

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-4NK-4th Mar Div - IAWO JIMA X-1

SUBJECT

nfm

Interred 30 Mar 1950
F 6 109 Ft. McKinley

Carl H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

1

Cemetery Superintendent
SECTION A -

DIRECTIVE NUMBER

DATE

NAME AND BURIAL LOCATION OF DECEASED

5531 81198

29 03 50

DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN X-1

CEMETERY 293

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

4TH MARINE DIVISION CEMETERY, IWO JIMA

1

10

486

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN X-1

29 Mar '50

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

PAUL R NICHOLS

Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Mar '50

BY

PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

Paul R. Nichols
PAUL R NICHOLS

CASKET BOXED AND MARKED

RAYMOND H TANGUAY,
Sgt 1c, RA

SHIPPING ADDRESS VERIFIED BY

DATE 29 Mar '50

L. W. RICHARDSON, M/Sgt, RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt, RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
25 APR 1950
REPATRIATION
BRANCH
MCCP RVN.

Janis

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>Carol Ann Mark</i>	DATE MAR 3 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

AIR MAIL

293 unk Iwo Jima (misc) 4th Marine Div

CINCPAC 293
GRS Far East

X-1 X-17 X-18 X-20 X-22 X-24
X-25 X-29 X-90 + X-95

APR 3 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 GRPE-293, dated 10 March 1950, subject: Unidentifiable Remains.

2. The unknown remains listed in the above referenced letter were recommended as unidentifiable per Marbo Zone letters, file 293 MDGRS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New GIC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file CMCRT 293, dated 6 December 1948 and 1st Indorsement, file CINCPAC 293 GRS Far East, dated 7 December 1948.

3. In view of the above previous action, Certificates of Unidentifiability are returned herewith for cancellation.

4. The above referenced unknowns, X-1, X-17, X-18, X-20, X-22, X-24, X-25, X-29, X-90 and X-95 4th Marine Division, Iwo Jima are listed on FEA Unit Roster #9, page 1.

FOR THE QUARTERMASTER GENERAL:

made for each unk (misc) number

- 14. Incls
- 1-10. Certificates of Unident.
- 11. Marbo Zone ltr dtd 15 Oct 48
- 12. Marbo Zone ltr dtd 12 Nov 48
- 13. 1st Ind dtd 6 Dec 48
- 14. 1st Ind dtd 7 Dec 48

T. H. 1572
Lt Colonel, OIC
Memorial Division



CJM
WEM

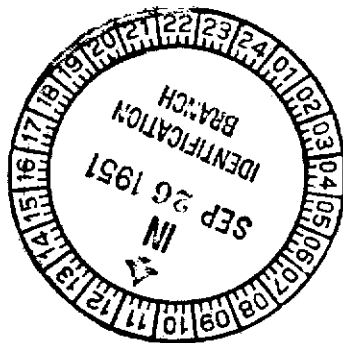
CC: CINCPAC
VLB

AIR MAIL

filed 293 by R.S. for East ident

APR 27 PM '50
MAIL & RECORDS BRANCH
O. D. M. G.

1951



3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 81196

DATE
29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 1
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA
PLOT: 1 ROW: 10 GRAVE: 486
DISPOSITION OF REMAINS: 7701 CODE 80 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: [] SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: []
IDENTIFICATION TAG ON: [] REMAINS [] MARKER [] ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: [] NAME AND TITLE: []

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [] CONDITION OF REMAINS: []
OTHER MEANS OF IDENTIFICATION: []

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: [] BY: []
CASKET SEALED BY: [] EMBALMER (Signature): []

CASKET BOXED AND MARKED
DATE: [] BY: []
SHIPPING ADDRESS VERIFIED BY: []

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*File program 50
of May
of Report*

Incl # 32

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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

QMS: 293

Unknown X-1

2nd Ind

Iwo Jima (4th Mar)

Dept of the Army, OQMS, Washington, D. C.

16 September 1948

TO: Commanding General, Mariana-Bonins Command, APO 240, c/o Postmaster, San Francisco, California

ATTENTION: AGRS, Barbo Zone

1. Fingerprints submitted for Unknown X-1, Fourth Marine Division Cemetery, Iwo Jima, Plot 1, Row 10, Grave 486, have been compared, insofar as possible, but were not found to be identical.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

2 Incls w/d

T. H. METZ
Lt. Colonel, CIC
Memorial Division

NJS

SEP 16 1 06 PM '48
O. D. M. G.
FIL & RECORDS BRANCH



JJP

NJS

1
2
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10

RECEIVED
JAN 19 1949
JOHN B. ...

HEADQUARTERS
MARIANAS BONINS BASE COMMAND

AG 293 MBGRS
Unk X-1
4th MAR, Iwo Jima

APD 246
24 March 1948

SUBJECT: Identification of Finger Prints

TO : Commanding General
Marianas Bonins Command
APO 246 (Guam)

1. Forwarded herewith two Certificates of Death of remains Unknown X-1 formerly interred Fourth Marine Division Cemetery, Iwo Jima, Volcano Islands, Plot 1, Row 10, Grave 486.

2. Remains X-1 being held in above ground storage pending investigation by The Quartermaster General to establish identification.

FOR THE COMMANDING GENERAL:

2 Incls:
1-Certificate of Death
UNK X-1 (4th Mar., I.J.)
2-Certificate of Death
Unk (Found in grave 486)

ELDON V. MORGAN
WOJG USA
Asst Adj Gen

AG 293 (24 Mar 48) MBGRS

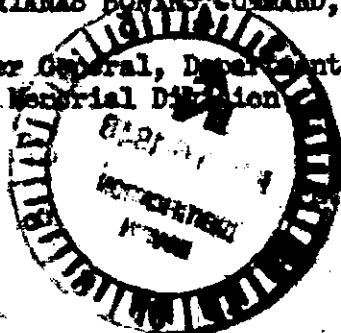
1st Ind

MAR 25 1948

HEADQUARTERS, MARIANAS BONINS COMMAND, APO 246, 24 March 1948

TO: Quartermaster General, Department of the Army, Washington, 25, D.C.
ATTENTION: Memorial Division

2 Incls:
n/c



Vertical handwritten notes on the right margin, including "11/3" and "Marianas Bonins".



293 *leak*. *Savo Jima 4-1 (4th Marine Div)*

CGHBT 293 Dak X-1
4th Marine Div, Iwo Jima

Fingerprint Comparison

The Adjutant General
SERM Sub-Section
Casualty Section
Personnel Actions Branch
5E-777, The Pentagon

OCMG
Memorial Division

12 August 1948

LSTZ/74059

1. The inclosed Certificate of Death is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the form.

FOR THE QUART. MASTER GENERAL:

1 Incl
Certificate of Death

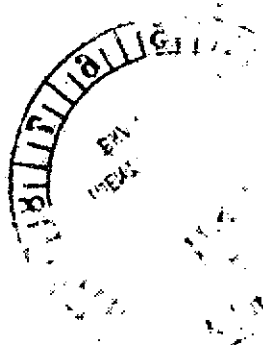
T. H. LITZ
Lt. Colonel, QEC
Memorial Division

JJP

NJS

AUG 12 8 36 AM '48
MAIL & RECORDS BRANCH

[Handwritten signature]



35-60

DISINTERMENT DIRECTIVE

803-79A-7

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 00000

DATE
15 11 47
DAY MONTH YEAR

NAME UNKNOWN X-000001		SERIAL NUMBER X-000001	RANK ---	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY IWO JIMA 4TH MARINE DIV CEM					DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.
PLOT 1	ROW 10	GRAVE 486	COUNTRY KAZAN RETTO		CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUAM NATIONAL CEMETERY GUAM, MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-1	SERIAL NUMBER Unknown	RANK Un- known	DATE OF DEATH Unknown	DATE DISTINTERRED 18 Nov 1947
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	REGION Unknown	IDENTIFICATION VERIFIED BY Roy H. Oestreich, Capt INF NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasketed; shroud, shelter-half	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary plate	

MINOR DISCREPANCIES ?
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 8 Dec 1948 BY S. Sibley, Embalmer

CASKET SEALED BY S. Sibley, Embalmer
EMBALMER (Signature)
Mr. Joseph E. Speer

CASKET BOXED AND MARKED
DATE 8 Dec 48 BY F. Coleman
SHIPPING ADDRESS VERIFIED BY
Jose Presas, Clerk

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

ROY H. OESTREICH, Capt, INF

SIGNATURE OF GRS INSPECTOR

CANCELLED

SEP 1 1949

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM, SAIPAN, M. I.		TO PORT STORAGE OFFICER, SAIPAN, M. I.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Charles W. Kelley</i> CHARLES W. KELLEY, Capt, CAC	DATE 8 Dec 1948	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 8 Dec 48

2. SHIPPED

FROM AGRS PORT (SAIPAN, MI)		TO MASTER FS-278	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Harold E. Fike</i> HAROLD E. FIKE, CAPTAIN INF	DATE 12 Jan 49	SIGNATURE OF RECEIVER <i>Radial Bonida</i>	DATE 12 Jan 49

3. SHIPPED

FROM MASTER FS-278		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Radial Bonida</i>	DATE 24 Jan 49	SIGNATURE OF RECEIVER <i>E. H. Newman</i> E. H. NEWMAN JR., Capt., FA.	DATE 24 Jan 49

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

CR+D

SECURITY CLASSIFICATION (if any)

WAR DEPARTMENT

DISPOSITION FORM

10
13

FILE No. QMGMT 293 Unk X-1
4th Marine Div, Iwo Jima

SUBJECT
Fingerprint Comparison

TO
The Adjutant General
SR&D Sub-Section
Casualty Section
Personnel Actions Branch
5E-777, The Pentagon

FROM
OQMG
Memorial Division

DATE 12 August 1948 COMMENT No. 1
METZ/74059

1. The inclosed Certificate of Death is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the form.

FOR THE QUARTERMASTER GENERAL:

✓ Incl
Certificate of Death

T. H. Metz
T. H. METZ
Lt. Colonel, OMC
Memorial Division

293649 X-1 Unknown Deceased

TO:	FROM:	DATE:	COMMENT #2
The Quartermaster General Memorial Division Room 2320, Temp. Bldg. B.	Personnel Act. Br. AGO Cas. Sec. 1B741 Pentagon Washington 25, D. C.	24 Aug 48	Vannest 1B741

Certificate of Death, Unknown X-1, 4th Marine Division, Iwo Jima, returned, unidentified by FBI.

BY ORDER OF THE SECRETARY OF THE ARMY:

1 Incl.
n/c

Paulsen
Adjutant General

(4th Marine Div)

RECEIVED
18 AUG 1948
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

RECEIVED
AUG 26 1948
IDENTIFICATION
BRANCH
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

RECEIVED
AUG 25 1948
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

RECEIVED
AUG 25 1948
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

RECEIVED
AUG 13 1948
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

27 Sept 51

An FBI check of the
fingerprints ^{with} of X-1 - 4th Marine Com.
with those of Scarchilli, Joseph
Cpt - 419336.
In June

— was negative.

Wm W
Mund...
Lt Col Ed Lee

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1.	Chief, Navy Sect. MemDiv OQMG	Ident. Sect. Marine Corps. Hdqtrs.	13 April 1948	<p>1. Attached herewith is Cert. of Death for Unk X-1, formerly interred 4th Marine Div Cem., Iwo Jima.</p> <p>2. It is requested that the fingerprints be checked against your files as to possibility of identifying this unknown.</p> <p>3. It is further requested that this office be informed via telephone (War Dept Ext 73380) when comparison has been completed.</p> <p style="text-align: right;"><i>J.K. Waite</i> J.K. WAITE Lieut. (MSC) USN</p> <p>1 Incl: (1) Death Cert for Unk X-1</p>
* * * * *				
2.	Chief, Navy Sect. MemDiv	Chief, Ident. Sect. ID BR MemDiv.	4 August 1948	<p>1. Request attached fingerprint for Unk X-1, Fourth Marine Division Cemetery Iwo Jima, be checked with the FBI for possible identification.</p> <p>2. Identity could not be established by Navy or USMC.</p> <p style="text-align: right;"><i>Waite</i> WAITE 73880</p> <p>2 Incls: (1) Cert of Death X-1 (2) Correspondence</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

CERTIFICATE OF DEATH

(1)

From: FOURTH MARINE DIVISION, FMF, c/o FPO, SAN FRANCISCO, CALIFORNIA.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D.C.

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNKNOWN Rank or rate _____

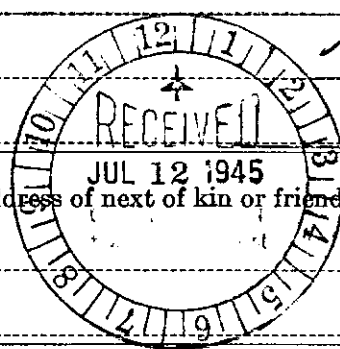
2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White-U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) Health Record not available.

Handwritten notes:
MAD 739
Mordant
13/12/46
FINGERPRINT



State which finger Lt. Index
(Right index preferred)

6. Relation, name and address of next of kin or friend Not available

7. Original admission: Place 4th Mar.Div., FMF, In The Field Date Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place 4th Mar.Div., FMF, In The Field Date Unknown Hour #2545

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter "K"
Contributory _____

10. Death is not the result of own misconduct and is in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains Interred in the Fourth Marine Division Cemetery,
Plot 1, Row 10, Grave 486, Iwo Jima, Volcano Islands, 2-28-45.

12. Summary of facts relative to the death: Killed in action against an organized enemy on Iwo Jima. Only left arm present; rest of body missing. All obtainable fingerprints were made.

Left Thumb

Lt. Little Fing



PROPERTY STATE
NOTED

Low 11

SOLE INVEST

THE OFFICER, WHO IS DESCRIBED AS BEING

CHIEF OF THE DIVISION OF THE BUREAU OF INVESTIGATION

OF THE DEPARTMENT OF JUSTICE

AND TO THE EFFECT THAT THE ABOVE NAMED OFFICER

IS CURRENTLY ON THE WANTED LIST OF THE DEPARTMENT

OF JUSTICE

TO

THE OFFICER IS CURRENTLY ON THE WANTED LIST

OF THE DEPARTMENT OF JUSTICE

AND IS CURRENTLY ON THE WANTED LIST

OF THE DEPARTMENT

OF JUSTICE

147 17 1102

CAUSE NO. 100

147 17 1102

C. L. Saint
C. L. SAINT

(Medical officer)

Lt. (MC)

(Rank)

M. C., U. S. Navy R.

Approved: Court of inquiry or board of investigation will not be held.

(Will or will not)

J. H. Berry
J. H. BERRY

(Commanding officer)

Lt. Col.

(Rank)

U. S. ARMY

(Ass't. C. of S. G-1)

USMC.

CONFIDENTIAL - THIS INFORMATION IS UNCLASSIFIED

CERTIFICATE OF DEATH

(1)

From: FOURTH MARINE DIVISION, FMF, c/o FPO, SAN FRANCISCO, CALIFORNIA.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNKNOWN Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) None found not available.

FINGERPRINT



State which finger Lt. Index
(Right index preferred)

6. Relation, name and address of next of kin or friend Not available

7. Original admission: Place 4th Mar. Div., FMF, In The Field Date Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place 4th Mar. Div., FMF, In The Field Date Unknown Hour 2245

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter "K"
Contributory _____

10. Death is not the result of own misconduct and is in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains Interred in the Fourth Marine Division Cemetery,
Plot 1, Row 10, Grave 486, Iwo Jima, Volcano Islands, 2-28-45.

12. Summary of facts relative to the death: Killed in action against an organized enemy on Iwo Jima. Only left arm present; rest of body missing. All obtainable fingerprints were made.

CASUALTY STATEMENT NOTED MMK

Left Thumb

Lt. Little Ping

Summary of facts—Continued

G. L. SAINT

(Medical officer)

Lt. (MC)

(Rank)

M. O., U. S. Navy. R.

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

J. R. BERRY

(Commanding officer)

Lt. Col.

(Ass't. C. of S. G-1)

U. S. Navy

USMC.

CERTIFICATE OF DEATH

(1)

From: FOURTH MARINE DIVISION, FMF, c/o FPO, SAN FRANCISCO, CALIFORNIA.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

- 1. Name UNKNOWN X-K Rank or rate _____
- 2. Born: Place _____ Date _____
- 3. Nationality _____ Religion _____ (Denomination)
- 4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____
- 5. Marks, scars, etc. (noted in health record) Health Record not available.

FINGERPRINT



State which finger Left Index
(Right index preferred)

6. Relation, name and address of next of kin or friend Not available

7. Original admission: Place 4th Mar. Div., FMF, In The Field Date Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place 4th Mar. Div., FMF, In The Field Date Unknown Hour #2545

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter *K*
Contributory _____

10. Death is not the result of own misconduct and is in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains Interred in the Fourth Marine Division Cemetery,
Plot 1, Row 10, Grave 486, Iwo Jima, Volcano Islands, 2-28-45.

12. Summary of facts relative to the death: Killed in action against an organized enemy on Iwo Jima. Only left arm present; rest of body missing. All obtainable fingerprints were made.

44794 Left Thumb

Lt. Little Finu

to identify
per 12.11.
(Continue on back of this form)

*No ident
F.B.I. War
Causality File
S.F.P.S.
P-20-4852*

5-18-48

This is to identify hand file Navy CSC 517408

Summary of facts—Continued

C. L. SAINT

(Medical officer)

Lt. (MC)

(Rank)

M. C., U. S. Navy. R.

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

J. H. BERRY

(Commanding officer)

Lt. Col.

(Ass't. C. of S. G-1)

U. S. Navy

USMC.

GRAVES REGISTRATION SECTION
FOURTH MARINE DIVISION, FMF
UNKNOWN AND PARTIALLY IDENTIFIED
INFORMATION SHEET

LEFT HAND

RIGHT HAND

LEFT HAND
GRAVE NO. 486

LITTLE FINGER

FINGER PRINTS TAKEN. (YES) (NO). REASON IF NO. _____

DENTAL CHART TAKEN. (YES) (NO). REASON IF NO. _____

No head.

HEIGHT _____ WEIGHT _____ COLOR OF EYES _____

COLOR OF HAIR _____ TATTO MARKS _____

SCARS, BIRTHMARKS, OR BODY DISFIGURATION. _____

LAUNDRY MARKS _____

NAME AND MARKS ON CLOTHING. _____

ARTICLES FOUND ON BODY. _____

028583

WEAPON NO. _____ REMARKS All left of body

is left hand and foot. Rest of body missing.

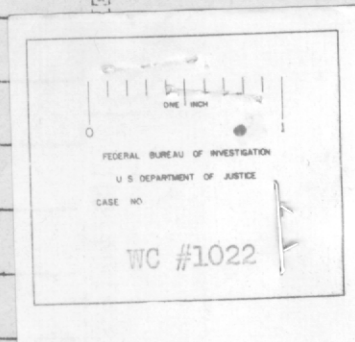
CORPSMAN

GRAVES REGISTRATION OFFICER

RING FINGER

MIDDLE FINGER

THUMB



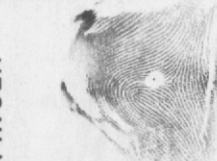
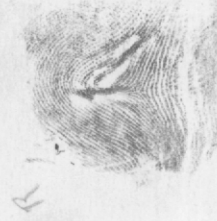
THUMB

INDEX FINGER

MIDDLE FINGER

RING FINGER

LITTLE FINGER



Acorn

W. Sonnenberg
CORPSMAN

12 Mark to identify in Navy @ 5C

incl 2

6/25/46

CERTIFICATE OF DEATH

From: _____

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Unknown Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ (White—U. S., Colored, etc.) _____ (Denomination)

Eyes _____ Hair _____ Height _____ Weight _____

Marks, scars, etc. (noted in health record) _____

FINGERPRINT

State which finger _____ (Right index preferred)

Occupation, name and address of next of kin or friend _____

Original admission: Place _____ (Ship or station to which attached when admitted to sick list) Date _____

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct _____ in the line of duty.
(Is or is not) _____ (or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

one arm (left) fractured

Summary of facts—Continued

5
4. E

..... (Medical officer) (Rank) M. C., U. S. Navy.

Approved: Court of inquiry or board of investigation (Will or will not) be held.

..... (Commanding officer) (Rank) U. S. Navy.

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO QMGYG 293

WASHINGTON 25, D. C.

UNKNOWN
(4th MarDiv Cem, Iwo Jima)

11 July 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

SUBJECT: Non-identification of Unknown Buried in Fourth Marine Division Cemetery, Iwo Jima.

1. Fingerprints on the inclosed Report of Interment and Identification Information Sheet for an Unknown buried in Grave 486, Row 10, Plot 1, Fourth Marine Division Cemetery, Iwo Jima, have been checked by the Identification Section, Bureau of Naval Personnel, and reported as unable to be identified as belonging to a member of the Naval Service.

2. It is suggested that these fingerprints, and those on the inclosed Certificate of Death, be forwarded to the Federal Bureau of Investigation for possible identification as belonging to a member of some other branch of the service.

3. The Marine Corps Identification Section was also unable to establish identification.

J. K. Waite
J. K. WAITE
Lieut. (HC), USN
Navy Liaison Officer, AGRS.

3 Incls:
Report of Interment
Identification Information Sheet
Certificate of Death

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-1, 4th Marine, Iwo Jima				2. DATE OF REPORT 3 March 50		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.		4. PLOT 1	5. ROW 10	6. GRAVE 486	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION				AGE: UTD	
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6½"	10. COLOR OF HAIR UTD		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

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

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











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><i>Gold Crown, 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, Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
LOWER															
← MANDIBLE								MISSING →							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

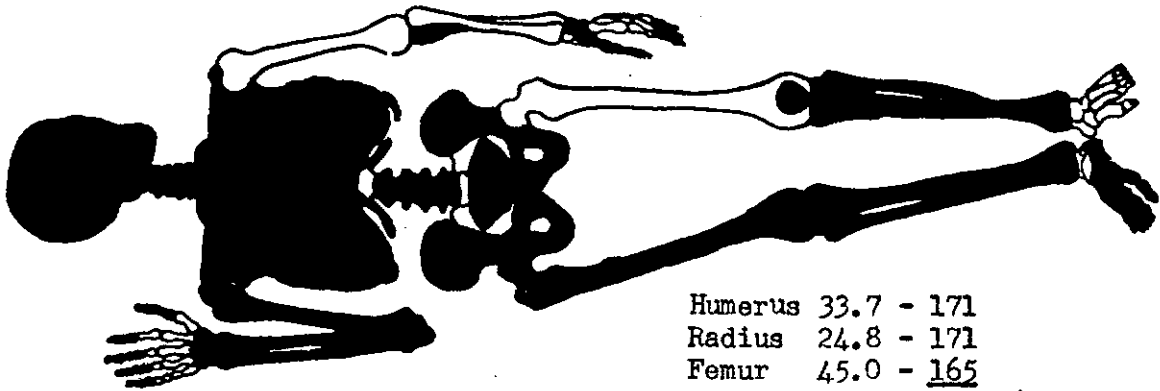
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary or mandibular teeth present with remains.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

Paul 13
 OMC FORM 1044a
 18 MAR 47

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus 33.7 - 171
 Radius 24.8 - 171
 Femur 45.0 - 165
 507-169
 3

Estimated height: 5'6½"

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

(1) Height - 5'6½"

See attached anthropologist's statement dated 3 March 1950.

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

ROBERT B. FOX
 Anthropologist

SIGNATURE

CENTRAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, MANILA, P. I.

3 March 1950

S T A T E M E N T

Reference: UNK X-1, 4th Marine, Iwo Jima


The above remains was processed by me this date for proper segregation, and new QMC Forms 1044 accomplished.

Two (2) tibiae and two (2) fibulae were found improperly associated with the above remains. These four bones belonging to one (1) other individual have been assigned CIL #572. The remains left, after removing the improperly associated bones, consists of only one (1) left femur, one (1) left radius, one (1) left humerus, and a few minor bones. The size, texture, muscularity, as well as general bone morphology of these remaining bones, denotes that this remains is now properly associated, and represents one and the same individual.

The paucity of the remains, and the fact that it lacks a cranium, precludes identification as to race, sex, or estimations as to age and weight. Moreover, the absence of a mandible or maxilla, or any loose teeth, precluded accomplishment of Form 1044a.

The measurements of the long bones present yielded the following height estimate:

humerus	-	33.7	-	171
radius	-	24.8	-	171
femur	-	45.0	-	165
				<u>3/507</u>
				169 or <u>5'6 1/2"</u>


ROBERT B. FOX
Anthropologist

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1			2. DATE OF REPORT 11 Oct 1948		
3. NAME OF CEMETERY 4th Marine, Iwo Jima	4. PLOT 1	5. ROW 10	6. GRAVE 486	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 69¹¹/₂	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	--	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate on Marker:
UNKNOWN
P-1, R-10, Gr-486**

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Most of upper portion missing**

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)

1. Parts of Marine pants.
2. Parts of Marine shirt.
3. Left shoe - G.I. 8 E.
4. Canteen (No Markings)

Unidentifiable by reason of lack of sufficient identifying data.

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

- IDENTIFICATION DENTAL CHART

DATE

NAME (Last, First, Middle Initial)

UNKNOWN X-1

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

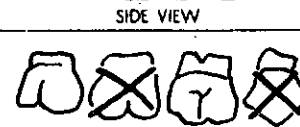
PLACE OF BURIAL

PLOT

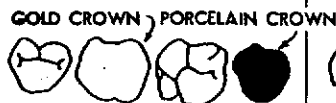
ROW

GRAVE

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:



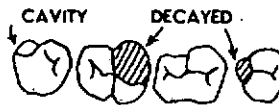
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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					
													SIDE VIEWS							
													UPPER							
													LOWER							
													16	15	14	13	12	11	10	9

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."

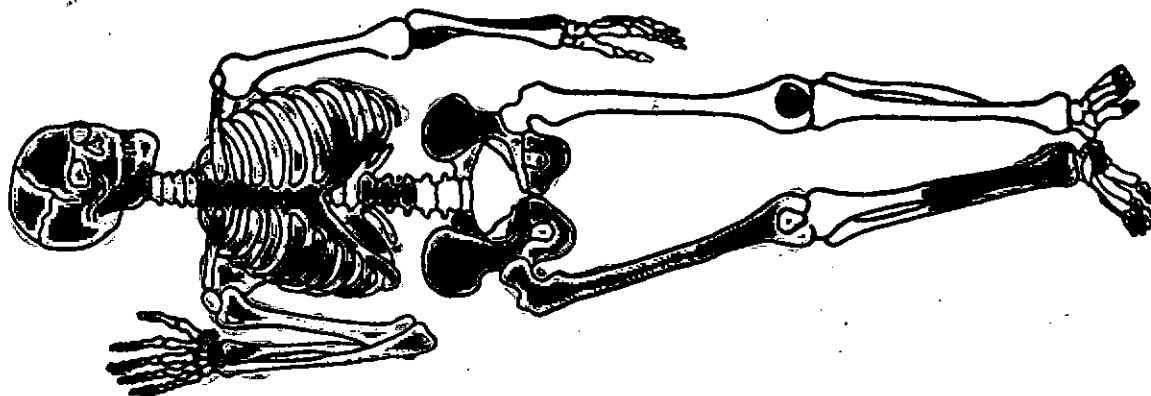
Mandible and maxilla missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

C. E. Wilkerson
C. E. WILKERSON

VERIFIED BY GRS OFFICER

Roy H. Oestreich
ROY H. OESTREICH, Capt., Inf.



Skeletal remains incomplete

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

1. Mortuary Plate on Marker:

UNKNOWN

P-1, R-10, G-486

2. Height Determined By Broca

Measurements: 69½"

3. Size of Shoe: 8E

4. Major Discrepancy: Extra L. Talus and L. ulna.

Disposition: Removed, given CIL #48 and placed in storage.

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

Roy H. Oestreich
ROY H. OESTREICH, Capt., Inf.

23 Aug. 1948

IDENTIFICATION CHECKLIST

Unknown X-1
Cemetery 4th Mar. Iwo Jima
Plot 1 Row 10 Grave 481

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART 1
Physical Description

- 1. Estimated weight UTD
- 2. Estimated height 69 1/2"
- 3. Color of hair UTD
- 4. Race UTD
- 5. Tattoos or scars on the body (give description) No

(Information obtained from other

sources _____

- 6. Was tooth chart taken? No If not, explain _____

Maxilla and mandible missing.

- 7. Were fingerprints taken? No

- 8. Cause of death Unknown

- 9. Was body burned? No To what extent? _____

- 10. Are any parts of the body missing or severed? See Blackout Chart

- 11. Is there any evidence of first-aid or other medical treatment? _____

UTD

- 12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found

- 13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Marine

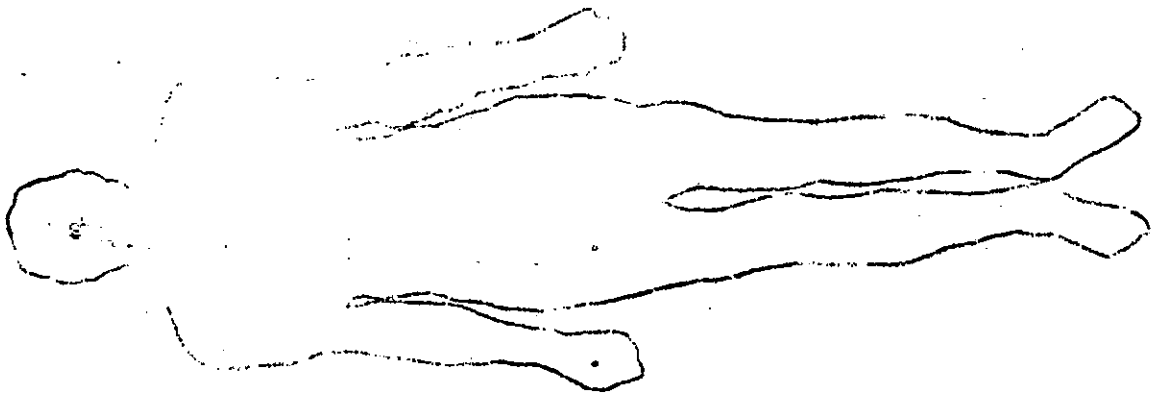
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: Left shoe - 8E,
(Marine Shirt and Pants) portions of canteen

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination None

16. Evidence of healed fractures No

17. Black out parts of body not received at cemetery.



18. REMARKS: _____

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

Roy H. Oetreich
Roy H. Oetreich

Officer's name
Capt. Inf.
Rank Service

Organization

Central Identification Laboratory

PHOTOGRAPHIC FINDINGS

for

IDENTIFICATION

5 Dec 47
Date

Unknown X- 1

W-3 - D - 60
Location in Mausoleum

4th Mar. Div. Cemetery
Organization

Iwo Jima Iwo Jima
Place of Death Place of Burial

1 10 486
Plot Row Grave

Findings:

COPY OF DEATH CERTIFICATE SHOWING FINGER PRINT OF
LEFT INDEX FINGER.

Elmer L. Merrow
ELMER L. MERROW

Photographer's Signature

C.I.L. Case No.

MARBO SEC #3. 14 Oct 1947

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 GROWN PORCELAIN GROWN 	
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																	UPPER
																	LOWER
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 teeth.

Gary P. Singh

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

To: Bureau of Medicine and Surgery, U.S. Department of the Navy
(See Circular Letter R-5, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNKNOWN X-X Rank or rate _____
2. Born: Place _____ Date _____
3. Nationality _____ (White—U. S., Colored, Samoan, etc.) Religion _____ (Denominations)
4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____
5. Marks, scars, etc. (noted in health record) Health record not available.

FINGERPRINT

6. Relation, name and address of next of kin or friend Not available
State which finger (Right)

7. Original admission: Place 4th Mar. Div., FMF, In The Field, etc. Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place 4th Mar. Div., FMF, In The Field Date Unknown Hour 2545

9. Cause of death
Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter _____
Contributory _____

10. Death is not the result of own misconduct and is in the line of duty.
(is or is not) (is or is not)

11. Disposition of remains Interred in the Fourth Marine Division Cemetery
Plot 1, Row 10, Grave 486, Iwo Jima, Volcano Islands, 2-28-

12. Summary of facts relative to the death: Killed in action against an organized enemy on Iwo Jima. Only left arm present; rest of body missing.
All obtainable fingerprints were made.

FINGERPRINT



State which finger Lt. Index
(Right index preferred)

friend Not available

...FMF, In The Field Date Unknown
(attached when first admitted to sick list)

The Field Date Unknown Hour _____

...TION, DETAILS NOT KNOWN #2545
Key Letter "K"

conduct and is in the line of duty.
(Is or is not)

he Fourth Marine Division Cemetery,

wo Jima, Volcano Islands, 2-28-45.

PROPERTY RECORDS NOT

FINGERPRINT



State which finger Lt. Index
(Right Index preferred)

Friend Not available

7. FWF, In the Field Date Unknown
(attached when first admitted to stock list)

The Field Date Unknown Hour

STATION, DETAILS NOT KNOWN Key Letter "K"

conduct and in the line of duty.
(Is or is not)

the Fourth Marine Division Cemetery.

Two Jime, Volcano Islands, 2-28-45.

The Field Date Unknown Hour _____

ACTION, DETAILS NOT KNOWN #2545
Key Letter "K"

misconduct and is in the line of duty.
(Is or is not)

the Fourth Marine Division Cemetery,

Iwo Jima, Volcano Islands, 2-28-45.

Killed in action against an organized
left arm present; rest of body missing.

are were made.

Left Thumb

CASUALTY STATEMENT
NOTED

Lt. Little Fin

(Continue on back of this form)

(White—U. S., Colored, Samoan, etc.)

Religion

(Denomination)

Hair

Complexion

Height

Weight

s, etc. (noted in health record)

Health Record not

le.

FINGERPRINT

State which finger Lt. Index
(Right index preferred)

name and address of next of kin or friend Not available

Assignment: Place 4th Mar. Div., FMP, In The Field Date Unknown

(Ship or station to which attached when first admitted to duty)

4th Mar. Div., FMP, In The Field Date Unknown Hour

#2845

Key Letter "K"

Principal KILLED IN ACTION, DETAILS NOT KNOWN

Contributory

not the result of own misconduct and is in the line of duty.

Interred in the Fourth Marine Division Cemetery.

Row 10, Grave 486, Iwo Jima, Volcano Islands, 2-28-45.

facts relative to the death: Killed in action against an organized
Iwo Jima. Only left arm present; rest of body missing.
able fingerprints were made.

Left Thumb

Lt. Little Fin

The Field Date Unknown

Hour

ACTION, DETAILS NOT KNOWN #2545 Key Letter "K"

misconduct and 1A in the line of duty.
(Is or is not)

the Fourth Marine Division Cemetery,
Iwo Jima, Volcano Islands, 2-28-45.

Killed in action against an organized
left arm present; rest of body missing.
s were made.

Left Thumb

CASUALTY STATE
NOTED

Lt. Little P1m

continue on back of this form)

Height -----
Weight -----
Health Record not

FINGERPRINT



State which finger lt. Index
(Right index preferred)

Friend Not available

1. FMP, In The Field Date Unknown
(attached when first admitted to sick list)

The Field Date Unknown

STION, DETAILS NOT KNOWN Hour #2845
Key Letter "K"

conduct and 1A in the line of duty.
(Is or is not)

the Fourth Marine Division Cemetery.

Height -----
Weight -----
Monthly Record not

FINGERPRINT

State which finger Lt. Index
(Right index preferred)

Friend Not available

1. F.M.F. In The Field Date Unknown
attached when first admitted to sick list)

The Field Date Unknown Hour #2845
Key Letter "Y"

conduct and 18 in the line of duty.
(Is or is not)
The Fourth Marine Division Cemetery.

RESTRICTED

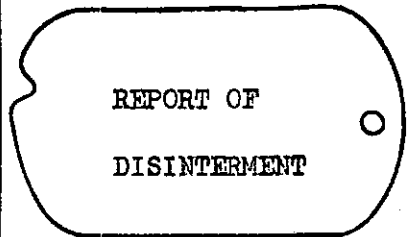
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

20 August 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1		SERIAL No.
BOX No. 123		
GRADE	ORGANIZATION 4th Marine	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Iwo Jima	CAUSE OF DEATH Unk	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

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 28 Feb 45	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 1	ROW No. 10	GRAVE No. 486
-----------------------------	------	---	----------------------	---------------	---------------	------------------

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 STATION FILE
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Keane, John P. 9	RANK Cpl	SERIAL No. 517944	ORGANIZATION USMC	GRAVE No. 487
--	-------------	----------------------	----------------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Lingo, John	RANK Pm3	SERIAL No. 8003414	ORGANIZATION USN	GRAVE No. 485
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SIGNATURE OF PERSON PREPARING REPORT Emilio E. Costales	SIGNATURE OF GRS OFFICER VERIFYING REPORT
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NOTE: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

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) A fingerprint, 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.

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

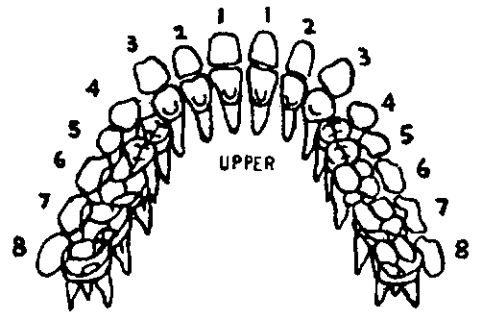
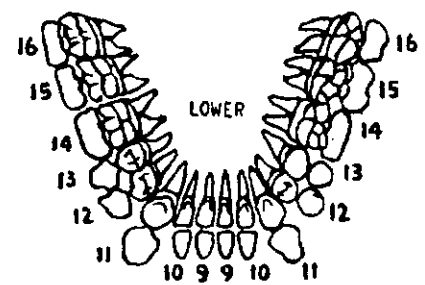
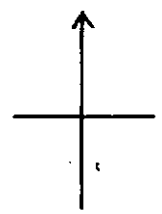


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: **Condition of remains: Five long bones missing. Skull missing.**

IDENTIFICATION SECTION
REPARATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

No 333 Cash
unmarked RBM

UNKNOWN # 1

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

17

(Time and date of burial) 4th Marine Division (Name of cemetery) Iwo Jima (Name or coordinates of location)

486 10 1
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

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

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

.....
(Signature of officer or other person reporting burial)

.....
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

A TRUE COPY

E. A. MILLER, JR.
1st Lt., OMC 8076 SSA

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

5

UNKNOWN X-1 1 1
 (Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

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

486 10 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

(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 LINGO-John 800-34-14 PM3/C USNR 485
 (Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT KEANE-J.P. 517944 Corp. USMC 487
 (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

5A

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.: Left hand and foot all that is left. Rest of body missing.

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.

LMH

(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

3

2

1

THUMB

Handwritten scribble

Handwritten scribble

Handwritten scribble

Handwritten scribble