

/bpm

Interred 3 April 1950
L. 10 61 Ft. McKinley

1

*Carl R. H. Mark*DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81316

DATE

29 03 50

DAY MONTH YEAR

/CSV

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 74					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	44	2166	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
UNKNOWN X-74				30 Mar 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 50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY	SHIPPING ADDRESS VERIFIED BY
DATE 30 Mar 50, Sgt 1c, RA	L. W. RICHARDSON, M/Sgt., RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*File
27 Apr 50
J. W. R.*

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>Barclay Mark</i>	DATE APR 3 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 55X1 81316	DATE 29 03 50 DAY MONTH YEAR
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NAME UNKNOWN I - 74	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY 4TH MARINE DIVISION CEMETERY, IWO JIMA	PLOT 1	ROW 44	GRAVE 2166	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	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

*file 6-2-50
Kirkland
Report*

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

JUL 22 1971

CMGMI 293
GRS, Far East

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 CMFZ 293, dated 26 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-27, X-30, X-70, X-74 and X-118, 4th Marine Division Cemetery, Iwo Jima, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, MC
Memorial Division

CC: CINCFC

CMGMI 293 Unk X-74 4th Mar Div Iwo Jima

AIR MAIL

HEADQUARTERS
FHLCON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

23 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 74 , Plot 1 ,
Row 44 , Grave 2166 , USMC 4th Mar Div 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:

H. B. McNEELAR
H. B. MCNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

APPROVED UNIDENTIFIABLE

FEB 17 1950

6'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-74			2. DATE OF REPORT 23 Jan '50		
3. NAME OF CEMETERY 4th Mar Div Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	44	2166	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unk	9. ESTIMATED HEIGHT Unk	10. COLOR OF HAIR Unk	11. RACE Unk
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

N O N E

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

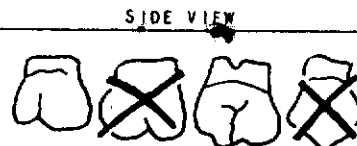
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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"ED OUT AND LABELED THUS:



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



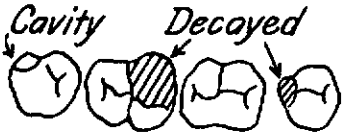
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

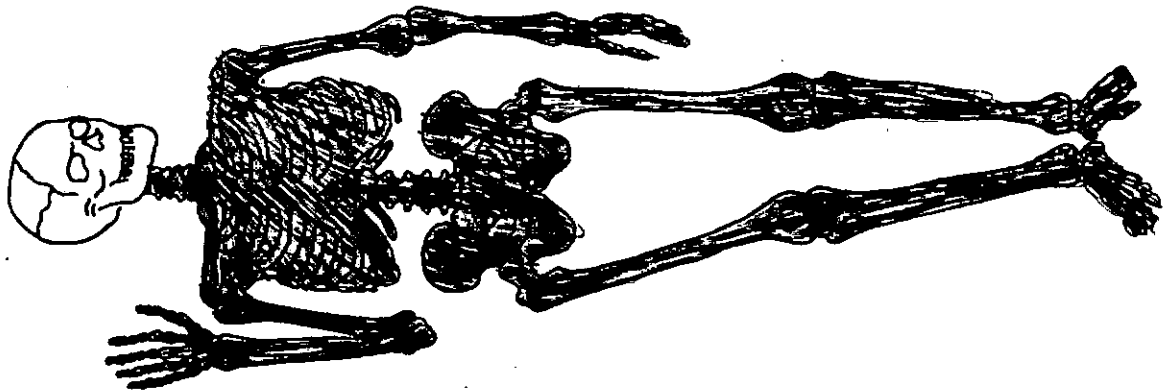


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
							P	P	P	P			A	Carious	
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
Lower								Lower							
Side Views								Side Views							
Carious	Carious			P		P	P	P	P				X	O	Carious
16	15	14	13	12	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."

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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. tags, burial bottle, personal effects, or other means of identification found with remains.

"UNIDENTIFIABLE"
DUE TO LACK OF SUPPORTING INFO.

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

3B-69

MMMP

DISINTERMENT DIRECTIVE

1

803-29A-35

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
UNKNOWN X-000074

SERIAL NUMBER
X-000074

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 ROW GRAVE COUNTRY
1 44 2166 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 X-74

SERIAL NUMBER
Unknown

RANK
Un-
known

DATE OF DEATH
Unknown

DATE DISTINTERRED
Unknown

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unknown

IDENTIFICATION VERIFIED BY
Roy H Oestreich
Capt., INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Individual grave, casketed

CONDITION OF REMAINS
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION
Mortuary Plate

MINOR DISCREPANCIES /
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 24 Nov 48

BY
C. H. VANDERBILT, Embalmer

CASKET SEALED BY
C. H. VANDERBILT, Embalmer

EMBALMER (Signature)
HAROLD E. CONNELL

CASKET BOXED AND MARKED
DATE 24 Nov 48 by F. COLEMAN

SHIPPING ADDRESS VERIFIED BY
JOSE J. PRESAS, Clerk

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

Roy H Oestreich
ROY H. OESTREICH, Capt. 4949 INF
SIGNATURE OF GRS INSPECTOR

FILE

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>William J. Sigmann</i> WILLIAM J SIGMANN 1st Lt INF	DATE 24 Nov 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 24 Nov 48

2. SHIPPED

FROM AGRS PORT (SAIPAN, MI)		TO MASTER FS-278	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Harold E. Fike</i> HAROLD E. FIKE, CAPTAIN INF.	DATE 12 Jan 49	SIGNATURE OF RECEIVER <i>Pedro G. Gonida, 1st Lt</i>	DATE 12 Jan 49

3. SHIPPED

FROM MASTER FS-278		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Pedro G. Gonida, 1st Lt</i>	DATE 24 Jan 49	SIGNATURE OF RECEIVER <i>E. H. Newman Jr.</i> E. H. NEWMAN JR., Capt., FA.	DATE 24 Jan 49

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 (SILVIA CODE.)		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

H. H. MARBLE IWO X-74

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT, AND LABELED THUS:	TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD GROWN PORCELAIN GROWN 	
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	
								<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>			<i>A</i>			
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	<i>0</i>				<i>P</i>				<i>P</i>					<i>A</i>	<i>0</i>	<i>X</i>	
	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."

Ulric E. Conerly
Ulric E. Conerly, Capt., T. C.

Manion C. ...

Unit X 74

Name

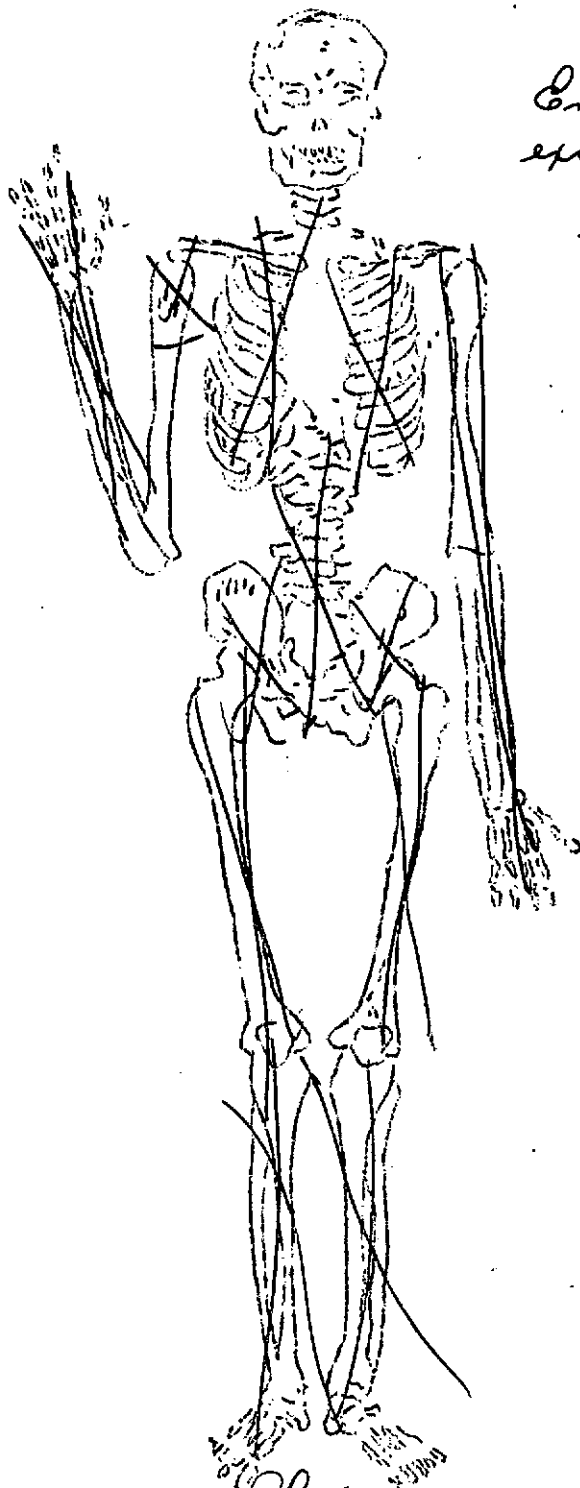
4th Mar Div Two Jima

Rank

Serial No.

P-1 R44 72166

Br of Sv



Entire skeleton missing
except for;

Skull, complete.

2 ribs

Lower $\frac{2}{3}$ of right humerus

Skeletal remains incomplete

SKELETAL CHART

CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MAPBO ZONE APO 244

293.

Date 24 Nov 48

CASE SUMMARY OF


NAME: UNKNOWN X-74 RANK: _____ SERIAL NO: _____
CEMETERY: 5th Mar Div Iwo Jima Plot: 1 Row: 44 Grave: 2166

Remains disinterred from P-1, R-44, Gr-2166 as UNKNOWN X-74 were processed this date and no further clues to identity were found.

Remains placed in permanent type casket.

Remains checked against 371 form of WATSON, Paul W. whome ID tags were found near remains during disinterment. However, a favorable comparison was not found.

cc: 293 _____


ROY H. OESTREICH
CAPT., INF

(Signature)

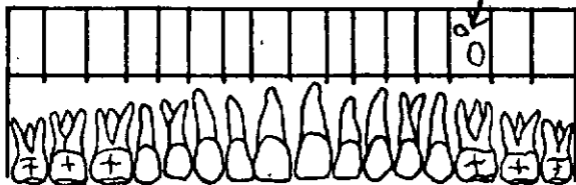
***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right

Left *Amalgam*

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



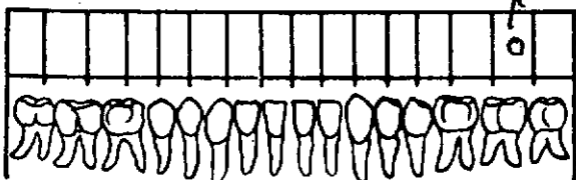
LOWER TEETH

Right

Left

Amalgam

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Date ~~24~~ *May* 19*45*

Donald O. Helman
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)



Teeth replaced by fixed bridge
 (oval to include abutments)



RESTRICTED

FORM 1042
1 April 1945
(Replaces GRS Form 1)

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

DATE OF REPORT
21 August 1947

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 80%; margin: 10px auto;"> <p align="center">REPORT OF DISINTERMENT</p> </div>		<p>Section 1.—IDENTIFICATION.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">NAME (Last, first, middle initial)</td> <td colspan="3">SERIAL No.</td> </tr> <tr> <td colspan="4">UNKNOWN X - 74</td> <td colspan="3">Box No. 149</td> </tr> <tr> <td colspan="2">GRADE</td> <td colspan="2">ORGANIZATION</td> <td colspan="3">BRANCH OF SERVICE</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">4th Marine Div</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">RACE</td> <td colspan="2">RELIGION</td> <td colspan="3">IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> </table>							NAME (Last, first, middle initial)				SERIAL No.			UNKNOWN X - 74				Box No. 149			GRADE		ORGANIZATION		BRANCH OF SERVICE					4th Marine Div					RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY									
NAME (Last, first, middle initial)				SERIAL No.																																														
UNKNOWN X - 74				Box No. 149																																														
GRADE		ORGANIZATION		BRANCH OF SERVICE																																														
		4th Marine Div																																																
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY																																														
PLACE OF DEATH		CAUSE OF DEATH				DATE OF DEATH																																												
IWO JIMA		Unk																																																
EMERGENCY ADDRESSEE (Name, relationship, and address)																																																		
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)																																																
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)		<p align="center">APPROVED UNIDENTIFIABLE</p> <p align="center">FEB 17 1950</p>																																																
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME																																																		
interment paper in bottle found and enclosed with remains. Possible identification found on back of interment paper.																																																		
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.																																																		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY																																																		
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.																																												
26 May 45				1	44	2166																																												
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.																																												
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY																																															
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)																																																	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.																																														
Dickens, Russell G.	FLO	T-131115	USA	2167																																														
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.																																														
UNKNOWN X - 73				2165																																														
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT																																															
<p align="center"><i>Teodorico Espital</i> Teodorico Espital</p>			<p align="center"><i>[Signature]</i></p>																																															

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 proscribed by theater commander.

RESTRICTED

Section 1. 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

FILLINGS

SILVER FILLING
GOLD FILLING

CAVITIES

CAVITY
DECAYED

MISSING TEETH

TOOTH MISSING

CROWNED TEETH

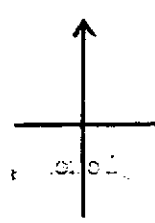
PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK

GOLD BRIDGE

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



REMARKS:

Condition of Remains: Found skull and two ribs. One broken humerus. The remainder missing.

611 RX

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

13 U 689

3

UNKNOWN X-74

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

Iwo Jima

(Place of death)

unknown

(Date of death)

Body decomposed

(Cause of death)

1630 26 May 1945 (ELT)

(Time and date of burial)

Ith Marina Div Cem

(Name of cemetery)

Iwo Jima

(Name or coordinates of location)

2166

(Grave number)

14

(Row number)

1

(Plot number)

Head Board

(Type of marker - regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

GR Form # 1 in burial bottle buried with the 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)

2165

(Grave number)

Body buried on LEFT Dickens, Russell George

(Name)

T-131115

(Serial number)

P/O

(Rank)

46 Ptr Sq

(Organization)

2167

(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

Encl 608

RESTRICTED

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.:

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

WATSON, P.W. 551826 USMCR Identification tags found in vicinity that body was found.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

David E. King / G. P. ...

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

JMO

.....
(Verified by Army GRS Officer)

4	PRINTS IMPOSSIBLE
3	
2	
1	
THUMB	

LEFT HAND

4	PRINTS IMPOSSIBLE
3	
2	
1	
THUMB	

RIGHT HAND

9 JAN 1946

Unknown X 74

(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)

2166 (Grave number) 44 (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

* Information taken from Plot Maps forwarded from Marine Division Cemetery, Iwo
(If no identification tags, what means of identification was used for burial 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)

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? <i>✓</i>
Race:	Is tooth chart attached? <i>✓</i>

(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

X-74

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

1

46

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

Iwo Jima Unknown Body decomposed
 (Place of death) (Date of death) (Cause of death)

1630 26 May 1945 (ELT) 4th Marine Div Cem Iwo Jima
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

2166 4 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

APPROVED UNIDENTIFIABLE

GR Form #1 in burial bottle buried with body
 (If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give full name)

Body buried on RIGHT Unknown 2165
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT
 (Name) (Serial number) (Rank) (Organization) (Grave number)

None Available None Available
 (Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

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

6

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)

8075 65A

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND