

/drs

1

Interred 15 June 1950 11 FEB 50 DA 4  
6-8-11 Ft. McKinley PER 1042 DTD 12 FEB 50 APPROVED BY PHILCOM  
D-20-230 *Carl R. H. Mark* DISINTERMENT DIRECTIVE

CARL R. H. MARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 81699

DATE  
01 06 50  
DAY MONTH YEAR

NAME UNKNOWN X-23 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 2975 4TH MARINE DIVISION CEMETERY, IWO JIMA PLOT 1 ROW 15 GRAVE 722 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-23 SERIAL NUMBER GRADE DATE OF DEATH 2 June 1950 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 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 2 June 1950 BY PAUL R NICHOLS  
CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) *Paul R Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 2 June 1950 ALBERT C EVATT, Sgt, RA RAYMOND H TANGUAY, Sgt 1c, RA

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

*Raymond H Tanguay*  
RAYMOND H TANGUAY, Sgt 1c, RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*Incl 1*

*Handwritten notes and signatures on the right side of the form, including a large signature and some illegible text.*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>US MAUSOLEUM (SAIPAN MI)</b>		TO <b>PORT STORAGE OFFICER (SAIPAN MI)</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> <b>JOHN H. LOTT, Maj CMP</b>	DATE <b>13 Aug 48</b>	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> <b>ROBERT G. SNOWDEN, 1st Lt INF</b>	DATE <b>13/8/48</b>

### 2. SHIPPED

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

### 3. SHIPPED

FROM <b>USAT DALTON VICTORY</b>		TO <b>PORT STORAGE OFFICER AGRS MAUSOLEUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Claf Nordmann</i> <b>CLAF NORDMANN, 1st Lt IC</b>	DATE <b>OCT 10 1948</b>	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> <b>E. H. NEWMAN, Jr., Capt. FA</b>	DATE <b>10 Oct 48</b>

### 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

1. This case Unknown X - 23 has  
been reviewed and the recommendation of the field as  
unidentifiable due to lack of sufficient identifying  
data is approved.

2. These remains were (buried  
~~transferred~~) in  
4<sup>th</sup> Mar Div. Cem IWO SIMIA

Ind & J. R.

7 Dec 1948

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-23</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>722</b>	DISINTERMENT	REINTERMENT
26 Aug 47					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>6' 1 1/8"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>UTD</b>
-----------------------------------	---	-----------------------------------	------------------------

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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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)

**Pencho camouflage**  
**Field jacket USMC (nearly decayed)**  
**Portion of T-shirt USMC**  
**One canteen (not marked) no laundry marks.**

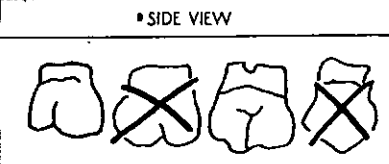
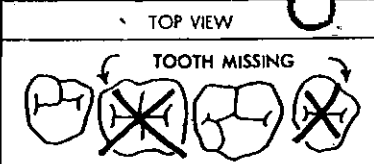
**APPROVED UNIDENTIFIABLE**

**Unidentifiable by reason of lack of sufficient identifying data.**

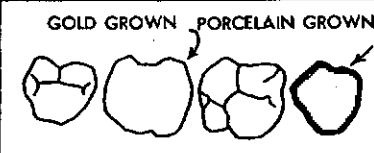
*H. W. Harriman*  
**H. W. HARRIMAN**  
**Captain, QMC**  
**Operations Officer**  
**AGRS, Marbo Zone**

TOOTH CHART

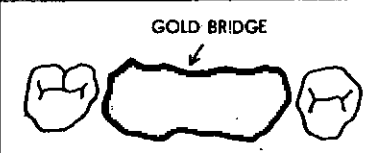
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



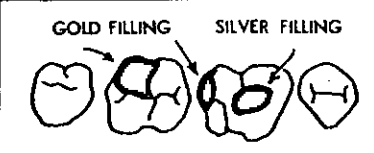
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



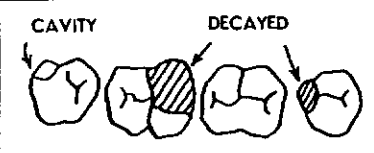
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



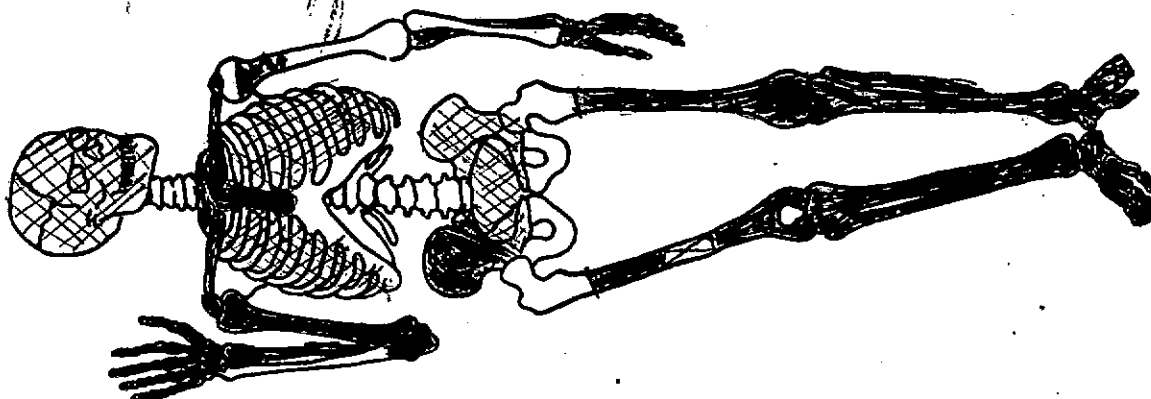
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
←—————→															
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
X		X		X		X		X		X		X		X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
Missing		Missing												Missing	

**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."

*Note: All teeth + maxilla → missing except mandible*

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

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

Body received in shelter half -- all dry bones with only fragments of skull. Height estimated by radial. Only available bone -- several pieces of shrapnel found.

WCK

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

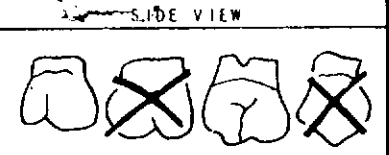
ULDRIC E. CONERLY, Captain, CAC

*Uldric E. Conerly*

Unknown - See James 4th Mar. 1947

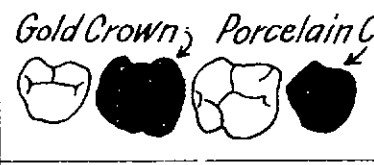
TOOTH CHART

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



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

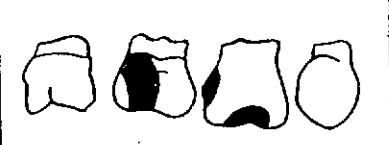
*unk x 23*



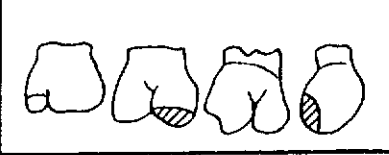
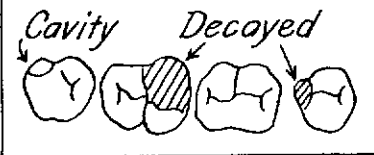
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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 View																	Side View
Top View																	
Side View																	
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16		

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

*no maxilla or mandible*

**STATION 111**

*O.D. Campbell Embalmer*

Unknown "X" No. 23



*Skeletal Remains Incomplete*  
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

CEMETERY : CAUSE OF DEATH : U.S. DISTRIBUTION POINT

marine

PLOT : ROW : GRAVE : COUNTRY

1 : 15 : 722 : JWD 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

Complete body fragmentary

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBARKER (signature)

APPROVED UNIDENTIFIABLE

CASKET BOXED AND MARKED

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 report above is correct.

SIGNATURE OF GRS INSPECTOR

WJD

#447

69

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.

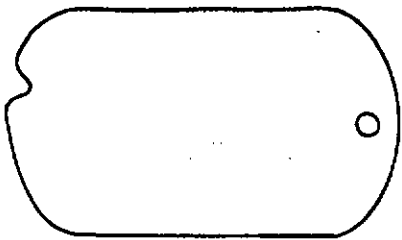
RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT  
12 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-23, 4th Mar Div Cem, Iwo Jima		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)  
*293 Tank Iwo Jima (4th Mar. Div.)*  
Unknown *X-23*

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)
1 (Substitute)	<i>ja</i>

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
Yes	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
11 Feb 1952	--	Casket	Cross	D	10	230

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		<i>Name: [unclear] Action: NAT 19 MAR 52</i>

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <i>Roger L. Dion</i> ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC
---	--

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

*COPY TO ARMC*

**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.

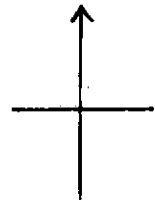
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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**

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

*Handwritten notes:*  
 --- 00000  
 --- 00000



**REMARKS:**

Grave 230, Row 10, Plot D, was formerly occupied by CGM Joseph A. GRANES, 2339420, USN, disinterred and shipped to ZI.

# 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>Carroll Mack</i>	DATE <b>15 JUN 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

REPORT OF INTERMENT  
(TM 10-530 AND AR 30-1816)

UNKNOWN X-23

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

36

(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)

722

(Grave number)

15

(Row number)

1

(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)

64A

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

*penick*

APPROVED UNIDENTIFIABLE

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~~  
A. Miller Jr.,  
1st Lt., QMC

8075

65A

4

3

2

1

THUMB

RIGHT HAND

318

PREPARED BY PHILCOM

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81699

DATE

01 06 90  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 23					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	I	15	722	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
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> 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	EMBALMER (Signature)

CASKET BOXED AND MARKED	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

*Handwritten signature and date: 11 July 90*

*Serial # 2*

# 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



AIRMAIL

QUONT 293

19 May 1950

Unknown X-23 *Two Jims*  
4th Mar. Div Cemetery

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 909, c/o Postmaster  
San Francisco, California

1. Reference is made to radio your headquarters, V 2058, dated 11 May 1950.
2. The requested Form 1042 is not available in this office.
3. Photostat copy of Form 1 and duplicate copy of QMC Form 1044, a and b, for Unknown X-23, 4th Marine Division Cemetery, Two Jims, Unit 9, Page 1, is inclosed.

FOR THE QUARTERMASTER GENERAL:

- 2 Incls
1. Photo Copy Form 1
  2. Dupl cy QMC Form 1044, a & b

THOMAS S. COX  
Capt QMC  
Memorial Division

*Jimm*  
JW

E.Fenwick:lrc

Salsar

cc-Administrative Section

Co-Occurrence Navy Liaison

*Jmayer 5/19/50*



May 19 3 02 PM '50  
MAIL & RECORDS BRANCH  
C.O.H.G.

AIRMAIL

1/10

DEPT/ARMY COMCENTER  
GREENWICH CIVIL TIME (Z)

2162

OMC 114

1950 MAY 11 07 19

*293 unk Iwo Jima (4th marine div) X 23*

VVTO

WUG11

HUD46

MUA75

PP UEPC

MC75

PP UMP ZVA UEPC UAPC

JMLAP B19

PP JML ZVA

PP/RR UEPC UAPC JMLC 333

DE JMLAP 17A

P/R 110617

FM CO AGRS PHILCOM ZONE MANILA PI

TO UEPC/OQMG DEPTAR WASHDC

INFO UAPC/CINCFE TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLWRK AFB PI

GRAVES GRNC

CITE U 2058 GRPZ PASS TO MEMORIAL DIV PD REQUEST DUPLICATE

*293 Iwo Jima*  
COPY OF FORM 1042 FOR XRAY 23 CMA 4TH MARINE DIVISION CEM

CMA IWO JIMA CMA UNIT 9 PAGE 1 PD

CFN U 2058 GRPZ 1042 23 4TH 9 1

NO ATTACHED

11/0620Z

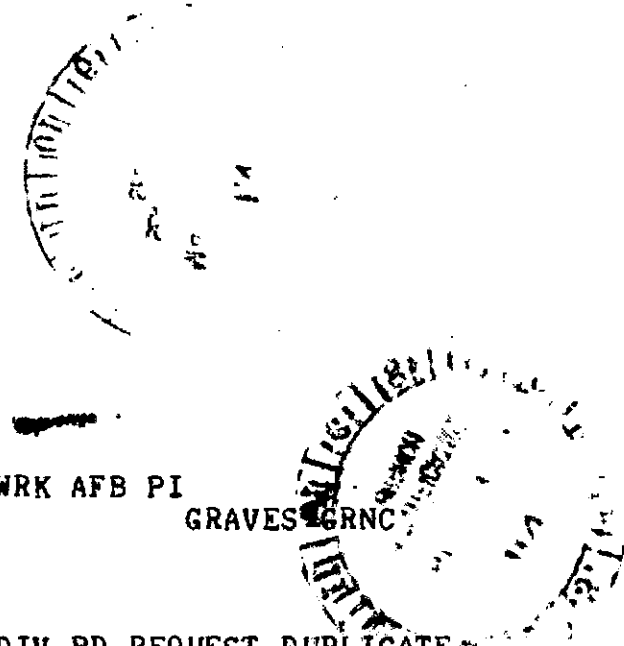
RECEIVED

DIVISION

MAY 11 10 54 AM '50

RECEIVED

*NOT FILE  
18 May 50  
Lester  
Saw*



65291

114

CO AGRS Manila

FROM

MSG NO

D.T.G.

AC

NO IN NO

*U 2058  
110617Z*

*OMC*

*65291*

18

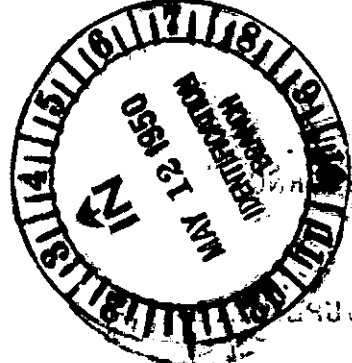
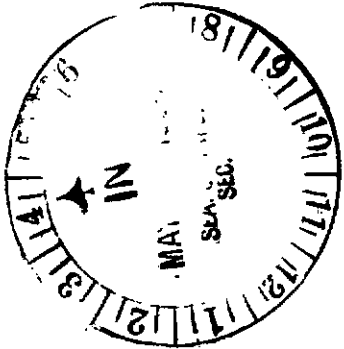
DEF 1383

70 11 07

1777  
1780  
1783  
1786  
1789  
1792

1795  
1798  
1801  
1804  
1807  
1810

82531



TO REPORTING OFFICE WASHINGTON  
FROM REPORTING OFFICE TOKYO JAPAN  
SUBJECT: [Illegible]

COPY OF FORM 1 FOR XRAY TO COME FROM DIVISION CRM

OUTGOING  
MAY 11 1 03 AM '50  
ADMINISTRATIVE BRANCH  
MEMORIAL DIVISION

OUTGOING  
MAY 12 7 22 AM '50  
ADMINISTRATIVE BRANCH  
MEMORIAL DIVISION

38 95

MM

1

HPDB  
R/2  
FAB

### DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWN X-000023

SERIAL NUMBER  
X-000023

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 15

GRAVE  
722  
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-000023

RANK  
Unk

DATE OF DEATH  
Unk

DATE DISINTERRED  
18 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
U E CONERLY, Capt USMC  
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

EMBALMER (Signature)  
O D CAMPBELL

CASKET SEALED BY  
G H HILL, Emb

SHIPPING ADDRESS VERIFIED BY  
M CHELOFSKY, Clerk

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

SIGNATURE OF GRS INSPECTOR  
F T DE GROODT, Capt CMP

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

FILE  
F T DE GROODT 1949  
SIGNATURE OF GRS INSPECTOR

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