

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. 4TH MAR. DIV., IWO JIMA, X-22

SUBJECT

QMC FORM 1121  
1 Aug 45

48 7506

243 ~~un-identifiable~~ ~~X-1, X-17, X-18, X-20, X-22, X-24, X-25, X-29, X-90, X-95~~  
QMGMN 293  
GRS Far East

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 GRPX 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 LEGRS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New CIC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QMGMT 293, dated 6 December 1948 and 1st Indorsement, file QMGMN 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 69, 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. MELTZ  
Lt Colonel, QMG  
Memorial Division

QMGMN 293 X-22, 4th Marine Division, Iwo Jima

1

INTERRED 30 MARCH 1950  
F 7 109 Ft. McKinley

*Carroll Mark*

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81205

DATE

29 03 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 22					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	15	738	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.	<i>m</i> (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-22				29 March 1950
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY 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 March 1950	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED	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

✓

FILE  
RECORDS  
DATE 28 APR 50  
NAME R. J. [Signature]  
MEM. DIV.

## 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>Carol R. Mark</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

552 81205

DATE

29 03 50  
DAY MONTH YEAR

NAME

UNKNOWN I - 22

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

4TH MARINE DIVISION CEMETERY, IWO JIMA

PLOT

ROW

GRAVE

1

15

738

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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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 Report prepared 24 May 50*

# 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

34-27

17

1

HPO3  
R/A  
F/4  
F/4

# DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000022

RANK  
0

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 15

GRAVE  
738

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-000022

RANK  
Unk

DATE OF DEATH  
Unk

DATE DISTINTERRED  
Unk

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unk

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

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Individual grave, uncasketed,  
nature of shroud undetermined.

CONDITION OF REMAINS  
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Mortuary Plate

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 13 Aug '48

BY  
G H HILL, Emb

CASKET SEALED BY  
G H HILL, Emb

EMBALMER (Signature)  
*O D Campbell*  
O D CAMPBELL

CASKET BOXED AND MARKED  
DATE 13 Aug '48 BY P SAYAN

SHIPPING ADDRESS VERIFIED BY  
M CHELOFSKY, 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 Groodt*  
F T DE GROODT, Capt  
1949

SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (S AIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj CMP	DATE 16 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 16/8/48

## 2. SHIPPED

FROM PORT AGRS (SAIPAN, M.I.)		TO Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
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>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt, FA	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>Clay Nordmann</i>	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 (EX ADMINISTRATIVE CLOSET)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CIVIL NATIONAL CEMETERY	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



BUESD-2142-ap  
Q720/P6-1

16 December 1946

MEMORANDUM FOR LT. WAITE:

Subj: Identification from dental charts in the cases of UNKNOWNES  
X-22, X-25, X-31, X-41, X-51, X-52, X-54, X-55, X-56,  
X-58, X-60, X-61, X-63, X-64, and X-67, buried in the  
Fourth Marine Division Cemetery, Iwo Jima.

1. The dental charts contained on Evlied H-4 for UNKNOWNES X-22, X-25, X-31, X-41,  
X-51, X-52, X-54, X-55, X-56, X-58, X-60, X-61, X-63, X-64, and X-67, have been  
checked by the Dental Professional Office with the dental records of:

✓ BARICH, John Bernard	Pfc	873272
✓ BARRETT, John Edward	Pfc	564971 ✓
BAUDOIN, Henry Edward	Pfc	915556
✓ BARDELY, Rolla Cecil	Pfc	811306 ✓
✓ BRENNION, Joseph James	Pfc	546513 ✓
✓ BROWN, Frank John	Sgt	361361 ✓
BROWNING, George Coe	Pvt	472774
CASE, Charles Vern	Pfc	449839
CHAMBERLAIN, Reid Carlos	Sgt	265983
CLARK, John Russell	T/Sgt	817120
COLLINS, William James	Cpl	446213
COBELL, Roy Thomas	Sgt	308645
DEAN, Patrick Joseph	Pvt	968022
X-55 ← DOTY, Donald Robert <i>Ident.</i>	Pvt	992012
EDISSTY, Frank	Pfc	416453
✓ ERICKSON, Garth Tanner	Pfc	893615 <i>Ident.</i>
FITZGIBSON, Patrick H.	Pfc	407750
GALLOP, Arthur James	Pfc	525257
GRANT, Harold Loran	S/Sgt	808636
X-61 ← HARPER, Rexford Gaylon ?	Pvt	991010
✓ HAYES, John E.	Pvt	548813 ✓
HILL, Charles Homer	Sgt	439436
HOLLAND, Melvin Charles	Cpl	441612
✓ JARBELL, John Frank, Jr.	1st Lt.	024871
✓ JEFFERS, Amer Charles	Pfc	806322
KROUSE, Harold Clarence	Pvt	986806
LAPEY, Francis John	Pfc	954184
MADSEN, Howard	Pfc	880966
MARSHMAN, Robert Lowell	Cpl	864569
McKEE, Dale	Pfc	322951
MILLER, Thomas James	Cpl	454752
MASST, Antonio Dominic	Pvt	807875

16 Dec 1946  
GW20/P6-1

NEUMAN, Joseph J.	Cpl	859913
NORTON, Robert David	Cpl	330528
PRELEC, Frank Eugene	Pvt	559730
REYNOLDS, William Green	Pvt	557908
RIDDLE, Aaron Garnett	Cpl	265805
ROBICOUX, Armand James	Cpl	442281
RYAN, Russell Theodore	Pfc	839867
SHERRY, Robert Chester	2nd Lt.	042977
SHULTZ, George Andrew	Pfc	530742
SIDDALL, Laurence S.	Pfc	550819
SIMPSON, Robert Ernest	Pvt	422063
SPEER, Verl Wilson	Pfc	832948
STEINBERG, David	1st Lt.	027066
SZCZEPANSKI, Thaddeus	Cpl	806256
TIMPANARO, John Andrew	Pfc	503666
VILLA, Robert Rodriguez	Pvt	955557
WIRE, George William	Pvt	980699
WARREN, Frederick Blair	Pfc	945845
WATSON, Paul William	Pfc	551826
HAIMER, Donald Morley	HA1c	862 56 75
SUTTON, Gordon	WT2c	811 66 63

and the following statements have been submitted to this office:

1. The dental chart for Unknown No. 55 has been identified as that of DOTY, Donald Robert, Pvt., 992012, USMCR.
2. It is possible that the dental chart for Unknown No. 61 belongs to HARBER, Rexford Gaylon, Pvt., 991010, USMCR, but the absence of unusual dental characteristics make positive identification by dental means alone not possible.
3. No other charts can be identified.

2. DOTY'S religious preference: Protestant  
 HARBER'S religious preference: Protestant

L. E. HILL

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-22, 4th Marine - Iwo Jima</b>				2. DATE OF REPORT <b>19 Feb 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>1</b>	5. ROW <b>15</b>	6. GRAVE <b>738</b>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION **AGE: 23-27 years**

8. ESTIMATED WEIGHT <b>136-161 lbs</b>	9. ESTIMATED HEIGHT <b>5' 8-7/8"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>Prob. white</b>
---	---	-----------------------------------	--------------------------------

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Skull and right humerus</b>
--	---











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**

*Imel 52*

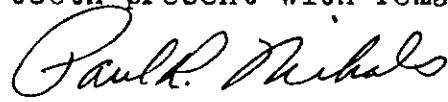
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</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 Bridge</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>Gold Filling, Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> 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								Side Views							
UPPER								UPPER							
Side Views								Side Views							
LOWER								LOWER							
Mandible								Missing							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

broken & missing

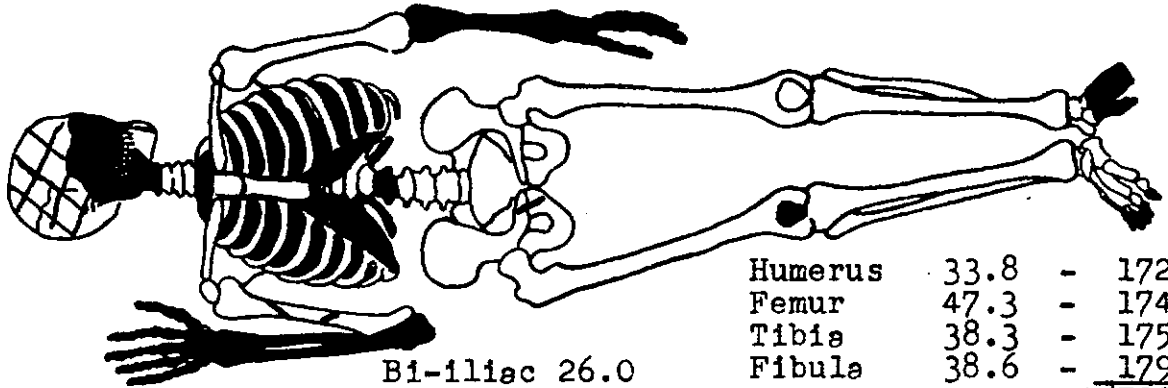
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"No loose maxillary or mandibular teeth present with remains."

  
 PAUL R NICHOLS  
 Chief, Identification Section

*Inv 5-3*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Bi-iliac 26.0

Humerus	33.8	-	172
Femur	47.3	-	174
Tibia	38.3	-	175
Fibula	38.6	-	179
			<u>4700</u>
			175

Estimated height 5' 8-7/8"

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) Male
- (2) Probably white
- (3) Age - 23 to 27 years
- (4) Weight 136 to 161 lbs
- (5) Height 5' 8-7/8"

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-22</b>				2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY  <b>4th Mar. Div. Cem., Iwo Jima</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>1</b>	<b>15</b>	<b>738</b>	DISINTERMENT	REINTERMENT
				<b>26 Aug 47</b>	

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>180 lbs.</b>	9. ESTIMATED HEIGHT <b>6' 3/8"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>UTD</b>
--	---------------------------------------	-----------------------------------	------------------------

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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" 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)

Right shoe size 8, green pieces of O.D.  
Green pieces of blanket (wool).  
White pieces of cotton shirts.

**APPROVED UNIDENTIFIABLE**

Unidentifiable by reason of lack of sufficient identifying data.

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

JRO

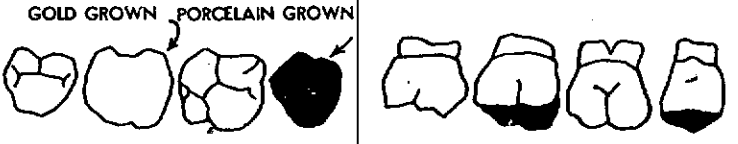
18.

TOOTH CHART

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



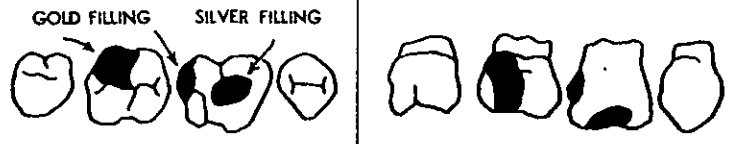
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



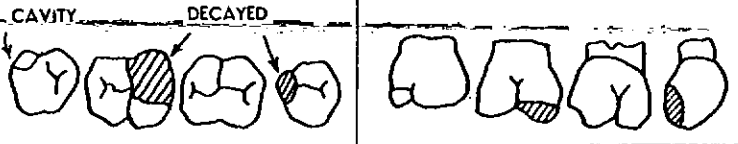
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

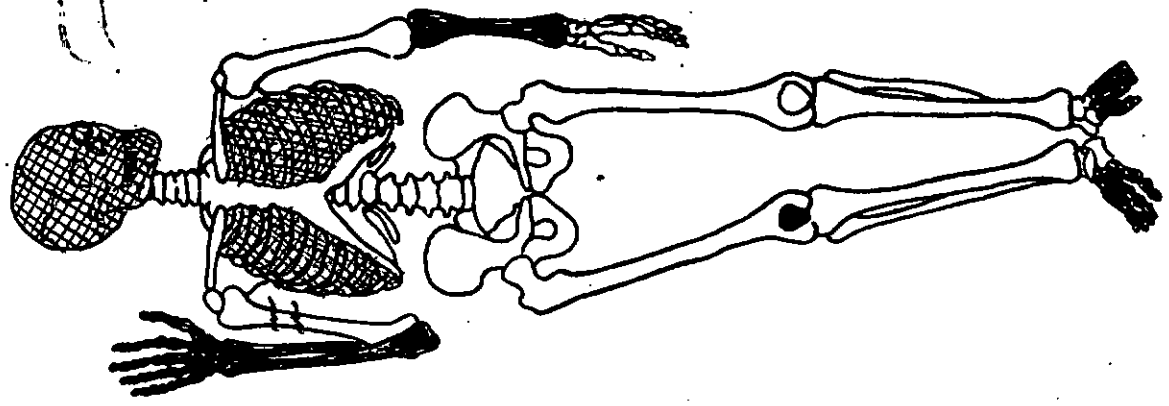


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Broken to the extent of complete impaction  
 15 + 16 left. Tooth No. 5 right found.  
 Mandible missing from 16 right to 14 left.  
 Maxilla completely missing  
 Ulster 29<sup>th</sup> County

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

Shoe and pieces of blanket and clothing enclosed with remains.  
 No personal effects found other than above.

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

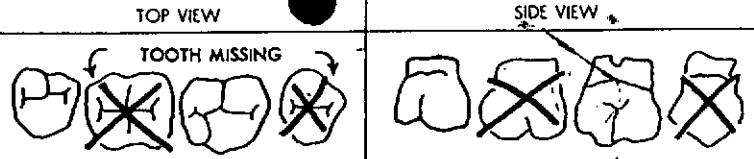
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

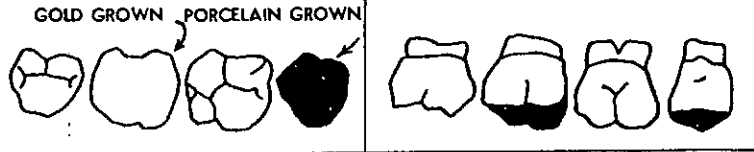
WILDRIC E. CONERLY, Captain, CAC



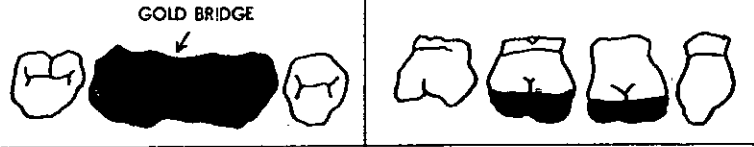
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:



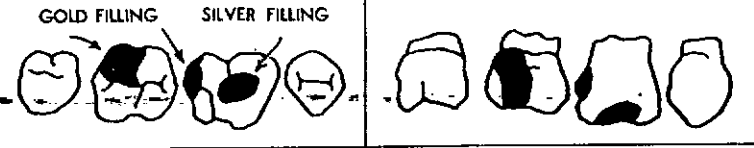
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



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:

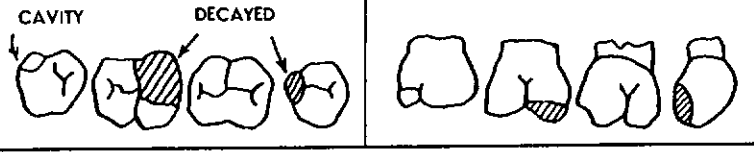


Table with columns for RIGHT (8-1) and LEFT (1-8) teeth, rows for SIDE VIEWS, UPPER TOP VIEWS, LOWER TOP VIEWS, and SIDE VIEWS. Includes handwritten 'Missing' and 'Broken' labels.

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."

Broken to extent of complete impaction 15+16 left. Tooth #5 Right found. Mandible missing from 16 right to 14 left. Maxilla completely missing

Maxim Chagnon

Uldric E. Conerly, Capt

Unknown "X" No. 22



*Skeletal Remains Decaplate*

SKELETAL CHART

DISINTERMENT DIRECTIVE

DATE

DIRECTIVE NO.

A. NAME AND BURIAL LOCATION OF DECEASED  
 NAME : RANK : SERIAL NUMBER : DATE OF DEATH : ARMY OR : DISPOSITION  
 SERVICE : TION  
*Unknown X22*

CEMETERY : CAUSE OF DEATH : U.S. DISTRIBUTION  
 POTVT  
*Marine*

PLOT : ROW : GRAVE : COUNTRY  
*1 : 15 : 738 : Iwo Jima*

B. NEXT OF KIN AND CONSIGNEE  
 NAME AND ADDRESS OF NEXT OF KIN : NAME AND ADDRESS OF CONSIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION  
 NAME : RANK : SERIAL NUMBER : DATE OF DEATH : DATE OF DISINTERMENT  
 : : : : *8-26-47*

IDENTIFICATION TAG ON ORGANIZATION : RELIGION : IDENTIFICATION VERIFIED BY  
 ( ) REMAINS :  
 ( ) MARKET :

D. PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL : CONDITIONS OF REMAINS  
*Right humerus broken. Both*

OTHER MEANS OF IDENTIFICATION :  
*right & left ulna & radius missing. Skull*

MINOR DISCREPANCIES 1/ :  
*broken. Maxilla & mandible missing*

REMAINS PREPARED AND PLACED IN CASKET  
 DATE BY : EMBALMER (Signature)

CASKET BOXED AND LABELED : SHIPPING ADDRESS VERIFIED BY (Signature)  
 DATE BY :

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the remains are correct.

**APPROVED UNIDENTIFIABLE**  
**STATION 210**

*#456*

SIGNATURE OF GRS INSPECTOR

*[Signature]*

1/ Prepare discrepancy Report Form No. 1194a for major discrepancies.  
 2/ Consignee may be same as next of kin; is of repeat name and address.

*69*

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

*unknown*

UNKNOWN # 22

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

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

4th Marine Division

Iwo Jima

37

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

738

16

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 identification has been established, give particulars)

**APPROVED UNIDENTIFIABLE**

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

THUMB

RIGHT HAND

4

3

2

1

THUMB

~~A TRUE COPY~~

~~E. A. MILLER, JR.  
1st Lt., QMC~~ <sup>8075</sup> 