

FILE IDENTIFICATION TOPPER

FILE NUMBER

293, UNIT. ~~4~~ Marine Two ~~1110~~ X 5

SUBJECT

QMGMT 293
GRS Far East

19 May 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P. I. :

UNKNOWN	X-5	4th Mar. Div. Cem.	Iwo Jima	Unit	4,	Page	13
"	X-92	"	"	"	"	9	1
"	X-96	"	"	"	"	4	14
"	X-23	5th	"	"	"	4	14
"	X-58	"	"	"	"	4	14
"	X-69	6th	"	Okinawa	"	4	18
"	X-10	7th	"	"	"	4	18
"	X-12	"	"	"	"	4	18
"	X-70	Island Command Cem.	"	"	"	4	14
"	X-170	"	"	"	"	4	15
"	X-173	"	"	"	"	4	16
"	X-255	"	"	"	"	4	17
"	X-396	USMC #1, Leyte, P. I.			"	2	12

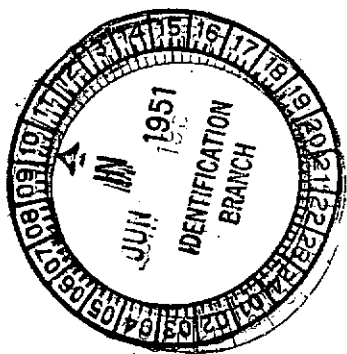
2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfs

X 293 work in Iwo Jima #4 5 X-5



QMGHT 293
CRG Postmaster

Ident.

18 May 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P. I.:

UNKNOWN	X-5	4th Mar. Div. Cem., Iwo Jima, Unit 4, Page 13
"	X-92	" " " " " " " 9, " 1
"	X-96	" " " " " " " 4, " 14
"	X-23	5th Mar. Div. Cem. " " " 4, " 14
"	X-58	" " " " " " " 4, " 14
"	X-69	6th " " " OKINAWA " 4, " 18
"	X-10	7th " " " " " 4, " 18
"	X-12	" " " " " " " 4, " 18
"	X-70	Island Comm. Cem., Okinawa, Unit 4 Page 14
"	X-170	" " " " " " 4 " 15
"	X-173	" " " " " " 4 " 16
"	X-255	" " " " " " 4 " 17
"	X-396	USMC #1, Leyte, P. I. 2 " 12

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

J. Miller:lak
Salser

THOMAS E. COX
Capt (MC)
Memorial Division

cc: Administrative Section

CC: CINCPAC

JW

JMN

1

Interred 30 Mar 1950
L 9 67 Ft. McKinley

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

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 5531 81199
DATE: 29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 5
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA
PLOT: 1 ROW: 7 GRAVE: 337
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-5
SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: 30 Mar 50

IDENTIFICATION TAG ON: REMAINS 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*
PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY, Sgt 1c, RA
DATE: 30 Mar 50
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
25 APR 1950
REGISTRATION
EMCOM

Jarris

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>Carl Smith</i>	DATE MAR 30 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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81199

29 03 50
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN X-5

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

4TH MARINE DIVISION CEMETERY, IWO JIMA

1

7

337

7701
CODE

80
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

1

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 OMC 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

NAT
FILE
RECORDS ANNOTATED
DATE 29 May 50
NAME J. S. [Signature]
Report - BR. MEM. DIV.

OMC FORM
REV 11 FEB

[Signature]

RECORD OF CUSTODIAL TRANSFER

BLANKET DELIVERED
WVRE
RECORDED & INDEXED
DATE
WVRE

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

ap

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

293 Unk X-5-

(Signature)
APO 900 F
18 March 1950
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 5 , Plot 1 ,
Row 7 , Grave 337 , USMC 1st Marine 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
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

(Signature)
H. B. McNEELAR
Captain, GMC
Chief, Records Branch

Received _____ ? _____ OCMG
Not identifiable from *J. Miller Island Sec.*
information presently *17 May 1950*
available

Incl 1'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">X-5</p>			2. DATE OF REPORT <p style="text-align: center;">8 March 1950</p>		
3. NAME OF CEMETERY <p style="text-align: center;">4th Marine Division Cem, Iwo Jima</p>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	7	337	DISINTERMENT	REINTERMENT
22 Aug 47					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center;">UTD</p>	9. ESTIMATED HEIGHT <p style="text-align: center;">5'9"</p>	10. COLOR OF HAIR <p style="text-align: center;">Brown</p>	11. RACE <p style="text-align: center;">UTD</p>
---	--	---	--

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

UTD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

1-16-12

	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:		

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			GA		G							G	A	A	A		
Side Views																	Side Views
Top Views																	
Side Views																	
	A	A	A	Ø			Ø		Ø			Ø	Ø	X	A		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

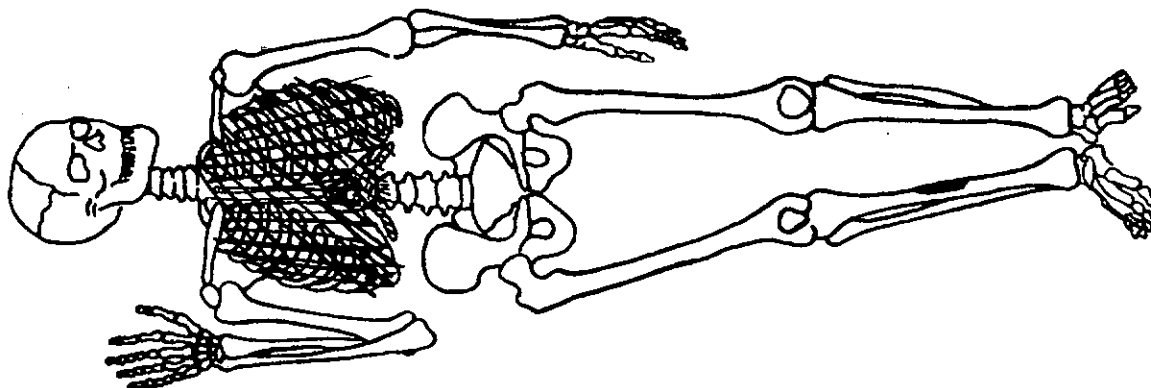
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Fixed Bridge covering space from R-6 to L-6 with No. 4 left being a dummy gold tooth.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Sect.

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.

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 P. NICHOLS
Chief, Ident. Sect.

SIGNATURE

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5531 00000

DATE 15 11 47 DAY MONTH YEAR

1

H803 R.A. FIS H8 R.F. F75

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-5		Q	
CEMETERY					DISPOSITION OF REMAINS
IWO JIMA 4TH MARINE DIV CEM					0 0391 63
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
1	7	337	KAZAN RETTO	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-5	Unk	Unknown	18 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN		U. E. Conerly, Capt., TC	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Nature of shroud undetermined	Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION	
Mortuary plate	
MINOR DISCREPANCIES	
None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 13 Aug. 48 BY H. E. Connell, Emb.	EMBALMER (Signature)
CASKET SEALED BY H. E. Connell, Emb.	B. G. MELTON
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 13 Aug. 48 BY E. Kelly	F. W. 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 GROODT, Capt., CMP
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, M.I.)		TO PORT STORAGE OFFICER (SAIPAN, M.I.)	
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 Aug. 48

2. SHIPPED

FROM PERT 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. Inf.	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		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

6

DISINTERMENT DIRECTIVE

293 nak Iwo Jima mes (4th marine)

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3531 00000

DATE
15 11 57
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-5

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 ROW GRAVE COUNTRY
1 7 357 KAZAN HETTO

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

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 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

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

DISINTERMENT DIRECTIVE

DATE

DIRECTIVE NO.

A. NAME AND SERVICE LOCATION OF DECEASED

NAME

RANK : SERIAL NUMBER : DATE OF DEATH : ARMY OR DISPOST-
SERVICE : TION

Unknown X 5

CEMETERY

CAUSE OF DEATH : U.S. DISTRIBUTION
POINT

4th Marine

LOT

ROW

GRAVE

COUNTRY

1

7

337

Two 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 DISINTERRETI

8/27/47

IDENTIFICATION TAG ON ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

() REMAINS

() MAFRET

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITIONS OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (signature)

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.

STATION

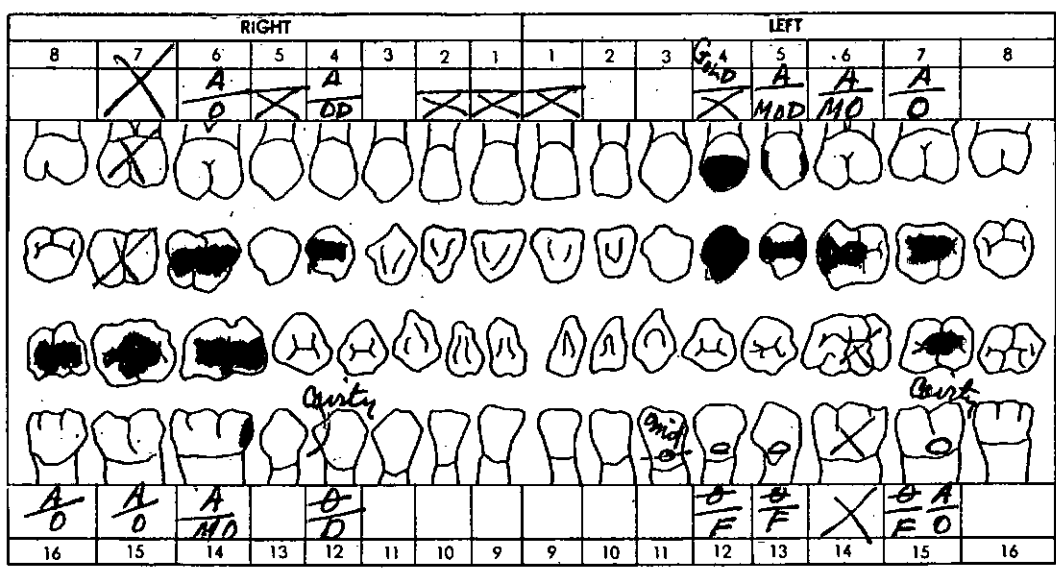
SIGNATURE OF GRS INSPECTOR

787

- 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.

UNKNOWN X-5 4th Mar. Com. Two Jaws

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	
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			TOP VIEW		SIDE VIEW	
			TOOTH MISSING		TOOTH MISSING	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			GOLD CROWN, PORCELAIN CROWN		GOLD CROWN, PORCELAIN CROWN	
			GOLD BRIDGE		GOLD BRIDGE	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			GOLD FILLING, SILVER FILLING		GOLD FILLING, SILVER FILLING	
			CAVITY, DECAYED		CAVITY, DECAYED	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			GOLD FILLING, SILVER FILLING		GOLD FILLING, SILVER FILLING	
CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			CAVITY, DECAYED		CAVITY, DECAYED	



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."

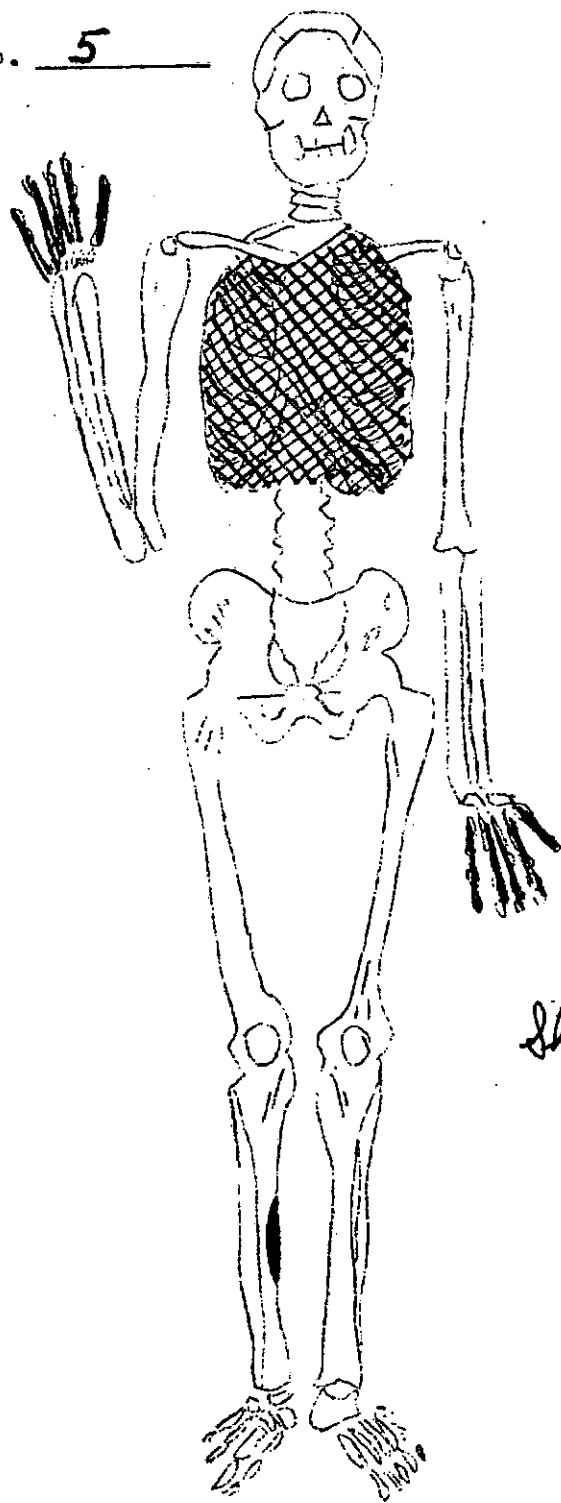
CLASP FOR L-3 Gold
CLASP FOR L-2
CLASP FOR R-4
FOR R-6

(all clasps are gold.)
Partial upper acrylic dentures, replacing R-5, 2-1, L-1, and L-4. (L-4 is a gold bridge.)

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART
VERIFIED BY GRS OFFICER

Melton Lamb -

Unknown "X" No. 5



*Skeletal Remains
Incomplete*

SKELETAL CHART

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

No 333 Card

unknown

UNKNOWN X 5

(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)

337

(Grave number)

7

(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:

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

4

3

2

1

THUMB

RIGHT HAND

~~A TRUE COPY~~

~~E. A. MULLER, JR.
1st Lt., GIC~~

JR
8076
GSA