

/drs

Interred 8 Mar 1950
N 12 74 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

1

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent

DIRECTIVE NUMBER

5531 81166

DATE

28 02 50
DAY MONTH YEAR

/add

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN X - 12 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 4TH MARINE DIVISION, IWO JIMA PLOT 1 ROW 2 GRAVE 70 DISPOSITION OF REMAINS 7701 80 CODE 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 UNK X - 12 SERIAL NUMBER GRADE DATE OF DEATH 3 Mar '50 DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter CONDITION OF REMAINS Skeletal OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 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 DATE 3 Mar '50 BY Sgt 1c, RA SHIPPING ADDRESS VERIFIED BY 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

2 APR 1950
Johns

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>Carrollmark</i>	DATE MAR 8 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

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81166

28 02 50
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION

UNKNOWN X-12

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS

4TH MARINE DIVISION, IWO JIMA

1 2 70

7701 85
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. W. MCKINLEY, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

- REMAINS
MARKER

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 EMBALMER (Signature)

CASKET SEALED BY

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY SIGNATURE OF AGRS INSPECTOR

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

REMARKS AND SPECIAL INSTRUCTIONS

FILE RECORDS ANNOTATED DATE 21 April 50 NAME R. J. Johnson BR. NCM DET

Serial # 526

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

FURNISHED BY LISTCO

293 UNK
GMS Far East

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 GMPZ 293, dated 23 January 1950, Subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-6, X-10, X-12, X-13, X-19 and X-21, 4th Marine Division, Iwo Jima, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. LITZ
Lt Colonel, GMS
Memorial Division

CC: CIDRMS

memorandum 293 UNK X-6, X-10, X-12, X-13, X-19, X-21

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 12, Plot 1,
Row 2, Grave 70, USMC 4th Mar Div Cem., Iwo Jima, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



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

Attch: Form 1044

APPROVED UNIDENTIFIABLE


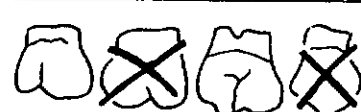
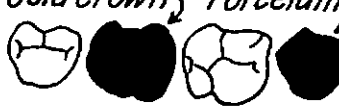



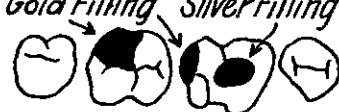



8 FEB 1950

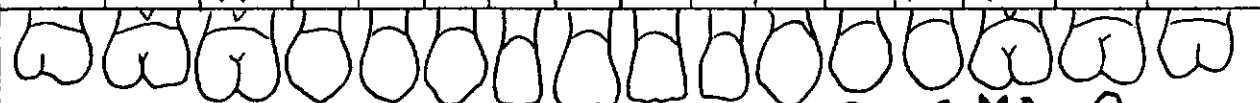



2ml 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-12				2. DATE OF REPORT 21 January 1950	
3. NAME OF CEMETERY 4th Mar. Div. Cem. Iwo Jima		4. PLOT 1	5. ROW 2	6. GRAVE 70	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UNK	9. ESTIMATED HEIGHT 72 3/8"	10. COLOR OF HAIR M. Brown		11. RACE UNK	
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 N O N E					
14. WAS BODY BURNED? UTD <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? See skeletal chart			
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 BY REASON OF THE ...					

TOOTH CHART

<p>18.</p> <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> 	

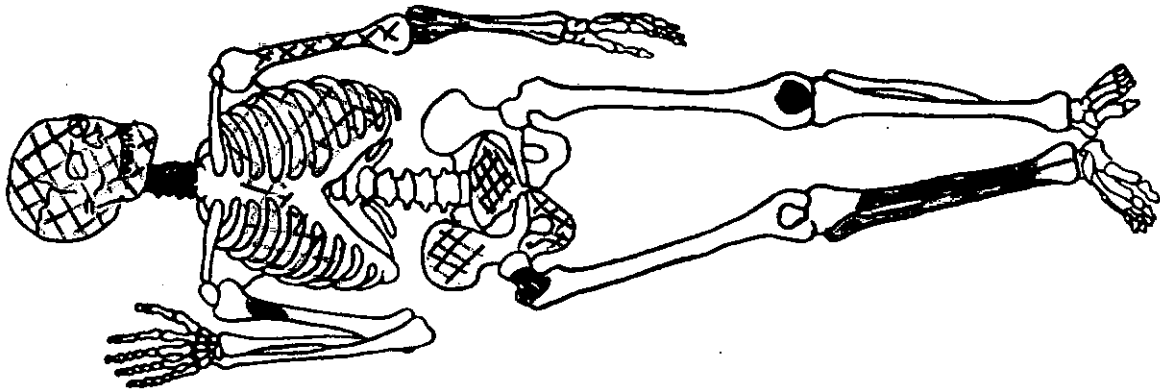
		RIGHT								LEFT																							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																
		D	A	A									G	A	A	A																	
Side Views																		Side Views															
Top Views	UPPER																																
	LOWER																																
Side Views																																	
		D				D				D				D																			
		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."

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

"UNIDENTIFIABLE"

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.

UNIDENTIFIABLE
"BY REASON OF LIMITED SO FORTH" (mirrored text)

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

Level 5'

3A-136. 141 MM

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 00000

DATE
15 11 47
DAY MONTH YEAR

803-27A-46

NAME **UNKNOWNX-000012**

SERIAL NUMBER RANK ARM

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 **2** GRAVE **70** 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	SERIAL NUMBER X-12	RANK Unk	DATE OF DEATH UNKNOWN	DATE DISTINTERRED UNKNOWN
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY U. E. CONNELLY, Capt, TC NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Nature of shroud undetermined**
CONDITION OF REMAINS: **Skeletal remains, incomplete**

OTHER MEANS OF IDENTIFICATION
Mortuary plate

MINOR DISCREPANCIES 1
None

ANNULLED

REMAINS PREPARED AND PLACED IN CASKET

DATE **30 Aug '48** BY **J. R. WILLIAMS, Emb**

CASKET SEALED BY **J. R. WILLIAMS, Emb** EMBALMER (Signature) **Harold E. Connell**
HAROLD E. CONNELL

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE **30 Aug 48** BY **E. KELLY** **D. A. PALIJO, Clerk**

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

E. J. Zielinski
E. J. ZIELYNSKI, 1st Lt., QIC
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. MAUSOLEUM (SAIPAN, P. I.)		TO PORT STORAGE OFFICER (SAIPAN, P. I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John N. Lott</i> JOHN N. LOTT, Maj., CMP	DATE 30 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 30 Aug 48

2. SHIPPED

FROM AGRS PORT (SAIPAN, P.I.)		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>Federal J. Smith</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>Federal J. Smith</i>	DATE 21 Jan 49	SIGNATURE OF RECEIVER <i>E. H. Keenan Jr.</i> E. H. KEENAN JR., Capt., FA.	DATE 21 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 (SILVIAE (SILVIAE))		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

IDENTIFICATION DENTAL CHART

DATE 27 AUG-1948

NAME (Last, First, Middle Initial) UNKNOWN X 1 2

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

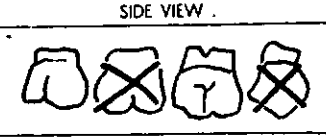
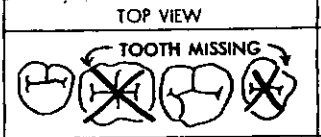
PLACE OF BURIAL 4th Mar. Bur. Camp

PLOT 1

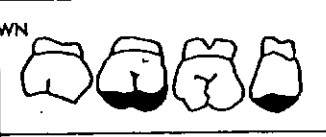
ROW 2

GRAVE 70

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



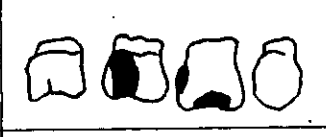
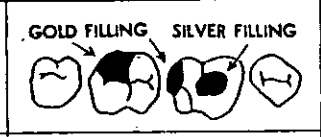
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



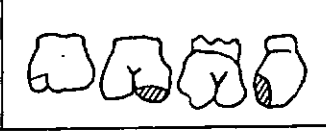
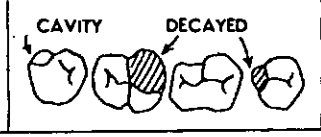
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
	GM	GM		GD							GD	GM	GM	GM	3/4
	A	A		A							G.	A	F.	A	CROWN
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
X	X	FRACT. URED									FRACT. URED	GD	GM	GM	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

MISSING

STATION FILE

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."

R8 1/2 GROWTH PEG TOOTH, L-14 LINGUAL PORTION OF TOOTH IS MISSING.

MAXILLA AND MANDIBLE FRACTURED IN TEN DIFFERENT PLACES,

R15- APPEARS TO BE A RECENT EXTRACTION.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

John Deese
original

VERIFIED BY GRS OFFICER

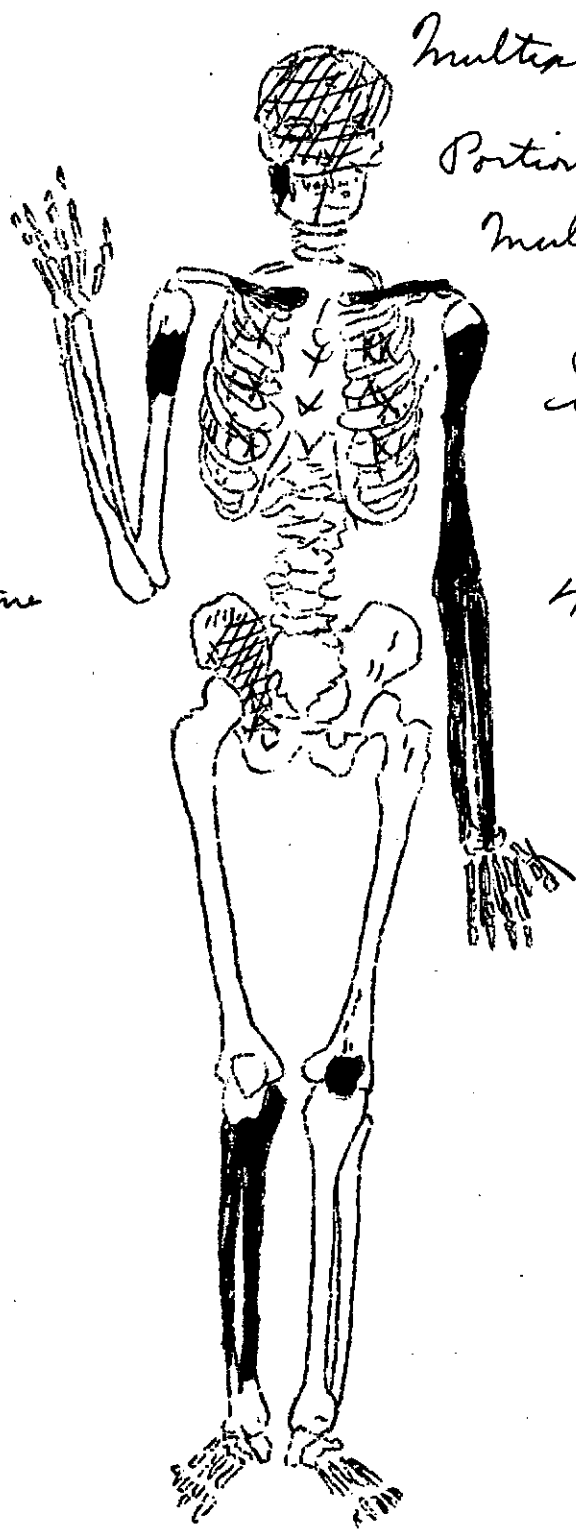
[Signature]

UNKNOWN
(Name)

CNK
(Rank)

X-12
(Ser. No.)

CNK
(Br of Sv)



Multiple fractures of skull

Portion of mandible

Multiple fracture of ribs

Skeletal Remains
Incomplete

4 whole vertebrae
present

Multiple fracture
of pelvis

SKELETAL CHART

RESTRICTED

W-3 A-136

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

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

DATE OF REPORT:
18 Nov. 1947

Imprint Identification Tag If Possible.
DO NOT TYPE

Report of
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-12		SERIAL No.
GRADE	ORGANIZATION 4 th MARINE	BRANCH OF SERVICE
RACE	RELIGION UNK	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH IWO JIMA	CAUSE OF DEATH UNKNOWN	DATE OF DEATH UTD
----------------------------	---------------------------	----------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
None

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Sec 3
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) No	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

APPROVED UNIDENTIFIABLE

FEB 1950

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 MARKER	PLOT No.	ROW No.	GRAVE No.
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
See Reverse						
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
Smill, Earl E		CN3/c	8225762	USMC	71	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
Kelley, Leo E		P1/Sgt	440330	USMC	69	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
CHARLES J. McNEAL, 1st Lt., Ord.			ULDRIC E. CONEALY, Capt., T. C.			

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

RESTRICTED

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
6'5 1/2"	?	?	BROWN	None

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None	None	4th Marine JWC TINA

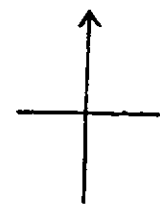
OTHER IDENTIFICATION CLUES

None, no clothings, or equipments

FILLINGS	SILVER FILLING GOLD FILLING	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	CAVITY DECAYED	
MISSING TEETH	TOOTH MISSING	
CROWNED TEETH	PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	GOLD BRIDGE	

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

W-3 A-136



REMARKS:

Above ground storage

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1816)

unidentifiable

plated
UNKNOWN X-12

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

23

(Place of death)

(Date of death)

(Cause of death)

4th Marine Division Cemetery, Iwo Jima

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

70

2

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

APPROVED UNIDENTIFIABLE : 8 FEB 1950

(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)

64A

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

A TRUE COPY

THUMB

E.A. Miller Jr.
1st Lt., OMC

8075 65A

4

3

2

1

THUMB

RIGHT HAND