

Interred 20 June 1949
L 12 54 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5530 00944

DATE

15 10 48
DAY MONTH YEAR

NAME

UNKNOWNX-000007

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

IWO JIMA 3RD KAZAN RETTO

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 6 134

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

UNKNOWN X - 7

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

27 June 49

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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

1-6-134

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 June 49

BY RICHARD HOYT

CASKET SEALED BY

RICHARD HOYT

EMBALMER (Signature)

Richard Hoyt
RICHARD HOYT

CASKET BOXED AND MARKED

DATE 27 June 49

WEYMAN L MCGUIRE
Sgt., MC

SHIPPING ADDRESS VERIFIED BY

GERARD A BRICK

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

Gerard A Brick
GERARD A BRICK

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE

9 AUG 1949

REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Charles Mark</i>	DATE 20 JUL 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

**REPRODUCTION
RECORDS BRANCH**
 JUL 22 PM '49

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 June 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 7, Plot 1,
Row 6, Grave 134, USMC 3rd Marine Div. Cem., Iwo Jima have

been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



A. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Incl #2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-7				2. DATE OF REPORT 25 June 49	
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	6	134	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10³/₄"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

N O N E


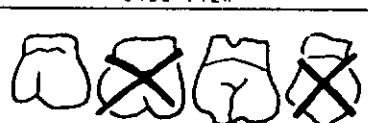






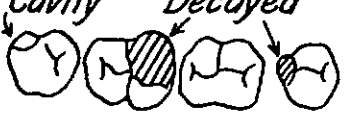

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 22

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><i>Gold Crown</i>, <i>Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i>, <i>Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L 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."

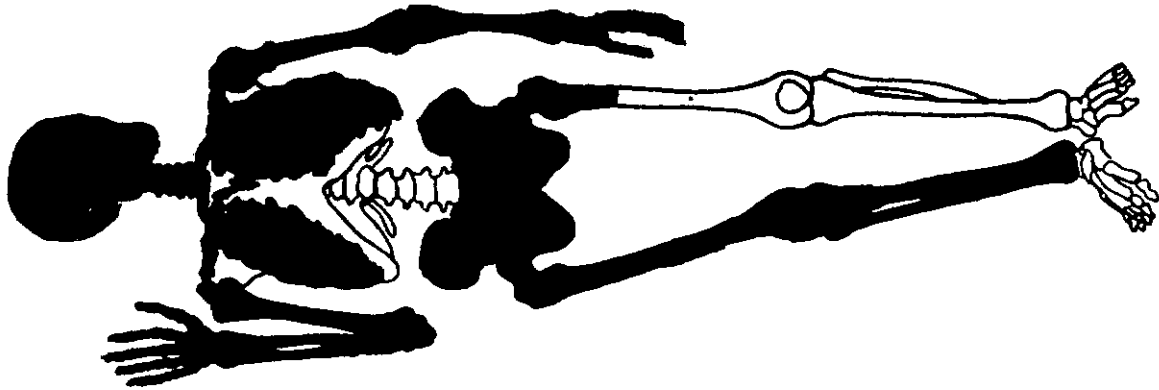
No loose teeth present with remains.

"UNIDENTIFIABLE"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5' 10 $\frac{3}{4}$ "

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 ROI, identification tags or personal effects found with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

1. This case Unknown X -7 has
been reviewed and the recommendation of the field as
unidentifiable due to lack of sufficient identifying
data is approved.

2. These remains were (^{buried} ~~transferred~~) in
3rd Max Div Cem IWO SIMA

1st Jrd X Dld
7 Dec 1948.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-7				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima	4. PLOT 1	5. ROW 6	6. GRAVE 134	7. DATE OF DISINTERMENT REINTERMENT 28 Aug 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10 1/2"	10. COLOR OF HAIR UTD	11. RACE UTD,
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

None

14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
----------------------------------------------------------------------------------	-----------------

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

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)

**Left shoe (10 size)
Some pieces of blanket and clothing.**

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Harriman
H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbo Zone

CK

X-7

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
No Teeth															
SIDE VIEWS															
TOP VIEWS															
SIDE VIEWS															
UPPER															
LOWER															
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."

No. Mandible or Maxilla Present.

[Signature]

Ultric E. Conerly
 ULDRIC E. CONERLY, Capt., T. C.

19. BLACK OUT: PARTS OF BODY NOT COVERED



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

All long bones missing except left tibia and fibula, and lower half of broken femur. Skull, mandible and maxilla and most other bones missing.

CK

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

ULDRIC E. CONERLY, Captain, CAC

Uldric E. Conerly

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-7				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	6	134	DISINTERMENT	REINTERMENT
				28 Aug 47	

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None

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

None

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None


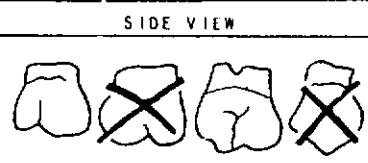


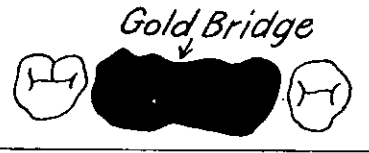
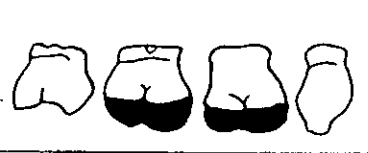
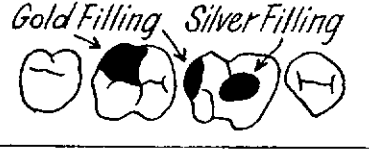
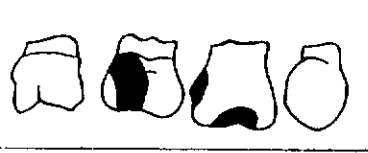
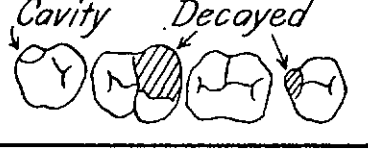
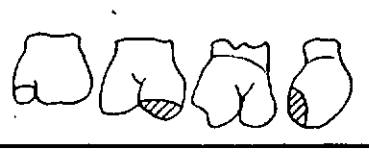
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**Left shoe (10 size)
Some pieces of blanket and clothing.**

Unidentifiable by reason of lack of sufficient identifying data.

N. W. Z.
N. W. HARRISMAN
 Captain, CIC
 Operations Officer
 AORS, Marine Zone

CK

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
No Teeth															
Side Views															
Top 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."

No Mandible or Maxilla present.

Certified true copy: *H W Harriman*
 H. W. HARRIMAN
 Captain, QMC
 Operations Officer

/s/ Uldric E. Conerly, Capt.,
 T.C.

19. BLACK OUT PARTS OF BODY NOT COVERED



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

All long bones missing except left tibia and fibula, and lower half of broken femur. Skull, mandible and maxilla and most other bones missing.

CK

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

WILDRIC E. COMBERLY, Captain, CAC

Wilder E. Comberly

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-7				2. DATE OF REPORT 11 Oct 48			
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima			4. PLOT 1	5. ROW 6	6. GRAVE 134	7. DATE OF DISINTERMENT REINTERMENT 28 Aug 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10 1/2"	10. COLOR OF HAIR UTD	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

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

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

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)

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Some pieces of blanket and clothing.**

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H. W. H.
**H. W. HARRIMAN
Captain, QMC
Operations Officer
AGNS, Marbo Zena**

CE

18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side Views																	Side Views
Top Views																	
Side Views																	
	16	15	14	13	12	11	10	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."

No Mandible or Maxilla present.

Certified true copy:

H. W. HARRIMAN
H. W. HARRIMAN
Captain, QMC
Operations Officer

G. D. Pugh

/s/ Uldric E. Conerly, Capt.,
T.C.

19. BLACK OUT PARTS OF BODY NOT COVERED



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SIGNATURE OF MEDICAL OFFICER

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ULDRIC E. CONERY, Captain, CAG

Uldric E. Conery

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

~~28 August 1947~~
 Date

UNKNOWN	X-7				
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
				3rd Marines	
	UNIT	ORGANIZATION			
Iwo Jima	3rd Marines Cem	1	6	134	
PLACE OF DEATH	PLACE OF BURIAL	PLCT	ROW	GRAVE NO.	

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

INSIDE - LOOKING OUT

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

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING LOWER HALF OF BOX
	EXTRACTED	
	CAVITY, INDICATE LOCATION	
	FULL BRIDGE (INCL. ABUTMENTS)	
	TEETH REPLACED BY DENTURE	
	PROSTHODONTICALLY MISSING	
	AMALGAM (SILVER)	MESIAL (BETWEEN TOWARD FRONT)
	GOLD	OCCUSAL (BIT SURFACE BACK)
	SILICATE OF PORCELAIN	DISTAL (BETWEEN TOWARD BACK)
	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
		FACTIAL (TOWARD CORNER)

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., PORCELAIN 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.

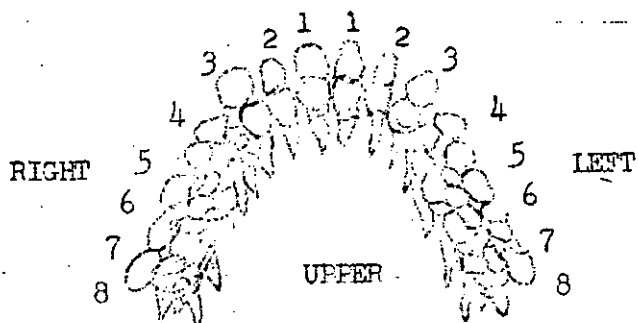
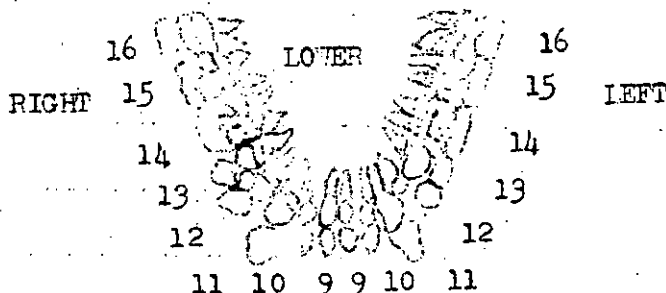


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

Entire mandible and maxilla missing.

Koon
SIGNATURE OF PERSON WHO PREPARED CHART

KOON INN 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 GRS OFFICER

JOHN H. HAINES 2nd Lt., Inf

NAME AND RANK TYPED OR PRINTED

28 August 1947

DATE

RESTRICTED

WD QMC Form 1042 (Rev. 1 Apr. 45) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 28 August 47
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Imprint ID if Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center;"> REPORT OF DISINTERMENT </div>	Section 1. - IDENTIFICATION		
	NAME (Last, first, middle initial) UNKNOWN X-7 Box No. 811		SERIAL NO.
	GRADE	ORGANIZATION 3rd Mar Division	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	

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, fill in section 5 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes nor No)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION SAME

Left shoes, some rags and ammunition 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MKK	PLOT#	ROW NO	GR NO.
28 Feb 45				1	6	134

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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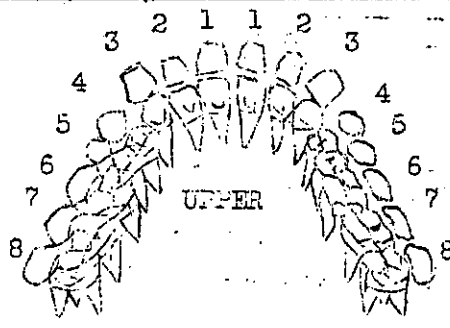





TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF ID NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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ID BURIED WITH BODY (Yes or No)	ID ATTACHED TO MARKER (Yes or No)
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BODY BURIED ON DECEASED LEFT, NAME (Last, 1st middle, initial) Jones, Harry W.	RANK 1st Lt	SERIAL NO 023580	ORG. USMC	GR. NO. 135
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BODY BURIED ON DECEASED RIGHT, NAME (Last, 1st middle initial) Miller, Curtis G.	RANK Cpl	SERIAL NO 549770	ORG. USMC	GR. NO. 133
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SIGNATURE OF PERSON PREPARING REPORT <i>JOSE L. ELISES</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>W. Coey / ut</i>
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LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS. INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains, with an anatomical chart showing below, and also other clues under "Other," such as exact date, exact assembly number, position of body found in airplane, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint or prints are the most valuable of all clues. Imprint all fingers and thumb in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BURN MARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS: Silver filling 				
RIGHT THUMB	CAVITIES: Cavity decayed 				
RIGHT INDEX FINGER	MISSING TEETH: Tooth missing 				
RIGHT MIDDLE FINGER	CROWNED TEETH: Porcelain crown 				
RIGHT RING FINGER	BRIDGE WORK: Gold bridge 	DIAGRAM REPRESENTS THE MOUTH 16 WIDE OPEN 16 15 LOWER 15 14 14 13 13 12 12			
RIGHT LITTLE FINGER	FURNISH SURVEY AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
RIGHT RING FINGER					
RIGHT LITTLE FINGER	REMARKS: Condition of Remains: All long bones missing except left tibia and fibula and lower half of broken femur. Skull, mandible and maxilla and most other bones missing.				

REPORT OF INTERMENT

UNKNOWN #7

(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)

134

(Grave Number)

6

(Row Number)

1

(Plot Number)

(Religion, if known)

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

(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