, COMPANY) NOT NEEDED	NO. OF REGISTRATION (INSCRIPTIONS OR IDENTIFICATION TAGS)	
5.	FAMILIES ADDRESS, IF KNOWN CIV. INT. CAMP (216TH M. P. STOCKADE)		
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY) NOT NEEDED		
7.	CAPTURE, DATE 7 JULY, 1945	CAPTURE, WHERE TAMOGAN, DAVAO., MIND. P. I.	
8.	CAUSE OF DEATH MALNUTRITION SEVERE, BERI-BERI, DYSENTERY ACUTE		
9.	BURIAL TORIE CEMETERY, TORIL, DAVAO, MIND. P. I.	PLACE OF DAVAO, MIND. P. I.	BURIAL, DATE OF 12 AUGUST, 1945
10.	LOCATION AND IDENTIFICATION OF GRAVE JAPANESE PLOT		
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED NONE		
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? NONE		
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT DIED AT 0530 HOURS. BURIED BY JAPANESE CIVILIANS UNDER THE DIRECTION OF THE 216TH M. P. DET.		

SEAL  
 OFFICE OF THE  
 PROVOST MARSHAL  
 GENERAL

CERTIFIED TRUE COPY

SIGNATURE OF MEDICAL OFFICER  
*G. Rossi*  
 G. ROSSI  
 COMMANDING  
 CAPTAIN, M. C.  
 64TH PORT. SURG. HOSP.



INTERNATIONAL RED CROSS COMMITTEE  
GENEVA  
CENTRAL AGENCY FOR PRISONERS OF WAR

DEATH CERTIFICATE

511-30110-CT

1.	SURNAME AKATSUKI, TASAKO	FIRST NAME <del>24 6-15246</del>	(FEMALE)
2.	BIRTH, PLACE OF DAVAO PROVINCE, MIND., P. I.	BIRTH, DATE OF 1940 (5 YRS. OLD)	
3.	DEATH, PLACE OF 216TH M. P. STOCKADE	DEATH, DATE OF 12 AUGUST, 1945	
4.	UNIT, (CORPS, REGIMENT, BATTALION, COMPANY) NOT NEEDED	NO. OF REGISTRATION (INSCRIPTIONS OR IDENTIFICATION TAGS)	
5.	FAMILIES ADDRESS, IF KNOWN CIV. INT. CAMP (216TH M. P. STOCKADE)		
6.	IF MARRIED, DATE AND PLACE THEREOF, IF KNOWN (INFORMATION REQUIRED FOR GERMANS ONLY) NOT NEEDED		
7.	CAPTURE, DATE 7 JULY, 1945	CAPTURE, WHERE TAMOGAN, DAVAO., MIND. P. I.	
8.	CAUSE OF DEATH MALNUTRITION SEVERE, BERI-BERI, DYSENTERY ACUTE		
9.	BURIAL TORIL CEMETERY, TORIL, DAVAO, MIND. P. I.	PLACE OF TORIL, DAVAO, MIND. P. I.	BURIAL, DATE OF 12 AUGUST, 1945
10.	LOCATION AND IDENTIFICATION OF GRAVE JAPANESE PLOT		
11.	DISPOSITION OF PERSONAL EFFECTS BELONGING TO DECEASED NONE		
12.	WILL PERSONAL EFFECTS BE SENT, TOGETHER WITH DEATH CERTIFICATE, BY THE WAR DEPARTMENT? NONE		
13.	BRIEF DETAILS OF DEATH AND BURIAL FOR TRANSMITTAL BY INTERNATIONAL RED CROSS TO FAMILY OF DECEDENT DIED AT 0530 HOURS. BURIED BY JAPANESE CIVILIANS UNDER THE DIRECTION OF THE 216TH M. P. DET.		

SEAL  
OFFICE OF THE  
PROVOST MARSHAL  
GENERAL

CERTIFIED TRUE COPY

SIGNATURE OF MEDICAL OFFICER

*G. Rossi*  
G. ROSSI

COMMANDING

CAPTAIN, M. C.  
64TH PORT. SURG. HOSP.





*War Dept*  
ARMY SERVICE FORCES  
OFFICE OF THE COMMANDING GENERAL  
WASHINGTON 25, D. C.



13 September 1945

SPECIAL WAR PROBLEMS  
DIVISION  
SEP 14 1945  
DEPARTMENT OF STATE

Special War Problems Division  
Department of State  
501 - 17th Street, N. W.  
Washington, D. C.

711.94114D/9-1345

Gentlemen:

The Provost Marshal General has directed me to forward herewith copy of Death List No. 34, reporting one (1) Japanese prisoner of war dead, cabled this date to the International Red Cross, Geneva, Switzerland, in accordance with the provisions of the Red Cross Convention.

Sincerely yours

*H. N. Kirkman*

H. N. KIRKMAN  
Lt Colonel, CE  
Director, Enemy Prisoner of War  
Information Bureau  
Provost Marshal General's Office

1 Incl.  
Death List No. 34

Handwritten routing slip with fields for 'To', 'By', 'Date', and 'Dist.' and a signature.

MAY 18 1948

FILED

CS/N

*711.94114D 9-1345*



HEADQUARTERS ARMY SERVICE FORCES  
Office of The Provost Marshal General  
Washington 25, D. C.

JAPANESE DEATH LIST

TOTAL 1

LIST NO. 34

CABLE NO. 379



1	2	3	4
(a) Surname	(a) Identification Tag	(a) Date of Death	(a) Name of NOK
(b) First Name	(b) Organization or Fieldpost number	(b) Place of Death	(b) Address NOK or home address of Deceased
(c) Grade	(c) Internment Serial Number	(c) Cause of Death	(a) Place of Burial (b) Remarks
(d) Date of Birth			
(a) Soga	(a) 20 Honore Unit	(a) 26 August 45	(a) Soga MorihikoTsune
(b) Shigeo	(b) ---	(b) Kenedy, Texas	(b) Aichi ken, Higashi Kasuga
(c) Gunso	(c) 41J-3544	(c) Tuberculosis	Moriyama sachi Kanayabo
(d) 5 Oct 21			



	2	3	4	5
Name	(a) Identification Tag (b) Organization or Fieldpost number	(a) Date of Death (b) Place of Death (c) Cause of Death	(a) Name of NOK (b) Address NOK or home address of Deceased	(a) Place of Burial (b) Remarks
Birth	(c) Internment Serial Number			

(a) 20 Honore Unit  
(b) ---  
(c) 41J-3544

(a) 26 August 45  
(b) Kenedy, Texas  
(c) Tuberculosis

(a) Soga MorihikoTsune (a) ---  
(b) Aichi ken, Higashi Kasugai  
Moriyama sachi Kanayabo (b) ---

END

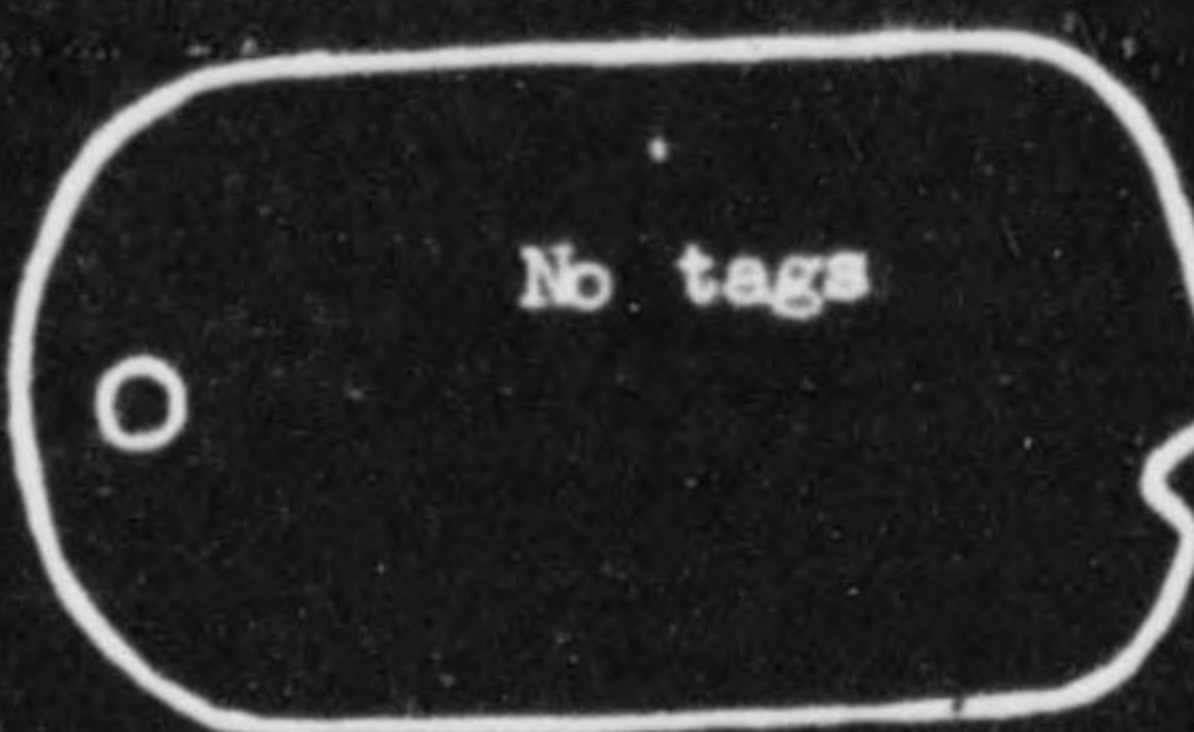


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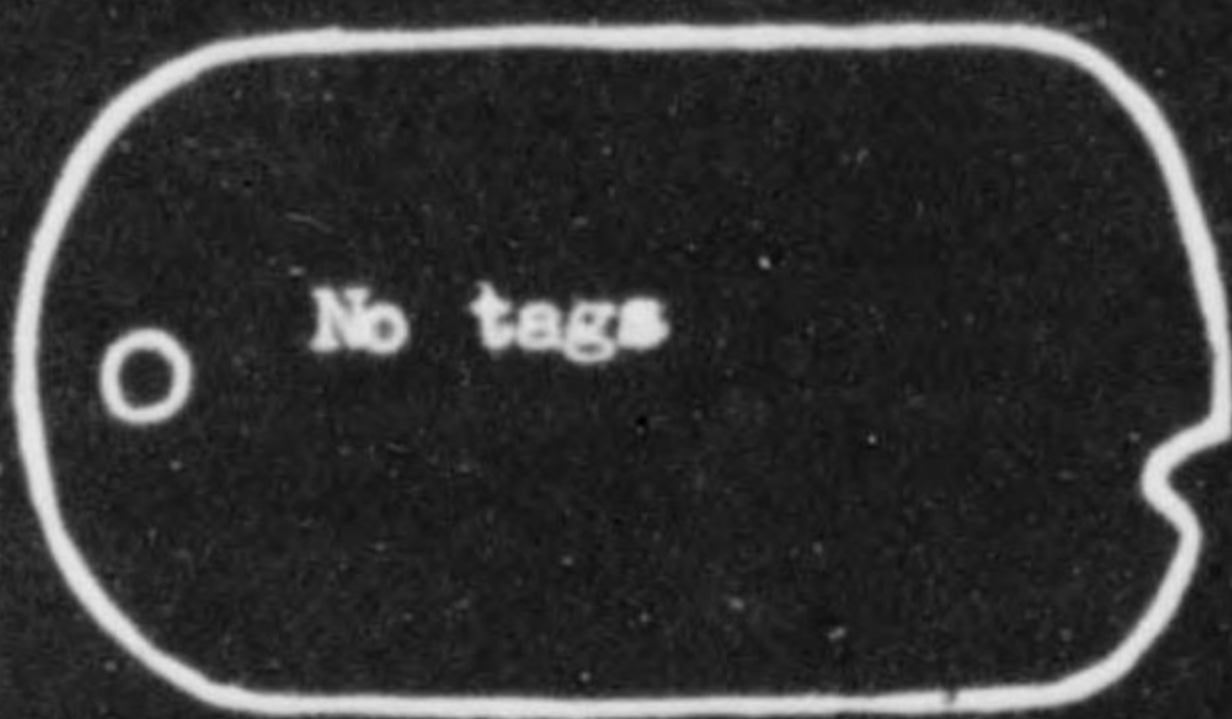
98 Encs<sup>s</sup> 1 list 97 Death Certificates from  
Army Service forces of Sept. 27, 1945-

711.94114 D/9-2745-

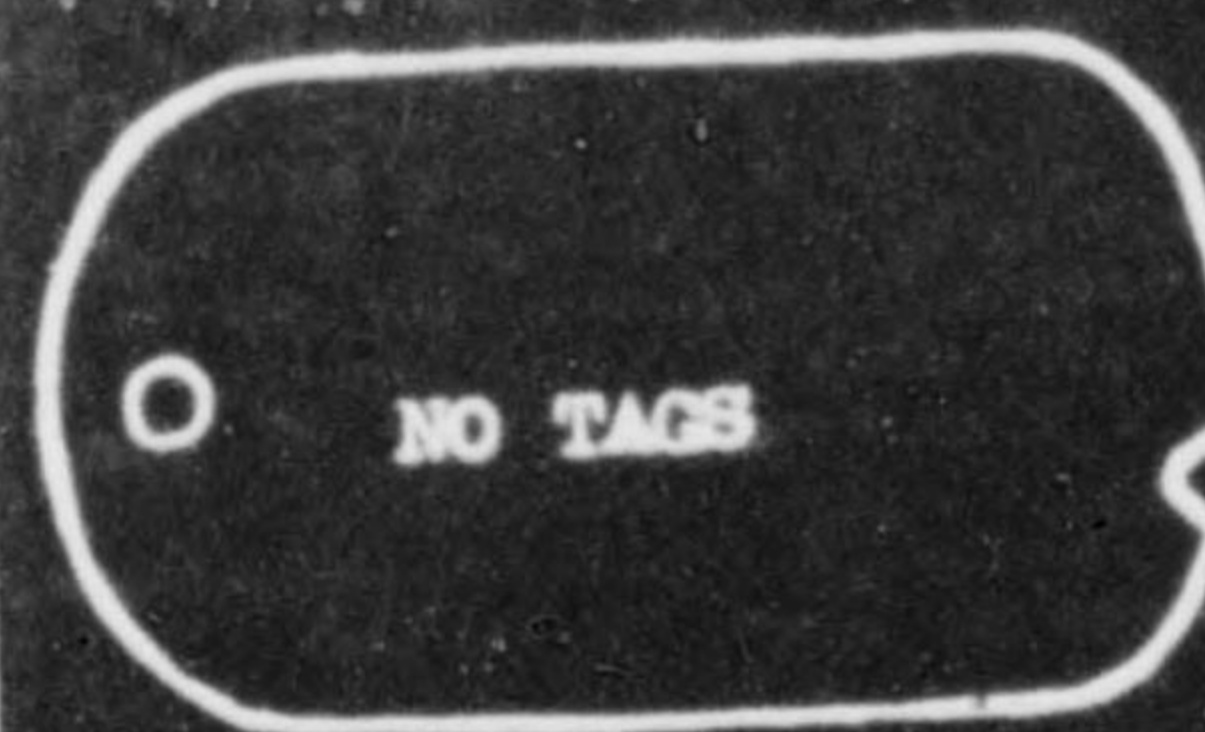


WD OMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Bunice, Sumia (ENEMY DEAD)				
RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Japan			
ORGANIZATION Unknown		BRANCH Unknown		DATE OF DEATH 15 Feb 1943	
RACE Japanese		RELIGION Unknown		CAUSE OF DEATH Malnutrition	
PLACE OF DEATH Guadalcanal, B.S.I.					
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.) Identification established through records in the cemetery office.		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 15 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 5	GRAVE NO. 2	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL 1st Lt. Richard J. Meyer		
IDENTIFICATION TAGS BURIED WITH BODY <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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Suzuki		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Cavavre, Niama		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt. OMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

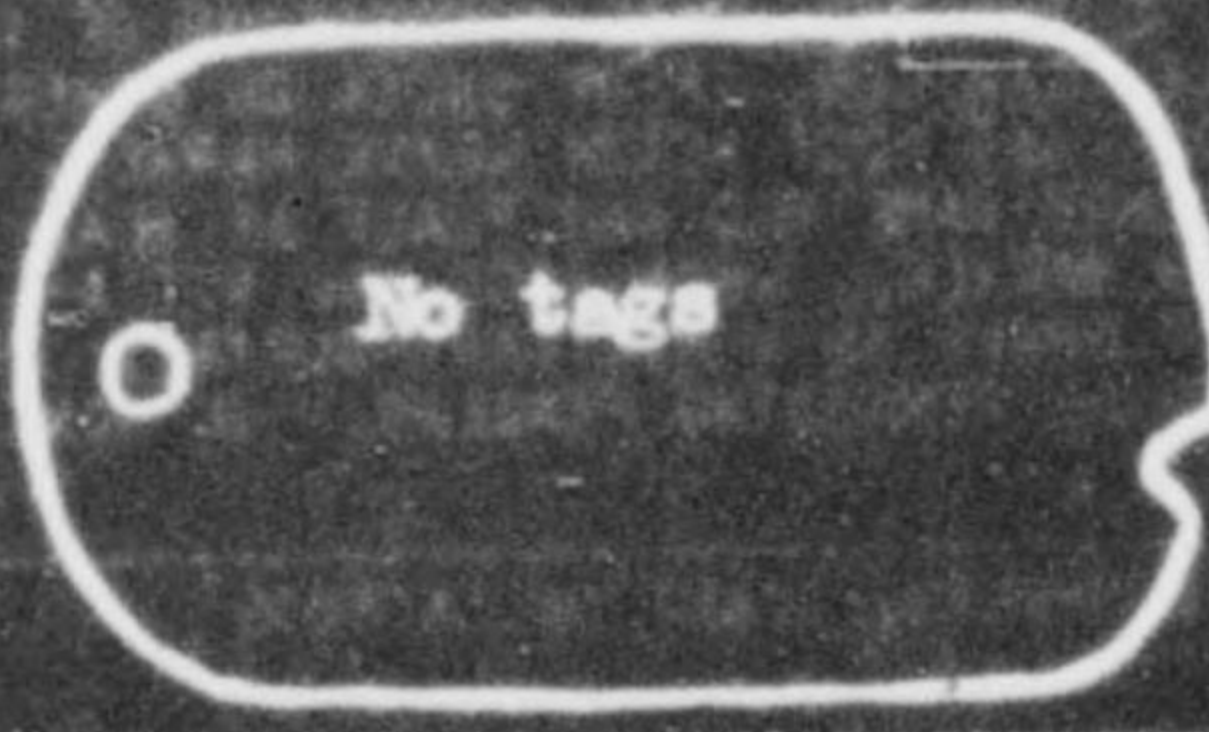


QM Form 1092 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>Chosaka, Siroka (ENEMY DEAD)</b>				
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Japan		
	ORGANIZATION Unknown		BRANCH Unknown		
	RACE Japanese	RELIGION Unknown	DATE OF DEATH 19 Feb 1943		
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 19 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 5	GRAVE NO. 7	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown		PERSON REPORTING BURIAL <i>Asst. Richard J. Meyer</i>			
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Makura, Mikaki		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Jinjivo, Takani		RANK 2nd Lt	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
POWER FOR BURIAL INSTRUCTIONS					




GRC Form 1002 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 7 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>FUJITA (ENEMY DEAD)</b>			COUNTRY <b>Japan 18</b>
	RANK <b>Unknown</b>	SERIAL NUMBER <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	
	BRANCH <b>Unknown</b>	RACE <b>Japanese</b>		
	RELIGION <b>Unknown</b>		DATE OF DEATH <b>31 Jan. 1943</b>	
PLACE OF DEATH <b>Guadalcanal, B.S.I.</b>		CAUSE OF DEATH <b>Malnutrition</b>		
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.) <b>Identification established through records in the cemetery office.</b>		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE FINGERPRINT 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		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;"><b>No records of personal effects</b></p>				
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>		ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE <b>2 Feb. 1943</b>	HOUR <b>Unknown</b>	PLOT NO. <b>Enemy</b>	ROW NO. <b>3</b>	GRAVE NO. <b>5</b>
GRAVE MARKER <b>Wooden Post</b>		CEMETERY <b>CEMETERY GUADALCANAL, B.S.I.</b>		
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>		PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. <b>No information as to what identification data was buried with the body.</b>				
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>UNIDENTIFIED BODY X-19</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>SHIGERYA, Ito</b>		RANK <b>Sgt. Major</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., GRC</b>		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1002 IN QUADROPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				

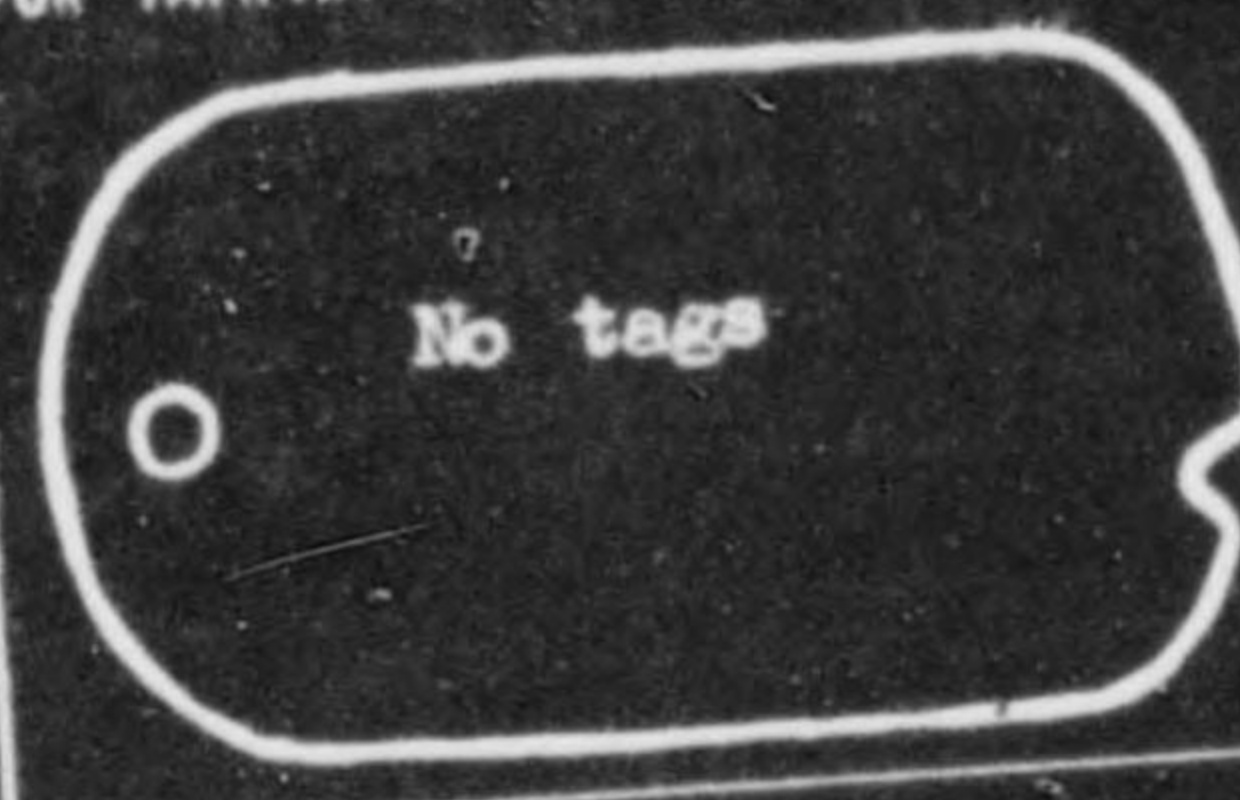


WD QMC Form 1062 Rev. 11 November 1942 (GDS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Gavvro, Klama (ENEMY DEAD)				
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Japan <sup>50</sup>		
	ORGANIZATION Unknown	BRANCH Unknown			
	RACE Japanese	RELIGION Unknown	DATE OF DEATH 15 Feb 1943		
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT 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		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 15 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 5	GRAVE NO. 3	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL Sgt. Richard J. Mayne		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Bunice, Suida		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Kunyo, Iokawa		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., QMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

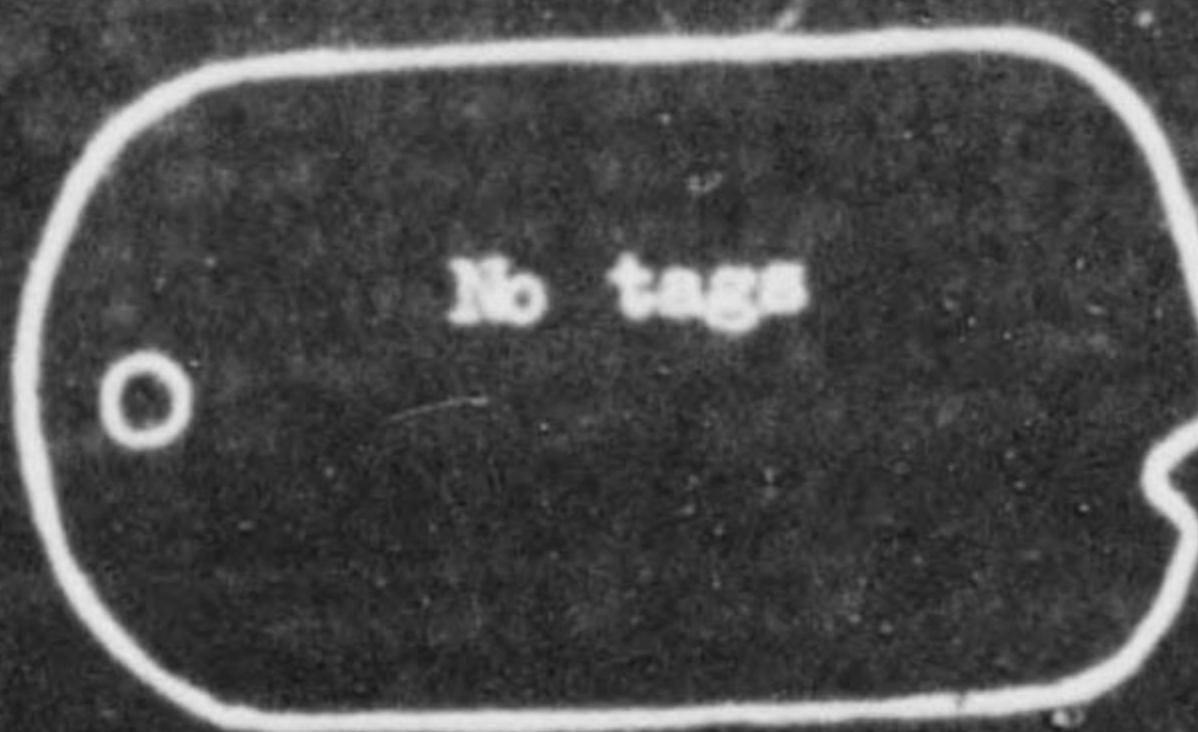


OMC Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Higuchi, Yoshimitsu (ENEMY DEAD)			COUNTRY Japan 38
	RANK 1/e Mch	SERIAL NUMBER Kure-Shi-Ki-20055		ORGANIZATION 6SLF Yamamoto Batai
	RACE Japanese	RELIGION Unknown	BRANCH Unknown	
	PLACE OF DEATH Guadalcanal, B.S.I.			DATE OF DEATH 3 Sept 1943
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE		CAUSE OF DEATH Malaria		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) Identification established through records in the cemetery office.		
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.				
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE 3 Sept 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 6	GRAVE NO. 6
TYPE OF RELIGIOUS CEREMONY Unknown		GRAVE MARKER Wooden Post		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON REPORTING BURIAL Richard J. Meyer		
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS. No information as to what identification data buried with the body.				
BODIES BURIED EITHER SIDE (See Paragraph 8 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Kesuo, Yoshida		RANK Pfc	SERIAL NO. Unknown	ORGANIZATION 229th Inf 4th Co 38th Div.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Tsukaoka, Kaji		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan 1st Lt., OMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				




GPO GPC Form 1082 Rev. 1 November 1942 (GPO: 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>Isezaki (ENEMY DEAD)</b>			COUNTRY <b>Japan</b>
	RANK <b>Sgt/Maj</b>	SERIAL NUMBER <b>Unknown</b>	BRANCH <b>Unknown</b>	
	ORGANIZATION <b>Unknown</b>		DATE OF DEATH <b>21 Sept 1943</b>	
	RACE <b>Japanese</b>	RELIGION <b>Unknown</b>		CAUSE OF DEATH <b>Injuries, Multiple, Extreme</b>
PLACE OF DEATH <b>Guadalcanal, B.S.I.</b>				
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.) <b>Identification established through records in the cemetery office.</b>	
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN	
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;"><b>No record of personal effects.</b></p>				
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>			ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>	
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE.				
DATE <b>21 Sept 1943</b>	HOUR <b>Unknown</b>	PLOT NO. <b>Enemy</b>	ROW NO. <b>6</b>	GRAVE NO. <b>9</b>
GRAVE MARKER <b>Wooden Post</b>			CEMETERY <b>GUADALCANAL, B.S.I.</b>	
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>			PERSON REPORTING BURIAL <i>Sgt Richard J. Meyer</i>	
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA WAS BURIED WITH THE BODY. <b>No information as to what identification data was buried with the body.</b>				
BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>Matsuoka</b>		RANK <b>T/Sgt.</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>End of Row</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., GMC</b>	
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GPC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				




Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-620 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>Fujiwara, Takani (ENEMY DEAD)</b>			COUNTRY Japan
	RANK 2nd Lt.	SERIAL NUMBER Unknown	BRANCH Unknown	
	ORGANIZATION Unknown	RACE Japanese		DATE OF DEATH 19 Feb 1943
	PLACE OF DEATH Guadalcanal, B.S.I.	CAUSE OF DEATH Malnutrition		
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.				
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE 19 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 5	GRAVE NO. 8
		GRAVE MARKER Wooden Post		
		ARMY NAVY MARINE CEMETERY GUADALCANAL, B.S.I.		
TYPE OF RELIGIOUS CEREMONY Unknown		PERSON REPORTING BURIAL <i>Richard J. Meyer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.				
BODIES BURIED EITHER SIDE (See Paragraph 8 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Chosaka, Siroka		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial) End of Row.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				




WD AGC Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 7 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) <b>KAZUA, Ichimaki (ENEMY DEAD)</b>			
RANK <b>S/Pvt.</b>		SERIAL NUMBER <b>Unknown</b>		COUNTRY <b>Japan 22</b>	
ORGANIZATION <b>Unknown</b>		BRANCH <b>Unknown</b>			
RACE <b>Japanese</b>		RELIGION <b>Unknown</b>		DATE OF DEATH <b>7 Feb. 1943</b>	
PLACE OF DEATH <b>Guadalupe, B.S.I.</b>			CAUSE OF DEATH <b>Malnutrition</b>		
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.) <b>Identification established through records in the cemetery office.</b>		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE			COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN		
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;"><b>No records of personal effects.</b></p>					
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>			ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE	HOUR	PILOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
8 Feb. 1943	Unknown	Empty	3	1	Wooden Post
TYPE OF RELIGIOUS CEREMONY		PERSON REPORTING BURIAL			
Unknown		<i>1st Lt. Richard J. Mayer</i>			
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			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 CONTAINERS. <b>No information as to what identification data was buried with the body.</b>					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	
<b>Beginning of Row</b>					
BODY ON RIGHT, NAME (Last, First, Middle Initial)		RANK	SERIAL NO.	ORGANIZATION	
<b>TARO, Takamoto</b>		<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	
PERSON CONDUCTING BURIAL RITES			VERIFIED BY G. R. S. OFFICER		
<b>Unknown</b>			<i>John R. Nolan</i> <b>JOHN R. NOLAN</b> 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

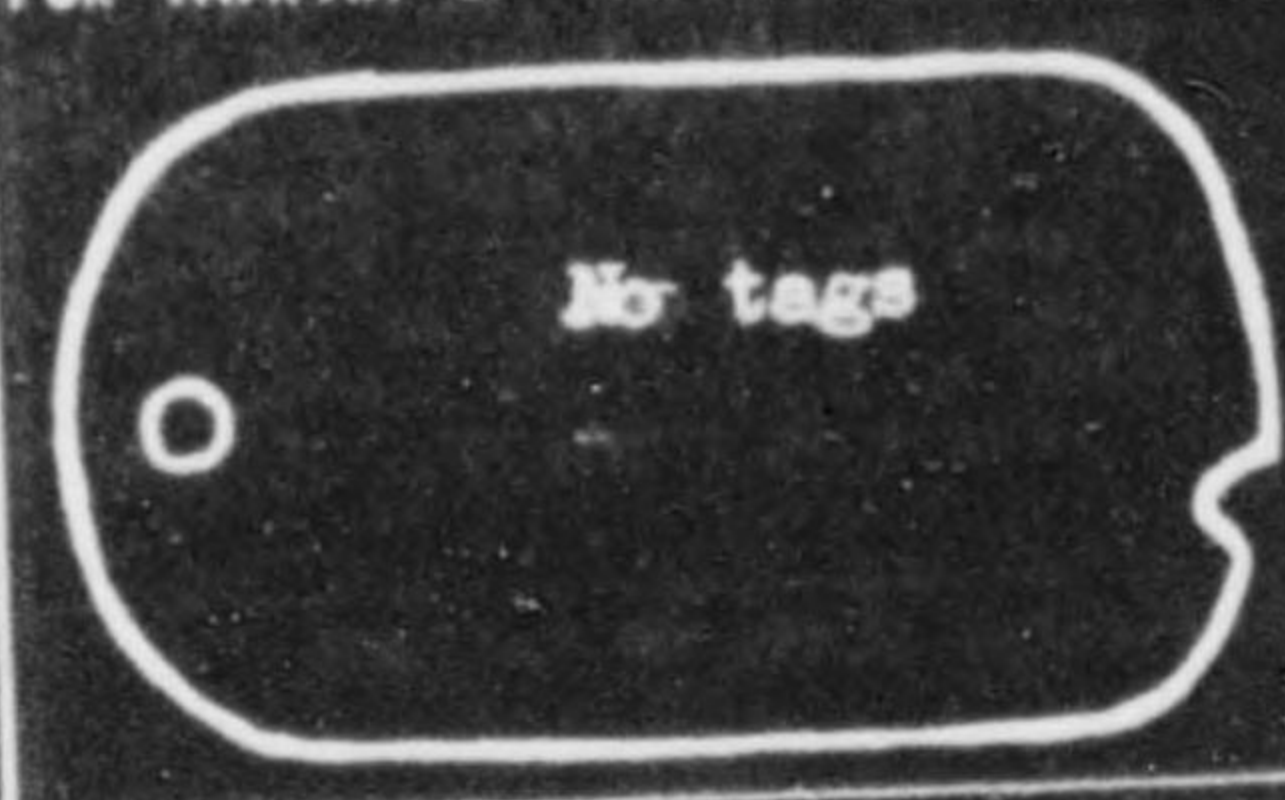


WD Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Kazuo, Yoshida (ENEMY DEAD)			
RANK Pfc.		SERIAL NUMBER Unknown		COUNTRY Japan	
ORGANIZATION 229 Inf 4th Co. 38th Div.		BRANCH Japanese Army			
RACE Japanese		RELIGION Unknown		DATE OF DEATH 5 Aug 1943	
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH G.S.W. lt side of neck, chest, leg.			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN			
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
6 Aug 1943	Unknown	Enemy	6	5	Wooden Post
ARMY NAVY MARINE CEMETERY GUADALCANAL, B.S.I.					
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL <i>Sgt. Richard J. Wagner</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Saito, Tameichi		RANK Pfc.		SERIAL NO. Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Higuchi, Yoshimitsu		RANK 1/c Mch		SERIAL NO. Mure-Shi-Ki 20055	
ORGANIZATION 1st Co. 1st Plat 13th Regt		ORGANIZATION 6th BIF Yamamoto Batal			
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt. GRC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1; GRS IN QUADROPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

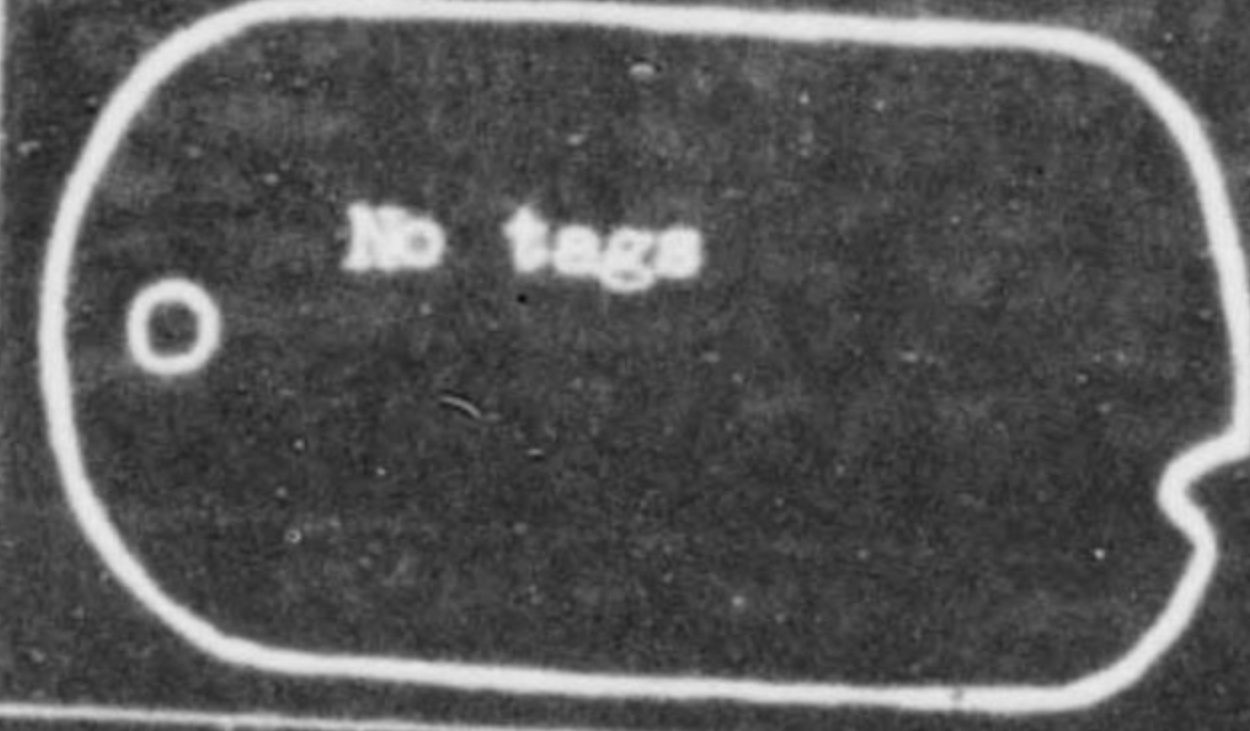


GRC Form 1082 Rev. 1 November 1942 (GRC 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 12 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) <b>KOMATSU, Tsutomu (ENEMY DEAD)</b>			
RANK <b>ITTO HISO</b>		SERIAL NUMBER <b>Unknown</b>		COUNTRY <b>Japan 27</b>	
ORGANIZATION <b>Unknown</b>		BRANCH <b>Unknown</b>		RACE <b>Japanese</b>	
RELIGION <b>Unknown</b>		DATE OF DEATH <b>21 Sept. 1943</b>		PLACE OF DEATH <b>Guadalcanal, B.S.I.</b>	
CAUSE OF DEATH <b>Unknown</b>		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.) <b>Identification established through records in the cemetery office.</b>			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;"><b>No record of personal effects</b></p>					
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>			ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE <b>22 Sept. 1943</b>	HOUR <b>Unknown</b>	PLOT NO. <b>Enemy</b>	ROW NO. <b>7</b>	GRAVE NO. <b>3</b>	GRAVE MARKER <b>Wooden Post</b>
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>			PERSON REPORTING BURIAL <i>Sgt Richard J. Mayer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 CONTAINERS. <b>No information as to what identification data buried with the body.</b>					
BODIES BURIED EITHER SIDE (See Paragraph 8 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>UNIDENTIFIED BODY 1-29 (ENEMY DEAD)</b>		RANK <b>Unknown</b>		SERIAL NO. <b>Unknown</b>	
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>OSOMA,</b>		RANK <b>Sgt/ Major</b>		SERIAL NO. <b>Unknown</b>	
ORGANIZATION <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		ORGANIZATION <b>Unknown</b>	
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., GRC</b>			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS, (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

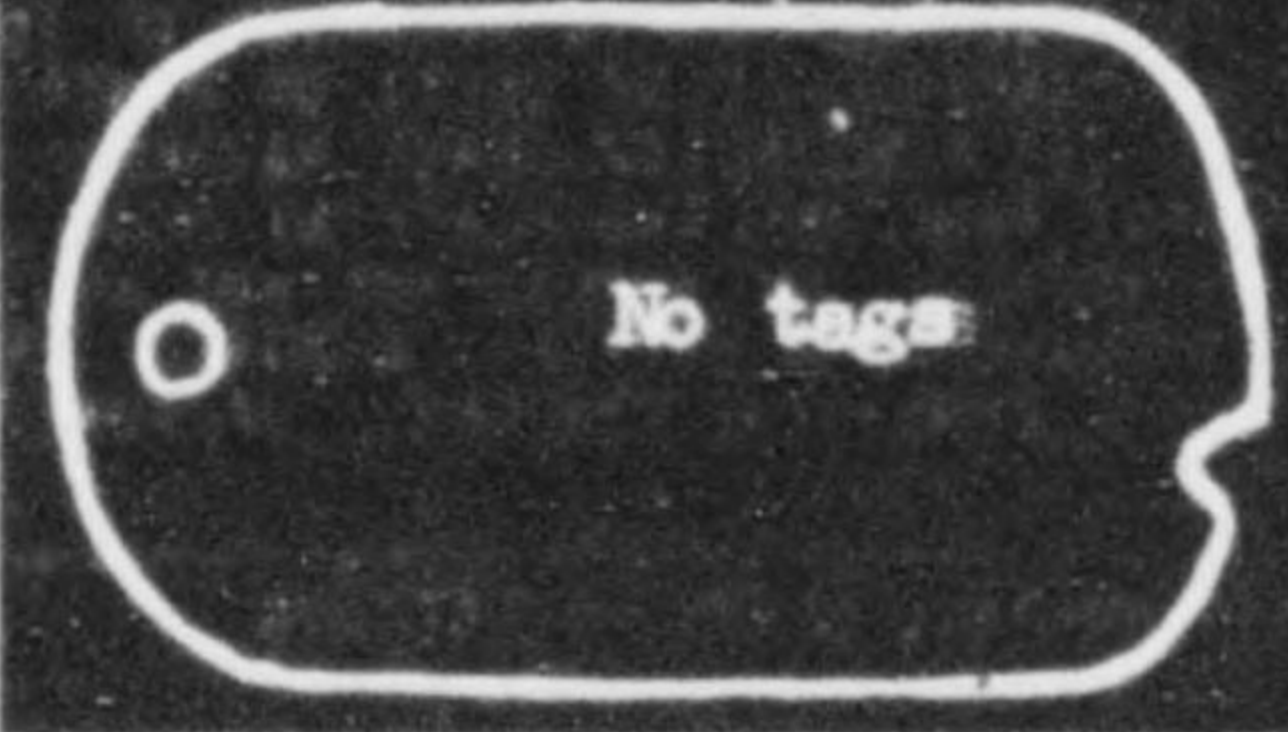
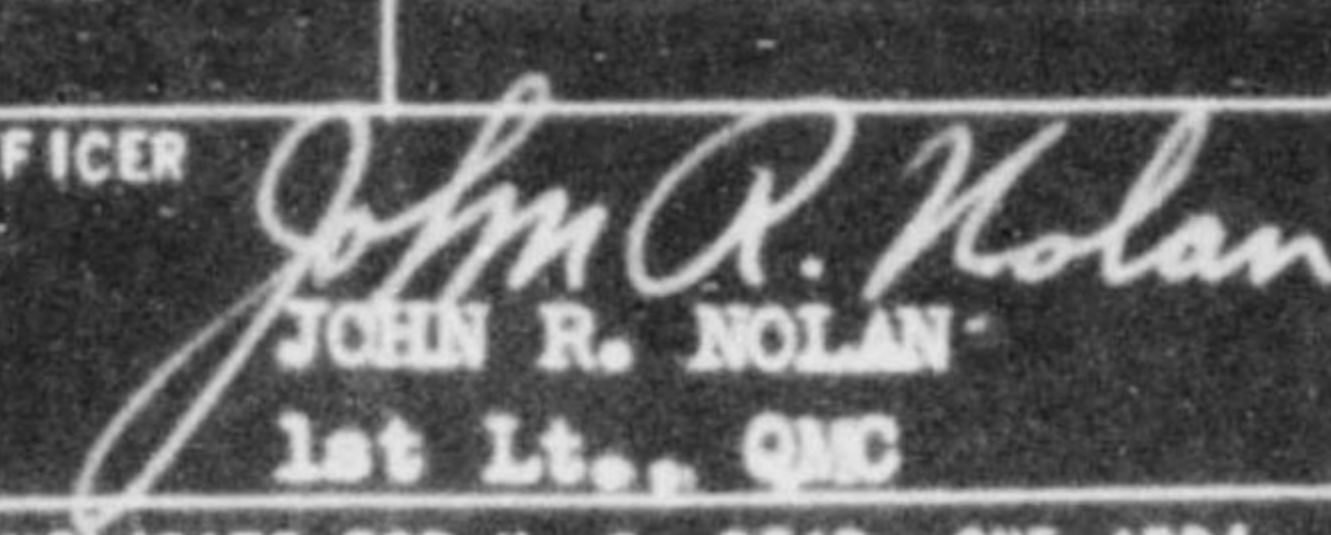


GRC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 10 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) <b>Koniyto, Mori (ENEMY DEAD)</b>			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Japan 45	
ORGANIZATION Unknown		BRANCH Unknown			
RACE Japanese		RELIGION Unknown		DATE OF DEATH 9 Feb 1943	
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN			
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 9 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 4	GRAVE NO. 4	GRAVE MARKER Wooden Post.
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL <i>1st Lt. Richard J. Meyer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Unidentified Body X-21		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unidentified Body X-22		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., GRC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

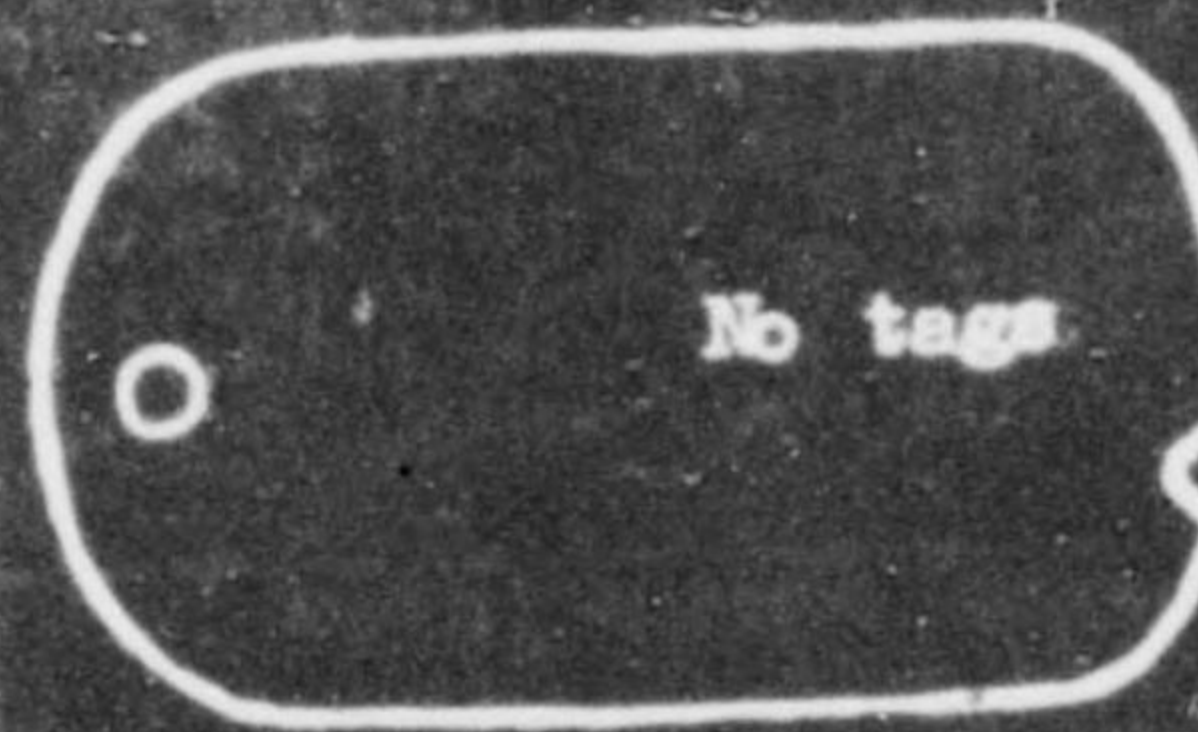


GRC Form 1002 Rev. 1 November 1942 (GRC 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>Hiyo, Iokawa (ENEMY DEAD)</b>			
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Japan 58	
	ORGANIZATION Unknown	BRANCH Unknown		
	RACE Japanese	RELIGION Unknown	DATE OF DEATH 15 Feb 1943	
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition		
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.) Identification established through records in the cemetery office.		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH 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		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.				
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE 15 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 5	GRAVE NO. 4
		GRAVE MARKER Wooden Post		
TYPE OF RELIGIOUS CEREMONY Unknown		CEMETERY CEMETERY GUADALCANAL, B.S.I.		
		PERSON REPORTING BURIAL <i>Sgt. Richard J. Mayer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.				
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Cavare, Klama		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unidentified Body X-26		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				




WD GRC Form 1082 Rev. 1 November 1942 (G.R.S. 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>Iuske, Ishiyama (ENEMY DEAD)</b>			
	RANK <b>Unknown</b>	SERIAL NUMBER <b>Unknown</b>	COUNTRY <b>Japan</b>	
	ORGANIZATION <b>Unknown</b>		BRANCH <b>Unknown</b>	
	RACE <b>Japanese</b>	RELIGION <b>Unknown</b>	DATE OF DEATH <b>14 Feb 1943</b>	
PLACE OF DEATH <b>Guadalcanal, B.S.I.</b>		CAUSE OF DEATH <b>Malnutrition</b>		
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.) <b>Identification established through records in the cemetery office.</b>		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS 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		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>No record of personal effects.</b>				
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>		ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE <b>14 Feb 1943</b>	HOUR <b>Unknown</b>	PLOT NO. <b>Enemy</b>	ROW NO. <b>4</b>	GRAVE NO. <b>9</b>
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>		GRAVE MARKER <b>Wooden Post</b>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. <b>No information as to what identification data buried with the body.</b>				
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>Unidentified Body X-25</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>End of Row</b>		RANK	SERIAL NO.	ORGANIZATION
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>		VERIFIED BY G. R. S. OFFICER  <b>JOHN R. NOLAN</b> <b>1st Lt., GRC</b>		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				




US GRC Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Makura, Mikaki (ENEMY DEAD)		COUNTRY Japan	
RANK Unknown		SERIAL NUMBER Unknown		BRANCH Unknown	
ORGANIZATION Unknown		RACE Japanese		RELIGION Unknown	
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition		DATE OF DEATH 18 Feb 1943	
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <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		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 18 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 5	GRAVE NO. 6	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL Lt. Richard J. Meyer		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Unidentified Body X-26		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Chosaka, Siroka		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS. (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS.) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					

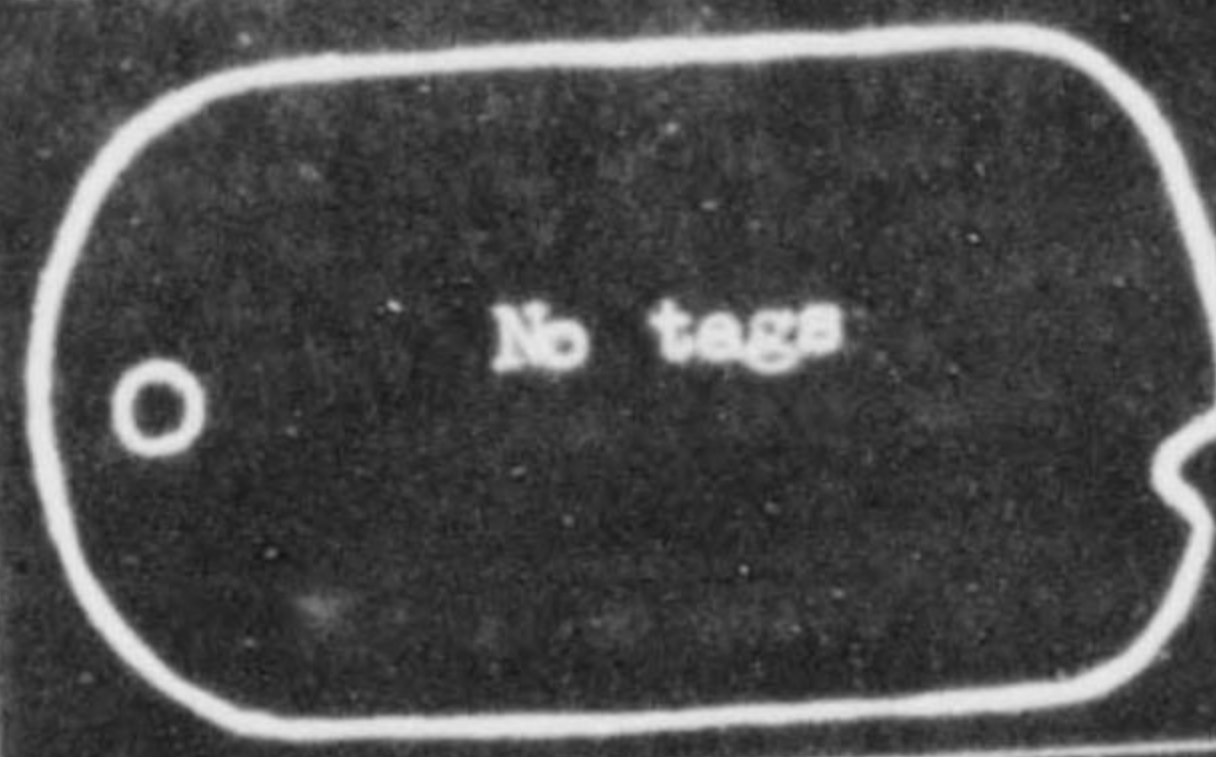


HQ GRC Form 1042 Rev. November 1942 (GRC 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>Matsuoka (ENEMY DEAD)</b>			
	RANK <b>T/Sgt.</b>	SERIAL NUMBER <b>Unknown</b>	COUNTRY <b>Japan 40</b>	
	ORGANIZATION <b>Unknown</b>		BRANCH <b>Unknown</b>	
	RACE <b>Japanese</b>	RELIGION <b>Unknown</b>	DATE OF DEATH <b>21 Sept 1943</b>	
PLACE OF DEATH <b>Guadalcanal B.S.I.</b>		CAUSE OF DEATH <b>Injuries, Multiple, Extreme</b>		
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.) <b>Identification established through records in the cemetery office.</b>		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;"><b>No record of personal effects.</b></p>				
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>		ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE <b>21 Sept 1943</b>	HOUR <b>Unknown</b>	PLOT NO. <b>Enemy</b>	ROW NO. <b>6</b>	GRAVE NO. <b>8</b>
		GRAVE MARKER <b>Wooden Post</b>	CEMETERY <b>CEMETERY GUADALCANAL, B.S.I.</b>	
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>		PERSON REPORTING BURIAL <i>Sgt. Richard J. Meyer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. <b>No information as to what identification data buried with the body.</b>				
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>Tsukaoka, Kinji</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>Isezaki</b>		RANK <b>Sgt/Maj</b>	SERIAL NO. <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>		VERIFIED BY G. R. S. OFFICER <i>John E. Nolan</i> <b>JOHN E. NOLAN</b> <b>1st Lt., QMC</b>		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				

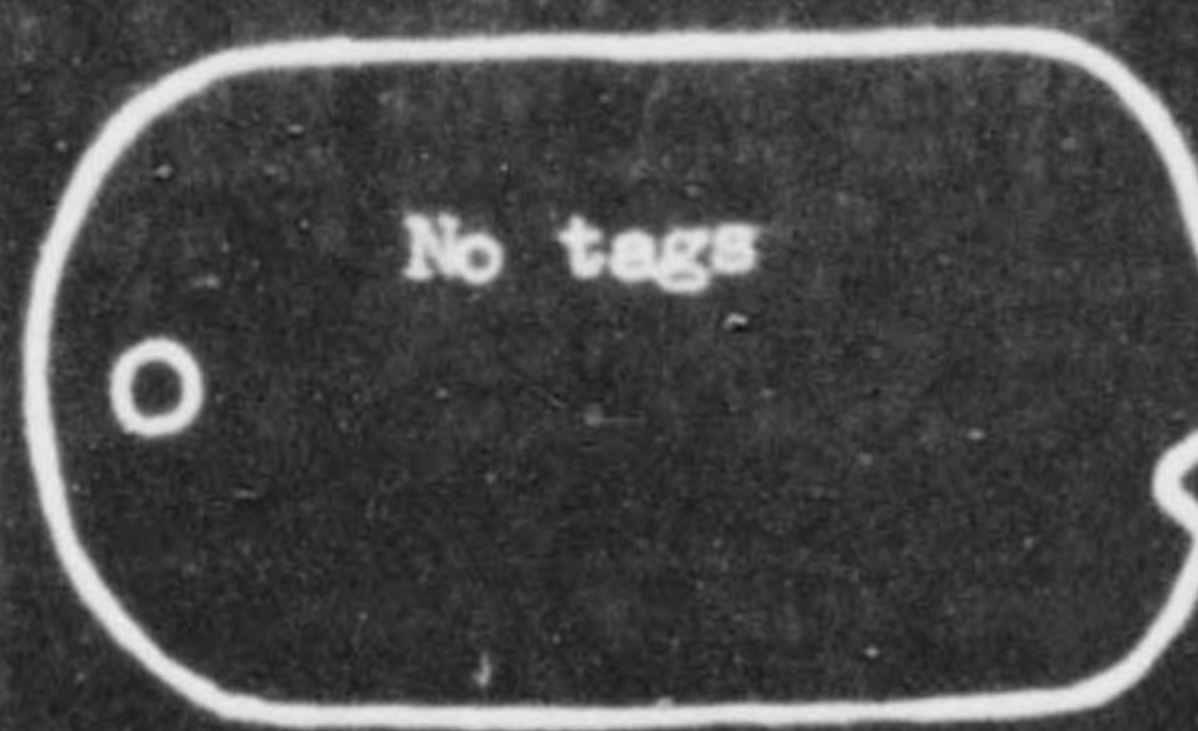


WD GRC Form 1082 Rev. 11 November 1942 (GRC 1, dated 11 May 1942 may be used until exhausted)		REPORT OF INTERMENT (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 12 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) NAKAMURI, Otomatsu (ENEMY DEAD)			COUNTRY Japan
	RANK S/Pvt.	SERIAL NUMBER Unknown	31	
	ORGANIZATION 13th Regt. 4th Repl.	BRANCH Unknown		
	RACE Japanese	RELIGION Unknown	DATE OF DEATH 28 Oct. 1943	
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Shrapnel Wound		
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.) Identification established through records in the cemetery office.		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects				
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE 28 Oct. 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 7	GRAVE NO. 7
TYPE OF RELIGIOUS CEREMONY Unknown		GRAVE MARKER Wooden Post		
PERSON REPORTING BURIAL Sg. Richard J. Meyer		CEMETERY CEMETERY GUADALCANAL, B.S.I.		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.				
BODIES BURIED EITHER SIDE (See Paragraph 8 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY I-91 (ENEMY DEAD)		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY I-92 (ENEMY DEAD)		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., GRC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1, GRS IN QUADRUPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				

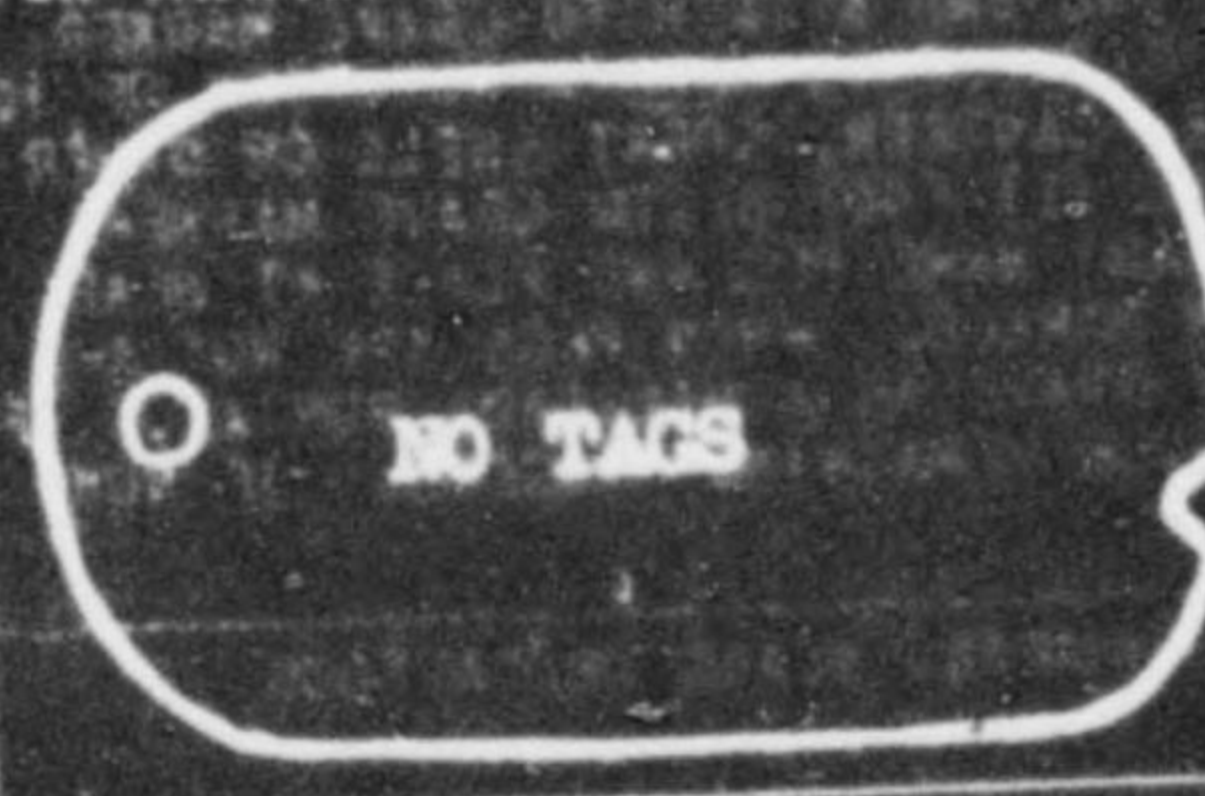


US GPO Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		REPORT OF INTERMENT (TM 10-830 and AR 30-1815)		DATE REPORT FILLED OUT 10 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Noegie, Marikiwa (ENEMY DEAD)		COUNTRY Japan 92
RANK Unknown		SERIAL NUMBER Unknown		BRANCH Unknown
ORGANIZATION Unknown		RACE Japanese		DATE OF DEATH 14 Feb 1943
PLACE OF DEATH Guadalcanal, B.S.I.		RELIGION Unknown		CAUSE OF DEATH Malnutrition
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.) Identification established through records in the cemetery office.		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN				
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  No record of effects.				
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE 14 Feb 43	HOUR Unknown	PLOT NO. Enemy	ROW NO. 4	GRAVE NO. 1
TYPE OF RELIGIOUS CEREMONY Unknown		GRAVE MARKER Wooden Post		
ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON REPORTING BURIAL <i>Lt. Richard J. Myer</i>		
IDENTIFICATION TAGS BURIED WITH BODY <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 CONTAINERS. No information as to what identification data buried with the body.				
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Beginning of row.		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial) Shinzo Okada		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				

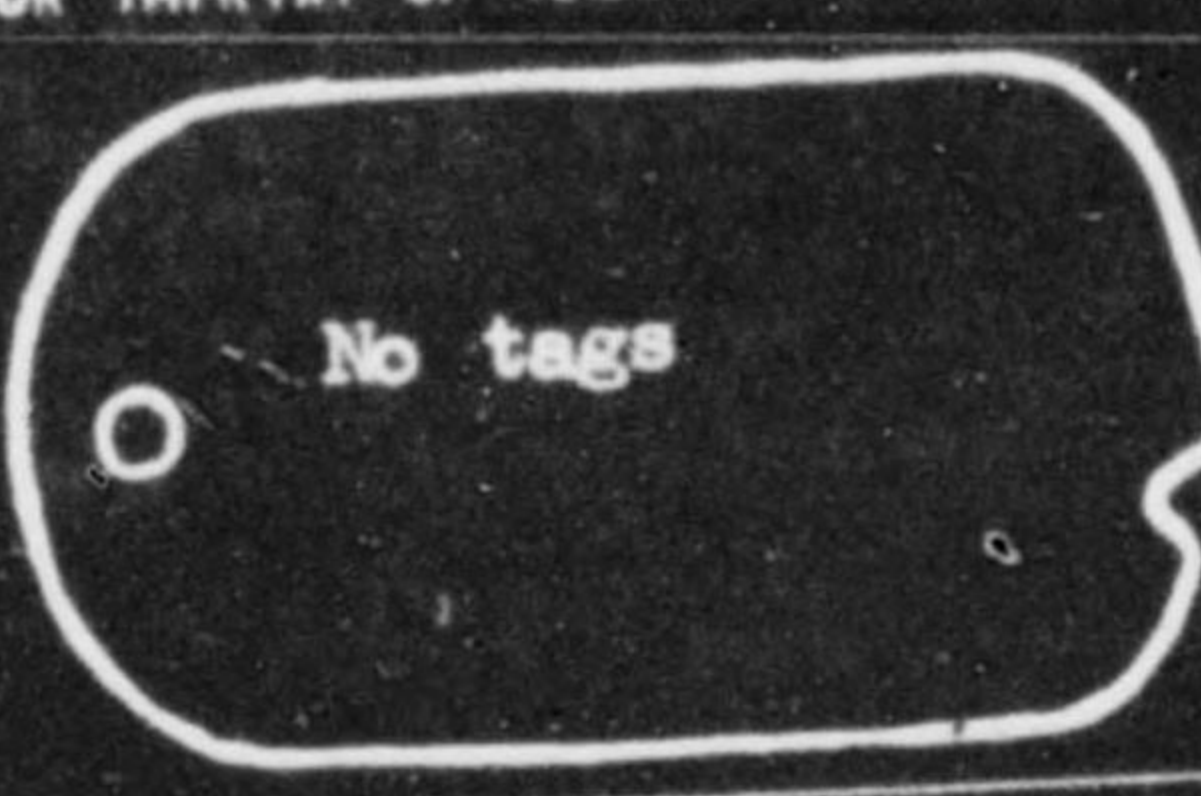


WD QMC Form 1302 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 10 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Onasaku, Kagiya (ENEMY DEAD)			
RANK Private		SERIAL NUMBER Unknown	COUNTRY Japan 20		
ORGANIZATION Unknown		BRANCH Unknown		RACE Japanese	
RELIGION Unknown		DATE OF DEATH 4 Feb 1945			
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 4 Feb 1945	HOUR Unknown	PLOT NO. Enemy	ROW NO. 3	GRAVE NO. 7	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown		PERSON REPORTING BURIAL <i>Sgt Richard J. Moran</i>			
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Shagarya, Ito		RANK Sgt/Maj	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unidentified Body X-20		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., QMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1302 IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					



WD-982 Form 1942 Rev. 1 November 1942 (GRS-1, dated 21 May 1942 may be used until exhausted)		REPORT OF INTERMENT (TH 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 12 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) OSOWA (ENEMY DEAD)				
RANK TOTO HISO Sgt/Major	SERIAL NUMBER Unknown	COUNTRY Japan 28			
ORGANIZATION Unknown	BRANCH Unknown	DATE OF DEATH 21 Sept. 1943			
RACE Japanese	RELIGION Unknown	PLACE OF DEATH Guadalcanal, B.S.I.			
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE		CAUSE OF DEATH Unknown			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) Identification established through records in the cemetery office.			
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 22 Sept. 1943	HOUR Unknown	PLOT NO. Enemy ARMY	ROW NO. 7	GRAVE NO. 4	GRAVE MARKER Wooden Post CEMETERY GUADALCANAL, B.S.I.
TYPE OF RELIGIOUS CEREMONY Unknown		PERSON REPORTING BURIAL Sgt. Richard J. Moyer			
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) KOMATSU, Tsumotomi		RANK W.O. ITTO HISO	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-30 (ENEMY DEAD)		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., QMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADROPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					



MO Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) Saito, Tomeichi (ENEMY DEAD)			COUNTRY Japan 36	
	RANK Pfc.	SERIAL NUMBER Unknown			
	ORGANIZATION 1st Co. 1st Plat. 13th Regt.	BRANCH Japanese Army			
	RACE Japanese	RELIGION Unknown	DATE OF DEATH 23 July 1943		
PLACE OF DEATH Guadalcanal, B.S.I.	CAUSE OF DEATH Comminuted compound fracture rt. tibia.				
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.) Identification established through records in the cemetery office.				
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 24 July 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 6	GRAVE NO. 4	GRAVE MARKER Wooden Post.
TYPE OF RELIGIOUS CEREMONY Unknown.			CEMETERY CEMETERY GUADALCANAL, B.S.I.		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			PERSON REPORTING BURIAL 1st Lt. Richard J. Meyer		
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Unidentified Body X-27	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown		
BODY ON RIGHT, NAME (Last, First, Middle Initial) Kazuo, Yoshida	RANK Pfc.	SERIAL NO. Unknown	ORGANIZATION 229 Inf 4th Co 38th Div.		
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt. OMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					



QMC Form 1042  
Rev. 1 November 1942  
(GRS 1, dated 11 May 1942  
may be used until exhausted)

### REPORT OF INTERMENT (TM 10-590 and AR 30-1816)


DATE REPORT FILLED OUT  
**11 May 1945**

FOR IMPRINT OF IDENTIFICATION TAG <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px;">No tags</div>	NAME (Last, First, Middle Initial) <b>Sasaki (ENEMY DEAD)</b>	SERIAL NUMBER <b>34</b>	COUNTRY <b>Japan</b>
RANK <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH <b>Unknown</b>	DATE OF DEATH <b>10 March 1943</b>
RACE <b>Japanese</b>	RELIGION <b>Unknown</b>	CAUSE OF DEATH <b>Unknown</b>	
PLACE OF DEATH <b>Guadalecanal, B.S.I.</b>			
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.) <b>Identification established through records in the cemetery office.</b>	
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN			
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>No record of personal effects.</b>			
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>		ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>	
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE			
DATE <b>10 March 1943</b>	HOUR <b>Unknown</b>	PLOT NO. <b>Enemy 6</b>	ROW NO. <b>2</b>
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>		GRAVE NO. <b>2</b>	
GRAVE MARKER <b>Wooden Post</b>		PERSON REPORTING BURIAL <i>1st Lt. Richard A. Nolan</i>	
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. <b>No information as to what identification data buried with the body.</b>			
BODIES BURIED EITHER SIDE (See Paragraph 8 on Reverse)			
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>Unidentified Body X-26</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>Unidentified Body X-27</b>		RANK <b>Unknown</b>	SERIAL NO. <b>Unknown</b>
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., QMC</b>	

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1042 IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS



OMC Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 10 May 1945
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) SHEGERYA, Ito (ENEMY DEAD)			COUNTRY Japan 19
	RANK Sgt/Major	SERIAL NUMBER Unknown		ORGANIZATION Unknown
	ORGANIZATION Unknown	BRANCH Unknown		DATE OF DEATH Unknown
	RACE Japanese	RELIGION Unknown		PLACE OF DEATH Guadalcanal, B.S.I.
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition		
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.) Identification established through records in the cemetery office.		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN		
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.				
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
DATE 3 Feb 1945	HOUR Unknown	PLOT NO. Enemy	ROW NO. 3	GRAVE NO. 6
		GRAVE MARKER Wooden Post		
		CEMETERY GADALCANAL, B.S.I.		
TYPE OF RELIGIOUS CEREMONY Unknown		PERSON REPORTING BURIAL <i>Richard J. Mays</i>		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.				
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)				
BODY ON LEFT, NAME (Last, First, Middle Initial) Fujita		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown
BODY ON RIGHT, NAME (Last, First, Middle Initial) Onosaku, Kagiyma		RANK Private	SERIAL NO. Unknown	ORGANIZATION Unknown
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> JOHN R. NOLAN 1st Lt., OMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 11, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION, GRAVES REGISTRATION SERVICE OFFICER.				
OVER FOR BURIAL INSTRUCTIONS				



GRC Form 1082 Rev. 1 November 1942 (GRC 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-636 and AR 30-1815)		DATE REPORT FILLED OUT 10 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">                     No tags  <span style="font-size: 2em; margin-left: 10px;">O</span> </div>		NAME (Last, First, Middle Initial) Shinzo, Okada (ENEMY DEAD)			
		RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Japan 43	
		ORGANIZATION Unknown		BRANCH Unknown	
		RACE Japanese	RELIGION Unknown	DATE OF DEATH 9 Feb 1943	
PLACE OF DEATH Guadalcanal, B.S.I.			CAUSE OF DEATH Malnutrition		
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.)		
DISPOSITION OF SUBSTITUTE TAGS, IF MADE			Identification established through records in the cemetery office.		
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 9 Feb 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 4	GRAVE NO. 2	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL Sgt Richard J. Meyer		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Nozue, Marikwa		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Unidentified Body X-21		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., QMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					



Form 1082  
Rev. 1 November 1942  
(GRS 1, dated 11 May 1942  
may be used until exhausted)

### REPORT OF INTERMENT (TM 10-830 and AR 30-1815)


DATE REPORT FILLED OUT  
**11 May 1945**

FOR IMPRINT OF IDENTIFICATION TAG  <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 80%; height: 80%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 24px;">O</span> </div> </div> <p style="text-align: center; margin-top: 5px;">No tags</p>	NAME (Last, First, Middle Initial) <b>Suzuki (ENEMY DEAD)</b>
RANK <b>Unknown</b>	SERIAL NUMBER <b>Unknown</b>
ORGANIZATION <b>Unknown</b>	BRANCH <b>Unknown</b>
RACE <b>Japanese</b>	RELIGION <b>Unknown</b>
PLACE OF DEATH <b>Guadalcanal, B.S.I.</b>	DATE OF DEATH <b>26 Nov 1942</b>
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.) <b>Identification established through records in the cemetery office.</b>
DISPOSITION OF SUBSTITUTE TAGS, IF MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH 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 ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <p style="text-align: center;">No record of personal effects</p>	
NAME OF EMERGENCY ADDRESSEE <b>Unknown</b>	ADDRESS OF EMERGENCY ADDRESSEE <b>Unknown</b>
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE	
DATE <b>22 Feb 1943 (REBURIAL)</b>	GRAVE NO. <b>1</b>
HOUR <b>Unknown</b>	GRAVE MARKER <b>Wooden Post</b>
PLOT NO. <b>Enemy</b>	ROW NO. <b>5</b>
ARMY NAVY MARINE	CEMETERY <b>GUADALCANAL, B.S.I.</b>
TYPE OF RELIGIOUS CEREMONY <b>Unknown</b>	PERSON REPORTING BURIAL <i>John R. Nolan</i>
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH THE BODY. <b>No information as to what identification data buried with the body.</b>	
BODY ON LEFT, NAME (Last, First, Middle Initial) <b>Beginning of Row.</b>	RANK <b>Unknown</b>
BODY ON RIGHT, NAME (Last, First, Middle Initial) <b>Bunice, Sumia</b>	SERIAL NO. <b>Unknown</b>
PERSON CONDUCTING BURIAL RITES <b>Unknown</b>	ORGANIZATION <b>Unknown</b>
VERIFIED BY G. R. S. OFFICER <i>John R. Nolan</i> <b>JOHN R. NOLAN</b> <b>1st Lt., AMC</b>	

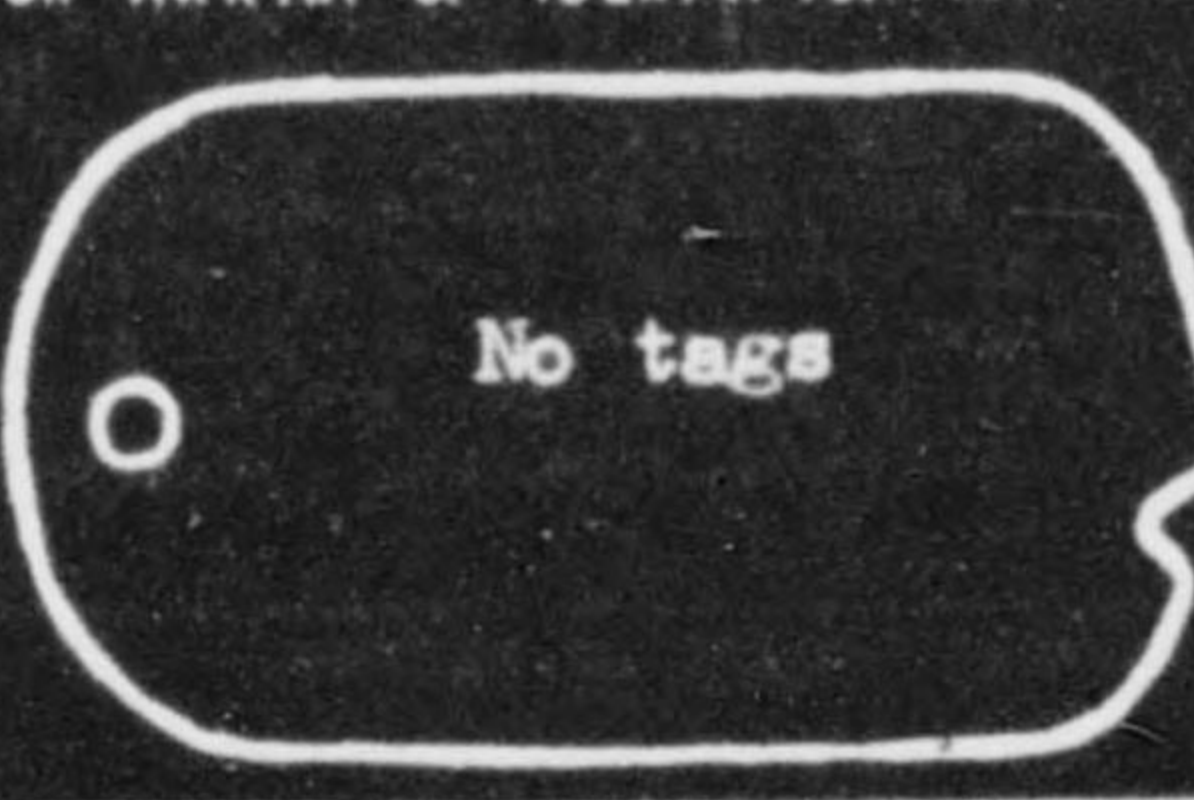
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRS FORM 11 IN QUADRUPPLICATE FOR U. S. DEAD; ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS



WD OMC Form 1082 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		REPORT OF INTERMENT (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 7 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 	NAME (Last, First, Middle Initial) <b>TARO, TSUKAMOTO (ENEMY DEAD)</b>				
	RANK Unknown	SERIAL NUMBER Unknown	COUNTRY Japan 23		
	ORGANIZATION Unknown		BRANCH Unknown		
	RACE Japanese	RELIGION Unknown	DATE OF DEATH 27 Jan. 1943		
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Malnutrition			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE TOOTH 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		COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No records of personal effects					
NAME OF EMERGENCY ADDRESSEE Unknown		ADDRESS OF EMERGENCY ADDRESSEE Unknown			
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 28 Jan. 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 3	GRAVE NO. 2	GRAVE MARKER Wooden Post
TYPE OF RELIGIOUS CEREMONY Unknown		PERSON REPORTING BURIAL Sgt. Richard J. Meyer			
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data was buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) KAZU, ISHIMAKI		RANK S/Pvt	SERIAL NO. Unknown	ORGANIZATION Unknown	
BODY ON RIGHT, NAME (Last, First, Middle Initial) UNIDENTIFIED BODY X-18 (ENEMY DEAD)		RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown		VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., OMC			
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					



WD OMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942 may be used until exhausted)		<b>REPORT OF INTERMENT</b> (TM 10-630 and AR 30-1815)		DATE REPORT FILLED OUT 11 May 1945	
FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) Tsukaoka, Kinji (ENEMY DEAD)			
RANK Unknown		SERIAL NUMBER Unknown		COUNTRY Japan 39	
ORGANIZATION Unknown		BRANCH Unknown			
RACE Japanese		RELIGION Unknown		DATE OF DEATH 21 Sept 1943	
PLACE OF DEATH Guadalcanal, B.S.I.		CAUSE OF DEATH Injuries, Multiple, Extreme			
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.) Identification established through records in the cemetery office.			
DISPOSITION OF SUBSTITUTE TAGS, IF MADE		COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN			
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No record of personal effects.					
NAME OF EMERGENCY ADDRESSEE Unknown			ADDRESS OF EMERGENCY ADDRESSEE Unknown		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE					
DATE 21 Sept 1943	HOUR Unknown	PLOT NO. Enemy	ROW NO. 6	GRAVE NO. 7	GRAVE MARKER Wooden Cross
TYPE OF RELIGIOUS CEREMONY Unknown			PERSON REPORTING BURIAL Sgt Richard J. Meyer		
IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 CONTAINERS. No information as to what identification data buried with the body.					
BODIES BURIED EITHER SIDE (See Paragraph 3 on Reverse)					
BODY ON LEFT, NAME (Last, First, Middle Initial) Higuchi, Yoshimitsu		RANK 1/c Moh	SERIAL NO. 20055	ORGANIZATION 6th SIF Yamamoto Detat	
BODY ON RIGHT, NAME (Last, First, Middle Initial) Matsuoka		RANK S/Sgt.	SERIAL NO. Unknown	ORGANIZATION Unknown	
PERSON CONDUCTING BURIAL RITES Unknown			VERIFIED BY G. R. S. OFFICER John R. Nolan JOHN R. NOLAN 1st Lt., OMC		
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1; GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.					
OVER FOR BURIAL INSTRUCTIONS					