

QMGMV 293
GRS, Far East

297
493 Unidentifiable
H. R.

FEB 24 1950

SUBJECT: Unidentifiable Remains

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 30 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-1, X-14, X-15 and X-16, 3rd Marine Division Cemetery, Iwo Jima, and Unknowns X-3 and X-4, American Cemetery, Tinian, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

QMGMV 293 Unk X-14, 3rd Mar Div Iwo Jima

Handwritten signature

MAILED

/bpm
1
/gyc

Interred 27 Feb 1950
C 16 80 McKinley

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5530 00948

DATE
15 10 48
DAY MONTH YEAR

NAME **UNKNOWN X-000014** SERIAL NUMBER GRADE ARM RACE RELIGION
0 0 6

CEMETERY **IWO JIMA 3RD KAZAN RETTO** PLOT ROW GRAVE DISPOSITION OF REMAINS
1 29 702 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS**

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNK X-14** SERIAL NUMBER GRADE DATE OF DEATH **28 July 1949** DATE DISTINTERRED
IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION **UNKNOWN** RELIGION IDENTIFICATION VERIFIED BY **RICHARD HOYT**
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Shelter Half** CONDITION OF REMAINS **Skeletal**

OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE **28 July 1949** BY **RICHARD HOYT**
CASKET SEALED BY **RICHARD HOYT** EMBALMER (Signature) *Richard Hoyt*
RICHARD HOYT

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE **28 July 49** BY **WEYMAN L McGUIRE, Sgt, MC** **J J McDERMOTT**

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

J. J. McDermott
J J McDERMOTT

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILE
25 APR 1950
REPATRIATION
BRANCH
MCM JV
Jarvis

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U.S. MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carey H. ...</i>	DATE FEB 27 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950
Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 14 , Plot 1 ,
Row 29 , Grave 702 , USMC 3d Mar Div Cem Iwo Jima , have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. B. McNEELAR
Captain, QMC
Chief, Records Branch.

Attach: Form 1044

APPROVED UNIDENTIFIABLE
16 FEB 1950

7-171

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-14			2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY 3d Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	29	702	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR Brown	11. RACE UTD
-----------------------------------	------------------------------------	-----------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

APPROVED UNIDENTIFIABLE
16 FEB 1950

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

"UNIDENTIFIABLE"
"BY REASON OF ..."

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		X	o		BROKEN				o	o			X		
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

16 left slight impacted and rotates lingual.

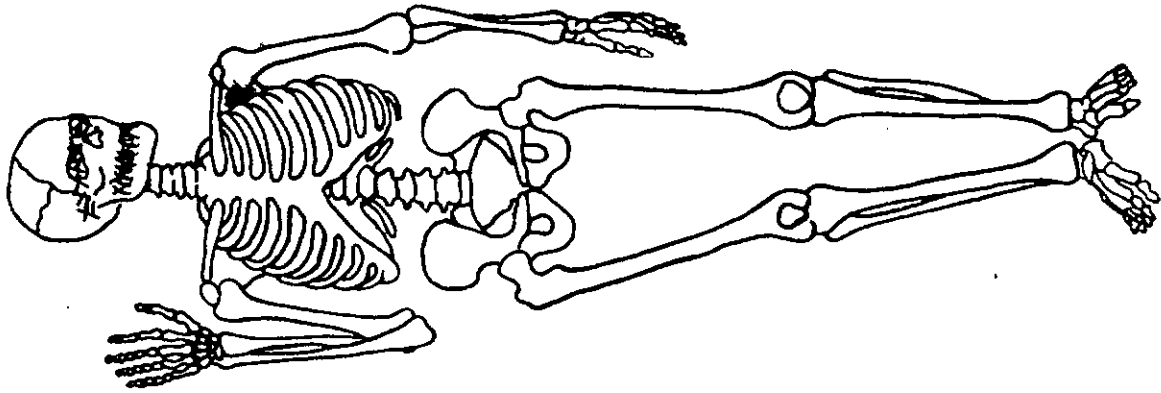
APPROVED UNIDENTIFIABLE

16 FEB 1950

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID Tags, burial bottle, personal effects, or other means of identification found with remains.

APPROVED UNIDENTIFIABLE
16 FEB 1950

[Faint, illegible stamp]

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

IDENTIFICATION DENTAL CHART
 To be used with Forms Nos. 1042 and 1044 in place
 of chart forms and to be attached to and forwarded
 with these forms when accomplished.

3 September 1947
 Date

UNKNOWN

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	

PLACE OF DEATH	PLACE OF BURIAL	FLOT	ROW	GRAVE NO.
			29	702

TYPE	RIGHT UPPER TEETH								LEFT UPPER TEETH							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
LOCATION			X	O											X	
				OP												

TYPE	INSIDE - LOOKING OUT LOWER TEETH															
	RIGHT								LEFT							
LOCATION	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MRESL (E) TOWARD P
	CAVITY, INDICATE LOCATION		GOLD		OCCUSAL SURFACE P
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OF PORCELAIN		DISPL (P) TOWARD B
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINE I (TOWARD)
	PROSTHOMOUSLY MISSING				FACTY W

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART IS OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ET SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., FOLIO LAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

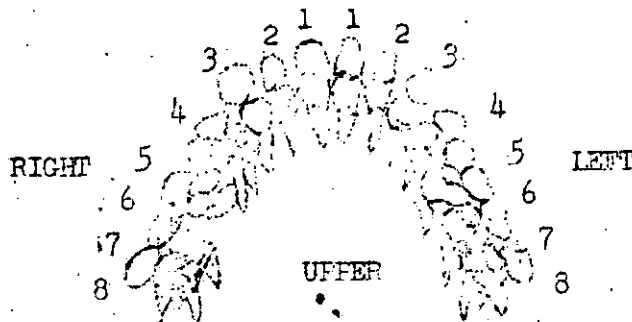


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

L-16 unerupted
R-11 rotating to facial
L-11 rotating to distal
L-8 unerupted
R-3 surface of crown fractured.

K. J. Kim
SIGNATURE OF PERSON WHO PREPARED CHART

KOON INH YEE 1st Lt., D.C.

NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

John H. Haines
VERIFIED BY GPS OFFICER

JOHN H. HAINES 2nd Lt., Inf

NAME AND RANK TYPED OR PRINTED

3 September 1947

DATE

RESTRICTED

16 FEB 1950

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 3 September 1947	
Imprint Identification Tag if Possible. DO NOT TYPE		SECTION 1. - IDENTIFICATION Name (Last, first, middle initial) serial No. UNKNOWN X-14 B^ox No. 655			
REPORT OF DISINTERMENT		GRADE		ORGANIZATION	
				3rd Mar Div	
		RACE		RELIGION	
				IF OTHER THAN US DEAD GIVE NAME OF COUNTRY.	
PLACE OF DEATH IWO JIMA		CAUSE OF DEATH UNKNOWN		DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse).			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or No)					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. GI shoes, spon, some rags and P.A.C. Form #9 (in canteen) found and enclosed with remains.					
Section 2. - BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY					
DATE OF BURIAL 15 Mar 45		HOUR		BURIED IN (Shroud, Blanket, or name of other)	
				TYPE OF PLOT NO 'ROW NO 'GRAVE NO Grave Ma 1 29 702	
WAS THIS A REBURIAL? (Yes or No.)		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. PLOT NO 'ROW NO 'GRAVE NO			
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY.	
IDENTIFICATION TAG BURIED WITH BODY (Yes or No)		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No)			
BODY BURIED ON DECEASED LEFT (Last, first, middle initial) Jones, Kay M.		NAME RANK		SERIAL NO ORG. GRAVE NO Pvt 997144 USMC 703	
BODY BURIED ON DECEASED RIGHT (Last, first, middle initial) Brigman, George D.		NAME RANK		SERIAL NO ORG. GRAVE NO Pvt 566054 USMC 701	
SIGNATURE OF PERSON PREPARING REPORT Jose L. Elises			SIGNATURE OF GRS OFFICER VERIFYING REPORT Ally S. Obayn 2984		

DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater.

RESTRICTED

Section 3 - IDENTIFICATION OF REMAINS

LEFT
LITTLE FINGER

INSTRUCTIONS:

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

LEFT
RING FINGER

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

LEFT
MIDDLE FINGER

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

LEFT
INDEX FINGER

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

OTHER IDENTIFICATION CLUES

LEFT
THUMB

FILLINGS	Silver filling Gold Filling
-----------------	--------------------------------

CAVITIES	Cavity Decayed
-----------------	-------------------

RIGHT
THUMB

MISSING TEETH	Teeth missing
----------------------	---------------

CROWNED TEETH	Porcelain Crown Gold crown
----------------------	-------------------------------

RIGHT
INDEX FINGER

BRIDGE WORK	Gold bridge
--------------------	-------------

RIGHT
MIDDLE FINGER

Furnish sketch and map reference and coordinates for burial in other than established cemetery.

RIGHT
RING FINGER

REMARKS: Condition of remains: Skull broken. Maxilla detached.

RIGHT
LITTLE FINGER

REPORT OF INTERMENT

*Pos-ill
Simult*

Identified

UNKNOWN X-14

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

Iwo Jima

3rd Mar Div

Iwo Jima

(Place of death) (Name of Cemetery) (Name or coordinates of location)

702

29

1

(Grave Number) (Row Number) (Plot Number) (Religion, if known)

Disposition of identification tags: One Buried with body Yes No
One Attached to marker Yes No

APPROVED UNIDENTIFIABLE

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

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

BODY BURIED ON RIGHT

(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT

(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

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

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

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

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

(Signature of officer _____ person reporting burial.)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB