

nfm

Interred 30 March 1950
L 16 70 Ft. McKinleyDISINTERMENT DIRECTIVE
PREPARED BY PHILCO*Carl R. Nichols*
CARL R. H. MARKCemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81308

DATE

29 03 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 69				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	42	2092	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
X - 69				30 March 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			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 30 March 1950	BY PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	<i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 30 Mar 50 BY RAYMOND H TANGUAY, 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

NAT
 FILE
 RECORDS ASSOCIATED
 DATE 29 April
 NAME L. W. Richardson
 Report ... M. DIV.

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 H. Mark</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 81308

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN 1 - 69 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA PLOT: 1 ROW: 42 GRAVE: 2092 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: 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 5-25-50 Kirkland's Report

Incl # 142

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

293 Unk Iwo Jima (X-39) (4th Mar. Div)

QMGMT 293
AGRS War East

This is X-69 4th Mar. Div
15 February 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 at the AGRS Mausoleum, Manila, P. I.:

UNKNOWN X-39, 4th Marine Division Cem., Iwo Jima
" X-93 " " " " " " "

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

FOR THE QUARTERMASTER GENERAL:

E. H. METZ
Lt. Colonel, QMG
Memorial Division

mm
JMN

R. Miller:lak
Salser
J. Windsor
cc: Administrative Section
cc: CINCPAC

TEC

293 Unk Iwo Jima X-93 4th Mar. Div

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

AFPO 900

SUBJECT: Unidentifiable Remains

26 Jan 50

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1949, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-27	4th Marine Division Cem.	Iwo Jima					
"	X-30	"	"	"	"	"	"	"
"	X-69	"	"	"	"	"	"	"
"	X-70	"	"	"	"	"	"	"
"	X-73	"	"	"	"	"	"	"
"	X-74	"	"	"	"	"	"	"
"	X-92	"	"	"	"	"	"	"
"	X-93	"	"	"	"	"	"	"
"	X-96	"	"	"	"	"	"	"
"	X-118	"	"	"	"	"	"	"

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

10 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

C
O
P
Y

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-69, Plot 1,
Row 42, Grave 2092, USMC 4th Mar Div Cem Iwo Jima, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


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

Attach: Form 1044

Received 8 Feb 1950 OQMG
Not identifiable from
information presently
available Robert W. Miller

1-13

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-69-				2. DATE OF REPORT 24 Jan '50		
3. NAME OF CEMETERY 4th Mar Div Cem Iwo Jima		4. PLOT 1	5. ROW 42	6. GRAVE 2092	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	-------------------------------------	---------------------------------	------------------------

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

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

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

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



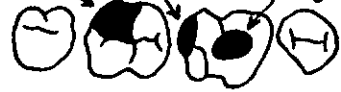
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	○	A	A	○	○	P	P					A	A	X
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
UPPER								LOWER							
Imp.	A	A				P	P						X	○	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

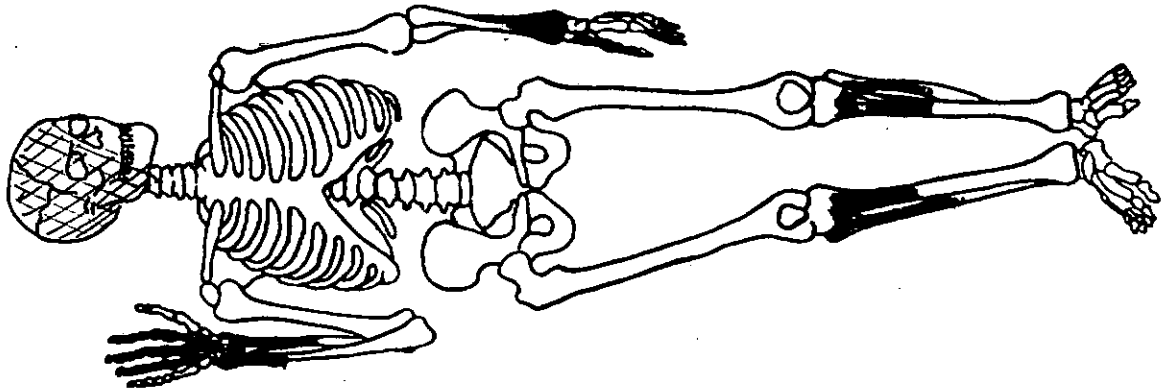
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

16 - R impacted and rotated lingually.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

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 I.D. tag, 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 R. NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

3 I-100

RKH MM

1

H803 H80
R/2 R7
F3 F56

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-000069	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY IWO JIMA (4TH MARINE DIV CEM)					DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.
PLOT 1	ROW-GRAVE 42 2092	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-000069-8	RANK Unk	DATE OF DEATH unknown	DATE DISTINTERRED 19 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION unknown	IDENTIFICATION VERIFIED BY ULDRIC 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 48	BY J. L. SIBLEY, Emb
CASKET SEALED BY J. L. SIBLEY, Emb	EMBALMER (Signature) R. V. WERST
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY G. D. JACABA, Clerk

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

FILE
HERSCHELL G. GUY, 1st Lt., Inf.
1949
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. Lott</i> JOHN H. LOTT, Maj., CMP	DATE 13 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 13 Aug 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> 1st Lt. T.S.	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. T.S.	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 (EXPLANATIVE CODES)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CHATTALTONS 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

DISINTERMENT DIRECTIVE

DATE

DIRECTIVE NO.

A. NAME AND BURIAL LOCATION OF DECEASED

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

UNKNOWN x 69 8

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

4th MARINE

PLOT : ROW : GRAVE : COUNTRY

1 : 42 : 2092 : 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 DISINTERME-
: : : : : 8-26-47

IDENTIFICATION TAG ON ORGANIZATION : RELIGION : IDENTIFICATION VERIFIED BY
(X) REMAINS *Interment report in*
() MARKET *both*

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL : CONDITIONS OF REMAINS

*Skull completely crushed. Bones broken.
Remainder missing.*

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 accom-
plished under my immediate supervision and that the report above is correct.

STATION FILE

[Handwritten initials]

#490

[Handwritten initials]

SIGNATURE OF GRS INSPECTOR

- 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-69

18. TOOTH CHART		
	TOOTH CHART	
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THIS:</p>	<p>← Tooth Missing →</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THIS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THIS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THIS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THIS:</p>	<p>Cavity, Decayed</p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X		A/O	X	A/O			R/R						A/O		X
Side Views																
Top Views																
Side Views																
	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."

Charles W. Jones

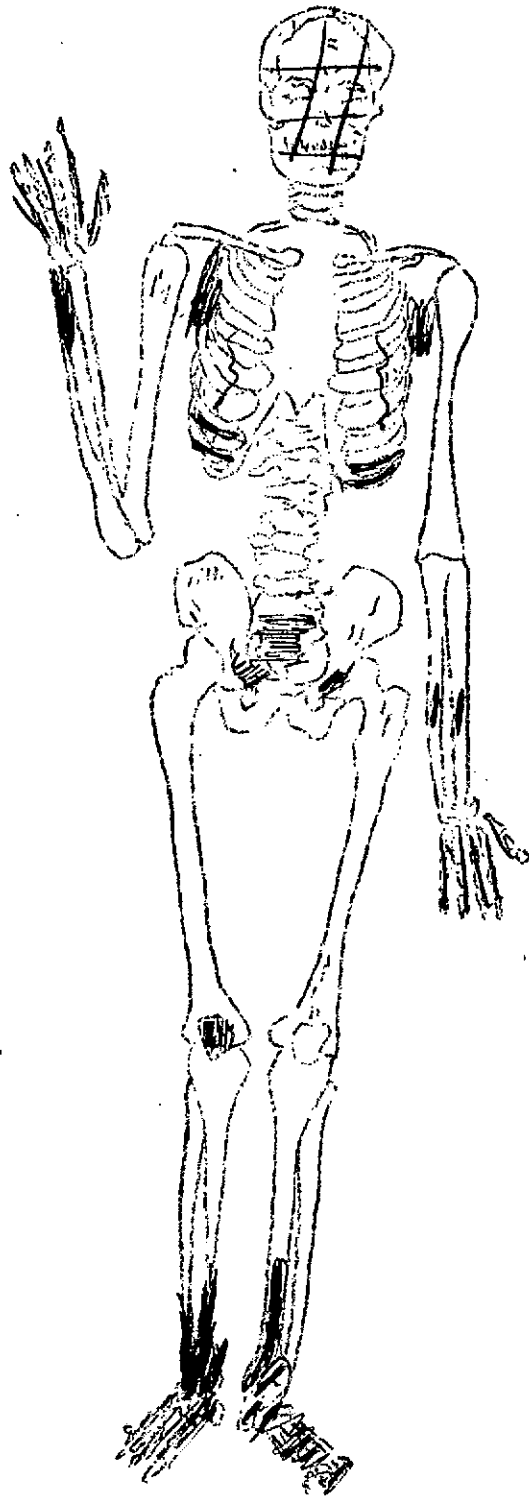
69-8

(Name)

(Rank)

(Ser. No.)

(Br of Sv)



Skeletal remains incomplete
SKELETAL CHART

***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right					Left (A)										
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			X										O		X

LOWER TEETH

(A) Right					Left										
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
?		O											X		X

CLASS

Occlusion: Calculus: Slight, Medium, Heavy
 Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Date Mar 6, 1945

D. O. Gilman, Capt.
 Dental Corps, U. S. A.

* Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)

X	X	X

Teeth replaced by fixed bridge
 (oval to include abutments)

(X)		

REGISTER OF DENTAL PATIENTS AT

(1) SURNAME		(2) CHRISTIAN NAME					
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS					
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS				
							(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
							(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
							(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

RX
2 578
UNKNOWN X-69

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

U 668
1

UNKNOWN (Adrian-found on Helmet Lining)

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

Iwo Jima

Body Completely Decomposed

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

1540 16 April 1945 (ELT) 4th Marine Div Cem

Iwo Jima

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

2092

42

1

Head Board

(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

GR Form No.1 buried in burial bottle with body.

(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 Unknown

(Name) (Serial number) (Rank) (Organization) (Grave number)

2091

Body buried on LEFT Grady, Lonnie (nmn)

33103667 Pfc Pvt 442 Port Co 2093
(Serial number) (Rank) (Organization) (Grave number)

None Available

(Name and address of EMERGENCY ADDRESSEE)

None Available

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

2nd 607

RESTRICTED

RECORDED

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? Yes

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Body Completely Decomposed

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Adrian found on Helmet Lining.

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)

P. Keller Sgt
Edward [unclear]

(Verified by Army GRS Officer)

8075

USA

LEFT HAND

4

3

2

1

THUMB

Prints Impossible

4

3

2

THUMB

Prints Impossible

9 JAN 1946

RIGHT HAND

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

dup

333 card
1-69

UNKNOWN

X69

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

(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)

2092

42

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

* Information taken from Plot Maps forwarded from 4th Marine Division Cemetery

(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)

61A

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 LANDMARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

8075 

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND