

CMCIN 293
GRS, Far East

293 Tinian
H. E.

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 GHPZ 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. MBTZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

CMCIN 293 Unk X-1 to 3rd Mar Div Iwo Jima

Handwritten signature/initials

CMCIN

1

Interred 7 Mar 1950
N 13 94 Ft. McKinley
Carl R. H. Mark
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
5530 00950
DATE
15 10 48
DAY MONTH YEAR

NAME: UNKNOWNX-000016
SERIAL NUMBER: UNKNOWNX-000016
GRADE: UNKNOWN
ARM: 0
RACE: 0
RELIGION: 6

CEMETERY: IWO JIMA 3RD KAZAN RETTO
PLOT: 1 ROW: 37 GRAVE: 914
DISPOSITION OF REMAINS
7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FORT MCKINLEY CEMETERY, MANILA, PHILIPPINE ISLANDS
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-16
SERIAL NUMBER: UNKNOWN
GRADE: UNK
DATE OF DEATH: UNKNOWN
DATE DISTINTERRED: 20 Nov 47
IDENTIFICATION TAG ON: REMAINS, MARKER
ORGANIZATION: UNKNOWN
RELIGION: UNKNOWN
IDENTIFICATION VERIFIED BY: U E CONERLY, Capt TC, NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Individual grave, uncasketed, nature of shroud undetermined.
CONDITION OF REMAINS: Skeletal remains, incomplete.

OTHER MEANS OF IDENTIFICATION: Mortuary Plate

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug 48 BY V R WILLIAMS, Emb
CASKET SEALED BY C L MATTHEWS, Emb
EMBALMER (Signature) J E SPEER
CASKET BOXED AND MARKED DATE 13 Aug 48 P MABAZZA
SHIPPING ADDRESS VERIFIED BY J E MORRIS, Clerk

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

John H. Groodt
J E GROODT, Capt CYP
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: FILE 14 APR. REPATRIATION BRANCH

J. Brooker

(60)

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, MAJ CMP	DATE 13 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 13 Aug 48

2. SHIPPED

FROM AGRS PORT (SAIPAN, MI)		TO AGRS PORT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER Transport Commander, IST 715	
SIGNATURE OF SHIPPER <i>Harold E. Fike</i> HAROLD E. FIKE, CAPTAIN INF	DATE 8 Feb 49	SIGNATURE OF RECEIVER <i>Luciano E. Mateo</i> LUCIANO E. MATEO, 1st Lt., Inf.	DATE 8 Feb 49

3. SHIPPED

FROM		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Luciano E. Mateo</i> LUCIANO E. MATEO, 1st Lt., Inf.	DATE FEB 1949	SIGNATURE OF RECEIVER <i>E. H. Newman Jr.</i> E. H. NEWMAN JR, CAPT., PA.	DATE FEB 1949

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl Honark</i>	DATE MAR 1950

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
PHILCOM 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- 16 , Plot 1 ,
Row 37 , Grave 914 , USMC 3d Mar Div Cam 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

Attch: Form 1044

APPROVED UNIDENTIFIABLE
17 FEB 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-16			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	37	914	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

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

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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27 FEB 1950

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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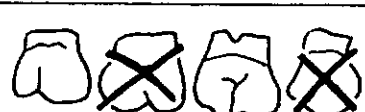
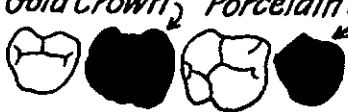







16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L I A								M I S S I N G							
Side Views															
UPPER															
LOWER															
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

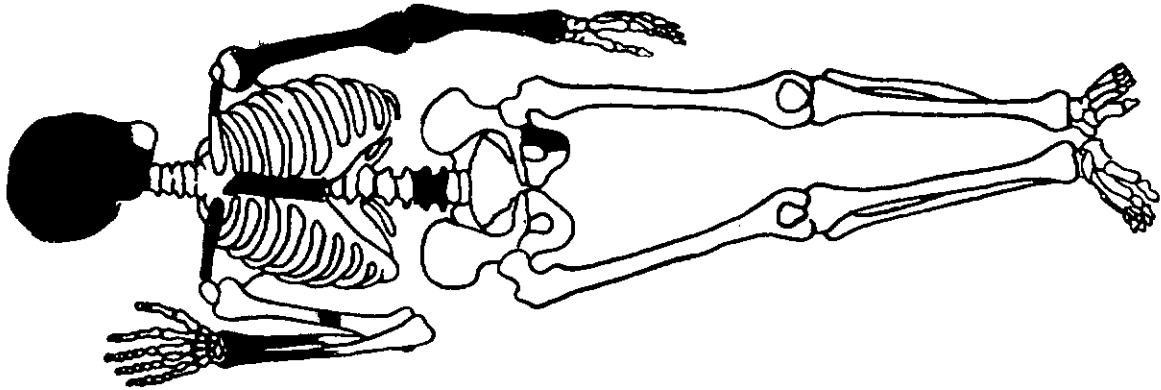
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

APPROVED UNIDENTIFIABLE
17 FFP 1951

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

17 FEB 1950

UNIDENTIFIABLE

NEW YORK

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

PAUL R. NICHOLS
Chief, Identification Section

Paul R. Nichols

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

5 Sept. 1947

Date

UNKNOWN					
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
	USMC		3rd Marine Division		
UNIT			ORGANIZATION		
Two Jims	3rd Mar Com	1	37	914	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.	



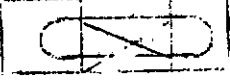
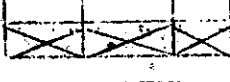

TYPE	RIGHT UPPER TEETH								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
LOCATION																

INSIDE - LOOKING OUT

TYPE	RIGHT LOWER TEETH								LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
LOCATION																

APPROVED UNIDENTIFIABLE

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILL	
		LOWER HALF OF	
	A AMALGAM (SILVER)	M	MESIAL (TOWARD SE)
	G GOLD	O	OCCUSAL SURFACE
	S SILICATE OF PORCELAIN	a	DISTAL (TOWARD EA)
	C OXYPHOSPHATE (CEMENT)	I	LINGUAL (TONGUE)
		F	FACIAL (CHUR)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE 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, ETC., SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., FULL 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.

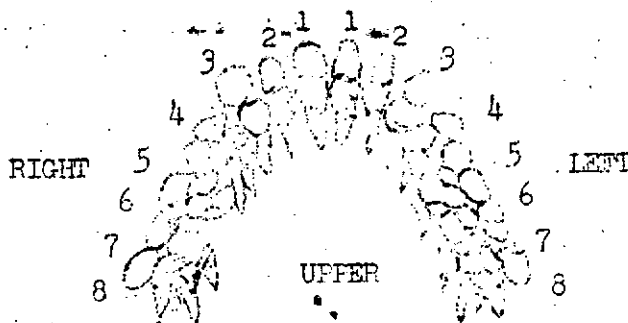
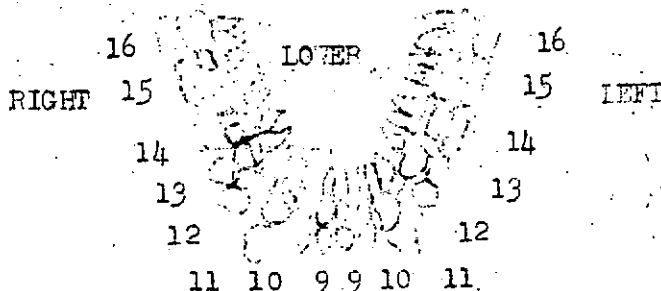


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

Entire maxilla missing; Mandible fractured at R-13, with portion from R-13 to R-14 missing. R-14 mesial clasps fractured.

SIGNATURE OF PERSON WHO PREPARED CHART

EDON INN YEE 1st Lt., D.C.
NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY OPS OFFICER

JOHN H. RAINES 2nd Lt., Inf.
NAME AND RANK TYPED OR PRINTED

5 Sept. 1947

DATE

REPORT OF INTERMENT

UNKNOWN X 16

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

IWO JIMA

(Place of death)

3RD MAR. DIV.

(Name of Cemetery)

IWO JIMA

(Name or coordinates of location)

914

(Grave Number)

37

(Row Number)

1

(Plot Number)

(Religion, if known)

APPROVED UNIDENTIFIABLE

Disposition of identification tags: One Buried with body Yes No

17 FEB 1950 One Attached to marker Yes No

FMF PAX Form 9 buried with body

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

The name "Waltz" was taken from belt.

(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 or person reporting burial.)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

STATEMENT

The name "Waltz" which appears on attached papers has been checked against USMC casualties of that name with negative results.

William M. Balasso

RESTRICTED

WD OMC Form 1042 (Rev. 1 Apr. 45) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 5 Sept 1947
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Imprint ID if Possible. DO NOT TYPE REPORT OF DISINTERMENT	Section 1. - IDENTIFICATION		
	NAME (Last, first, middle initial) 1007 UNKNOWN X-16 Box No. 45		SERIAL NO.
	GRADE	ORGANIZATION 3rd Mar Div	BR OF SERVICE
	RACE	RELIGION	IF OTHER THAN US DEAD GIVE NAME OF COUNTRY
PLACE OF DEATH Iwo Jima	CAUSE OF DEATH Unk	DATE OF DEATH Unk	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENT. TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (if unidentified, file in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or No)	APPROVED UNIDENTIFIABLE 17 FEB 1951

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION SAME
Report of Interment sheet bearing name WALTZ, shoes, parts clothing and blanket 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 18 Mar 45	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARK	PLOT# 1	ROW NO. 57	GR NO. 914
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WAS THIS A REBURIAL? (Yes or No)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT#	ROW NO.	GR NO.
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF ID NOT USED, SOURCE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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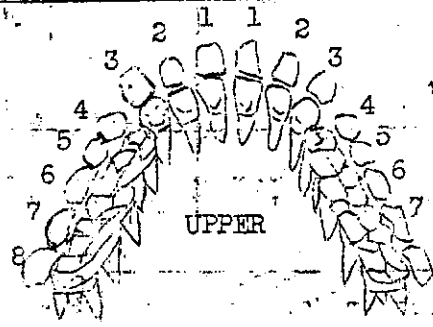
ID BURIED WITH BODY (Yes or No)	ID ATTACHED TO MARKER (Yes or No)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle, initial) Brush, David W.	RANK Pfc	SERIAL NO. 549140	ORG. USMCR	GR. NO. 915
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle, initial) Hills, Lonnie E.	RANK Pvt	SERIAL NO. 992055	ORG. USMCR	GR. NO. 915
---	--------------------	-----------------------------	----------------------	-----------------------

SIGNATURE OF PERSON PREPARING REPORT JOSE F. ELISES <i>Jose F. Elises</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i>
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DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and 3rd copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.
 REPRODUCED AT: 8246th FOS, AGRS, APO 86, AUTH: RADIO CITE-C-GRS-MARBO 12065 /ec

LEFT LITTLE FINGER	Section B. - UNIDENTIFIED REMAINS.		
LEFT RING FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) 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. Tooth chart will not be accomplished if one or more fingerprints are secured.		
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF HAIR
LEFT INDEX FINGER	BIRTHMARKS, SCARS OR TATTOOS WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND		
LEFT THUMB	OTHER IDENTIFICATION CLUES		
RIGHT THUMB	FILLINGS Silver filling Gold filling	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
RIGHT INDEX FINGER	CAVITIES Cavity Decayed		
RIGHT MIDDLE FINGER	MISSING TEETH Tooth missing		
RIGHT RING FINGER	CROWNED TEETH Porcelain crown Gold crown		
RIGHT LITTLE FINGER	BRIDGE WORK Gold bridge		
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
<p align="center"> Condition of Remains: Skull missing except portion of mandible. Both arm fractured. Index Card reads: FMP PAC Form 9 buried with body. Name taken from belt. </p>			