

293 work two jima ~~file~~ (2/21 1950)  
 QMGM 293  
 GRS Far East  
 X-1 X-17 X-18 X-20 X-22 X-25  
 X-29 X-90 X-95  
 GAER 3 1950  
 2/25

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 10 March 1950, subject: Unidentifiable Remains.

2. The unknown remains listed in the above referenced letter were recommended as unidentifiable per Warbo Zone letters, file 293 MBQRS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New QIC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QMGM 293, dated 6 December 1948 and 1st Indorsement, file QMGM 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 VFA Unit Roster #9, Page 1.

FOR THE QUARTERMASTER GENERAL:

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

T. H. METZ  
 Lt Colonel, QIC  
 Memorial Division

QMGM 293 X-20, 4th Marine Division, Iwo Jima

1

Interred 30 Mar 1950  
L 8 67 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 81204

DATE  
29 03 50  
DAY MONTH YEAR

NAME UNKNOWN I - 20 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 4TH MARINE DIVISION CEMETERY, IWO JIMA PLOT 1 ROW 7 GRAVE 330 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 UNKNOWN X-20 SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED 30 Mar 50

IDENTIFICATION TAG ON 1 REMAINS 7 MARKER ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 Mar 50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY SHIPPING ADDRESS VERIFIED BY

DATE 30 Mar 50 Sgt 1c, RA 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  
✓  
NOT FILE  
RECORDS ALSO FILED  
DATE 24 Apr 50  
BY R. E. Jones  
Regent. 1st. NEM. DEP.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE <b>MAR 30 1950</b>

### 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

3

DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 81204

DATE  
29 09 50  
DAY MONTH YEAR

NAME: UNKNOWN - X - 20  
SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA  
PLOT: 1 ROW: 7 GRAVE: 330  
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. W. 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: [ ] SHIPPING ADDRESS VERIFIED BY: [ ]

DATE: [ ] 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 5-26-50  
Kirkland  
Report

Incl # 38

# 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

567

1

H 803  
R 2  
F 19  
R 2  
F 79

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWNX-000020

SERIAL NUMBER  
0

RANK

ARM

DATE OF DEATH

CEMETERY  
IWO JIMA 4TH MARINE DIV CEM

DAY MONTH YEAR

DISPOSITION OF REMAINS

0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

1 7 330 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-000020

RANK  
Unk

DATE OF DEATH  
Unknown

DATE DISTINTERRED  
19 Nov 47 -

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unknown

IDENTIFICATION VERIFIED BY  
U.E. CONERLY, Capt., TC  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Nature of shroud undetermined

CONDITION OF REMAINS  
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Mortuary plate

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 August 1948 BY H. E. CONNELL, Emb

CASKET SEALED BY  
H. E. CONNELL, Emb.

EMBALMER (Signature)  
B. G. MELTON

CASKET BOXED AND MARKED  
DATE 13 Aug 48 BY E. KELLY

SHIPPING ADDRESS VERIFIED BY  
P. J. COLEMAN, Clerk

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

F. T. DE GRCODT, Capt., CMP  
1948

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, M.I.)		TO PORT STORAGE OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Duff</i> JOHN H. DUFF, MAJ., CLP	DATE 16 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN 1st Lt. Inf.	DATE 16 Aug 48

## 2. SHIPPED

FROM PORT AGRS (Saipan, M. I.)		TO Transport Commander	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER USAT DALTON VICTORY	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN 1st Lt. Inf.	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Clay Nordmann</i>	DATE 6 Oct 48

## 3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Clay Nordmann</i> CLAY NORDMANN 1ST LT. TC.	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt., FA	DATE 10 Oct 48

## 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 (FOR CONVEYANCE CODE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CONF. WILLIAM CERIEBA	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 DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-20, 4th Marine Div., Iwo Jima				2. DATE OF REPORT 19 Feb 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 1	5. ROW 7	6. GRAVE 330	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION AGE: 19 to 23 years

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE U T D
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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

N O N E

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

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?  
Femurs, tibiae and fibule (right)

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

C. CAS...

*Handwritten signature: [unclear]*



<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
	<p><i>Tooth Missing</i></p>	
<p><b>CROWNED TEETH:</b> 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><i>Gold Bridge</i></p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
	<p><i>Cavity, Decayed</i></p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Cavity</i></p>	
	<p><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																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	← 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."

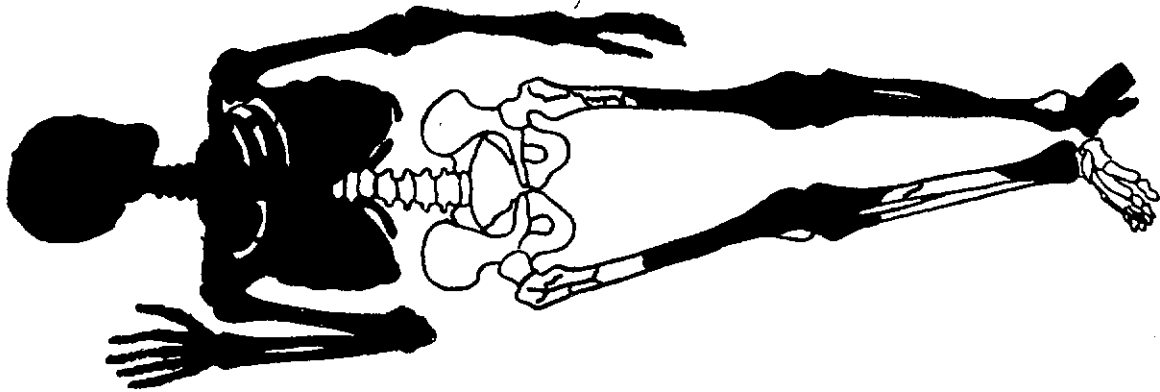
No loose maxillary or mandibular teeth present with remains.

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

*Final 43*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: U T D

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- (1) Male
- (2) Age - 19 to 23 years
- (3) Weight -

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**PAUL R NICHOLS**  
Chief, Identification Section

SIGNATURE  
*Paul R. Nichols*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-20</b>				2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY <b>4th Mar. Div. Cem., Iwo Jima</b>		4. PLOT <b>1</b>	5. ROW <b>7</b>	6. GRAVE <b>330</b>	7. DATE OF DISINTERMENT <b>27 Aug 47</b>
				REINTERMENT	

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>B. T. Red</b>	11. RACE <b>UTD</b>
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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)

Pieces of under clothing and shoe left size 7.

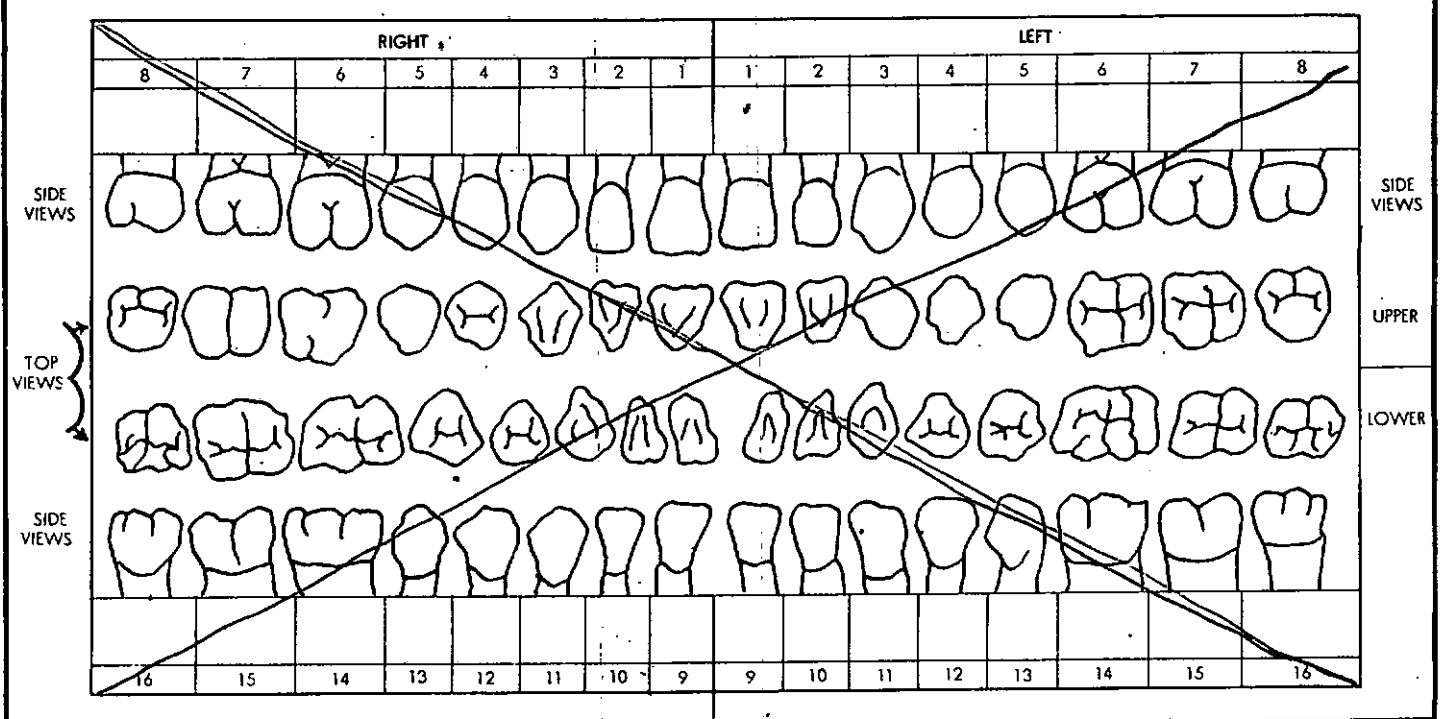
**APPROVED UNIDENTIFIABLE**

Unidentifiable by reason of lack of sufficient identifying data.

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

JRO

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:			



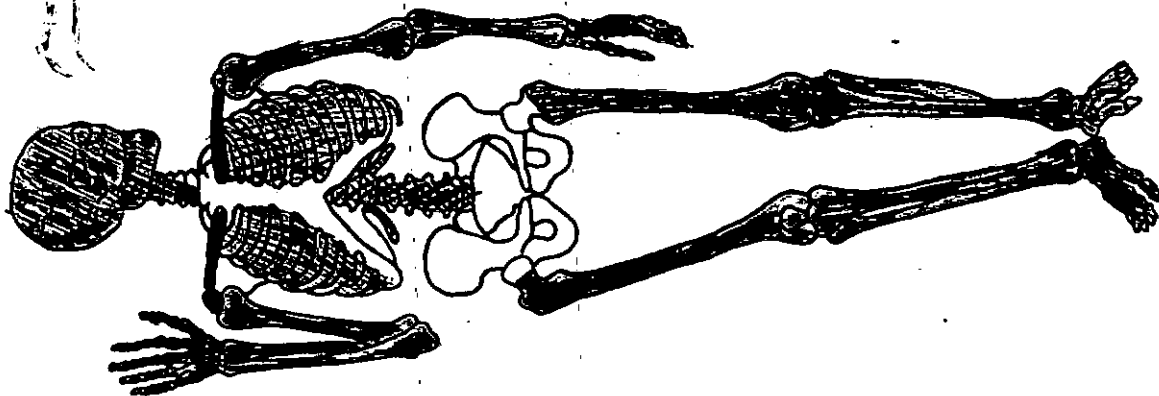
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*missing mandible, also maxilla,*

*ADPugh*

*Uldric E. Conerly*  
**ULDRIC E. CONERLY, Captain, T.C.**

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

Remainder of bones missing about 30 of dry bones enclosed. Pieces of clothing in shelter half also GI shoes size 7. No identifying markings.

JRO

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. COVER Y, Captain, CAC

*Uldric E. Cover Y*

Unknown X 20 - 4th Mar. Cem Two June

IDENTIFICATION DENTAL CHART			DATE			
NAME (Last, First, Middle Initial)		RANK		SERIAL NUMBER		
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH		
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE		

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

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

**VENTURES (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 maxillary or mandibular teeth found with remains. (no skull).*

**STATIC**

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
<i>B. Melton, Emb. 13-8-48</i>	

(Name)

(Rank)

(Ser. No.)

(Br. or Sv)

Portion of rt. scapula  
present



6 vertebrae present  
6 portions of fractured  
ribs present

Skeletal Remains  
Incomplete

Corrected

13 Aug 1948

SKELETAL CHART

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

*Le... ..*

UNKNOWN # 20

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

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

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

330

7

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, or identification tags buried with the body?)

**APPROVED UNIDENTIFIABLE**

(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.**

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

A TRUE COPY

~~E. A. MILLER, JR.  
1st Lt., GMC~~ <sup>8025</sup> **65A**

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

-----  
(Verified by Army GRS Officer)