

AIRMAIL

293 UNK P. I. (misc) (Maus Manila)

See numbers below

QUEST 293
ORS Far East

8 June 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-89	4th Mar. Div. Com., Iwo Jima, Unit 9, Page 1
" X-1665	AGRS Mausoleum, Manila, Unit 2, Page 18
" X-2362	(Formerly Unk X-575 Leyte #1) Unit 2, Page 13
" X-4419	AGRS Mausoleum, Manila, Unit 2, Page 22
" X-4957	AGRS Mausoleum, Manila, Unit 2, Page 24

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 QMG
Memorial Division

J. Millerlak
Salsor

cc: Administrative Section

cc: CINCFCB

X-293 UNK, Iwo Jima (AFH Manila (Div) Com X-89)

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

24 Mar 1950

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 1948, 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-12	7th Div. Cem. Okinawa Shima
"	X-15	" " " " "
"	X-15	77th " " " "
"	X-16	Island Command Cem. #1 Okinawa
"	X-19	7th Div. Cem. Okinawa Shima
"	X-58	5th Mar. Div Cem. Iwo Jima
"	X-89	4th Mar. Div Iwo Jima

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

FOR THE COMMANDING OFFICER:

7 Incls
QIC Forms 1044 w/Certificates
of Unidentifiability

/s/ Harry C. Thornsward
WOJG, USA
Assistant Adjutant

Rec 17 Apr 50

nfm

Interred 13 April 1950
L 6 121 Ft. McKinley

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

1

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

DIRECTIVE NUMBER

5531 81394

DATE

10 04 50
DAY MONTH YEAR

NAME

UNKNOWN X - 89

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

4TH MARINE DIVISION, TWO JIMA

PLOT

ROW

GRAVE

1

12

551

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

AGRS MAUSOLEUM

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

12 April 50

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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 12 April 50

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 12 Apr 50 BY RAYMOND H TANGUAY, Sgt., 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

HAT
FILE
RECORDS ANNOTATED
DATE 22 May 1950
NAME J. Kyle
B & H BR.

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>Carol Ann</i>	DATE APR 13 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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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

att Basis 8th
4-20-50

293 unk Iwo, Jima (4th Marine Div Cem) X-89

GRPZ 293 1st Ind. HBM/RHT/vcr

QMGMT 293
GRS Far East (20 Apr 50)
SUBJECT: Identification of World War II Deceased

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,
APO 900 26 APR 1950

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

In accordance with request contained in basic communication,
forwarded herewith is Report of Interment for Unknown X-89, 4th
Marine Division Cemetery, Iwo Jima, Plot 1, Row 12, Grave 551.

FOR THE COMMANDING OFFICER:

Frank M. Green Jr.
FRANK M. GREEN JR.
Major, QMC
Asst. Adjutant

1 Incl
ROI for X-89, 4th Mar
Div Cem, Iwo Jima

293 Unk Iwo Jima (4th Marine Div Cem) (X-89)

10/11/50

1st Ind.

10/11/50

(10/11/50)

Identification of ...

...

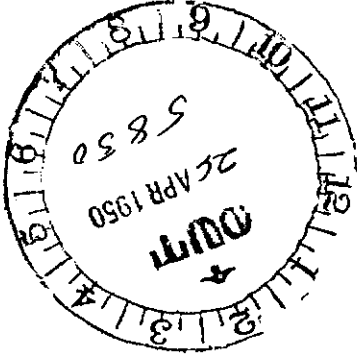
For The ... Department of the Army, Washington

In accordance with ...

...

...

...



AIRMAIL

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGT 293
GRS Far East

20 April 1950

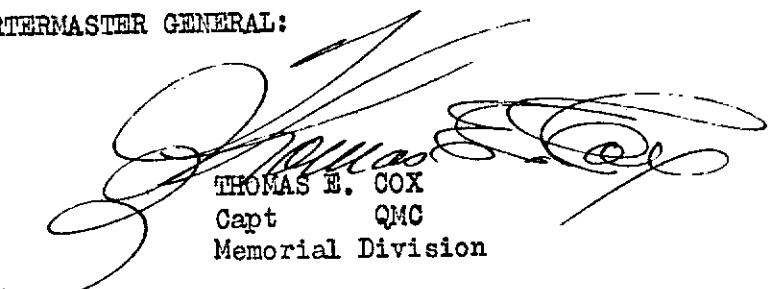
SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Certificate of Unidentifiability for Unknown X-89, Plot 1, Row 12, Grave 551, USMC 4th Marine Division, Iwo Jima, Unit 9, Page 1.

2. Inasmuch as there is no Report of Interment on file in this Office for Unknown X-89, it is requested that a Report of Interment for subject remains be forwarded by indorsement hereon.

FOR THE QUARTERMASTER GENERAL:



THOMAS E. COX
Capt QMC
Memorial Division

UNIT OF RECORDS CONTROL
GROUP

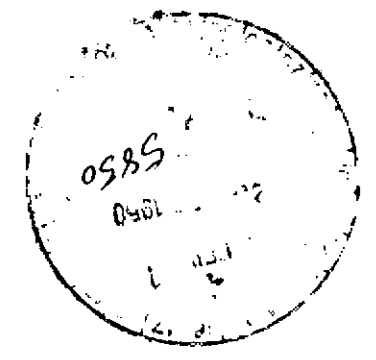
APR 21 1950

AIRMAIL

NAT: File
W. Miller
Ident Sec
14 Jun 50

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APR 21 2 37 PM '50
O.D.M.G.
MAIL & RECORDS BRANCH



AIRMAIL

293 units - 1st ...

**QMGMT 293
GRS Far East**

20 April 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**

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FOR THE QUARTERMASTER GENERAL:

**THOMAS E. GOX
Capt
Memorial Division**

JV

JMM

JMM
**J. Miller:lak
C. Salsar**

cc: Administrative Section

CG: CINCPAC, APO 500

Handwritten signature
MAR 21 2 37 PM '50
COMM. DIV.

AIRMAIL

3

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

55X1 01394

10 04 50
DAY MONTH YEAR

NAME: UNKNOWN I - 89 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 4TH MARINE DIVISION IWO JIMA PLOT: 1 ROW: 12 GRAVE: 551 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. W. 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 Regat

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

RL
JK

DISINTERMENT DIRECTIVE

1

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 00000

DATE

15 02 49
DAY MONTH YEAR

NAME

UNKNOWN X-000089

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

IWO JIMA 4TH KAZAN RETTO

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 12 551

7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

USMC

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.)

WANCELLE

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

EMBALMER (Signature)

CASKET SEALED BY

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
SEP 1 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

OM
PENTAGON LIAISON
MEMORIAL DIVISION

DATE 7 Dec. 1949

Requested By

<u>NAME</u>	<u>SECTION</u>	<u>ROOM NO.</u>	<u>TELEPHONE</u>
Mrs. Kenney	Resolution	2440-B	2289

Request: Status of John A. SIMPSON, 405514, USMCR

Information Received From: U. S. Marine Corps Headquarters

John Anthony SIMPSON, Jr., 405514, USMCR was not a casualty in the U S Marine Corps. He was erroneously reported as killed in action.

L. Kenney

For 293 File

BASIC: Ltr fr WD, OQMG, Wash. 25, D.C. file QMGMU 293/Simpson, John A.
(4th Marine Division Cem) Iwo Jima, dtd 20 May 1947, subject:
Report of Burial

GSQMM 293

1st Ind

SBB/gyd

PHILRYCOM Sector Graves Registration Service, APO 707, 6 June 1947

TO: Quartermaster General, Washington 25, D.C.

Reference letter your office, file QMGMU 293 Simpson, John A. (4th Marine Division Cem) Iwo Jima, subject: Report of Burial, dated 13 Feb. 1947 has been forwarded to your office by 5th Indorsement, dated 6 June 1947, a copy of which is inclosed.

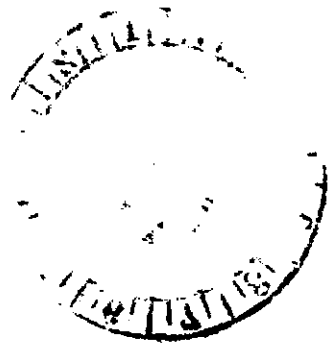
HAROLD F. REVERSKI
Lt. Colonel, QMC
Commanding

2 Incls:

Incl 1: Cy ltr dtd 13 Feb 47.

✓ Incl 2: Cy 5th Ind, dtd 6 June 47.

*Hand - 2/12/47
OK W*

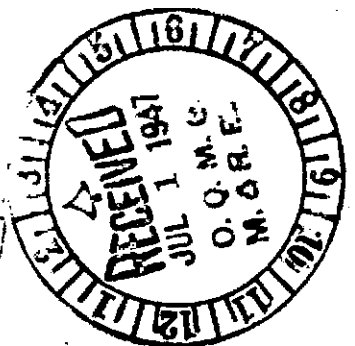
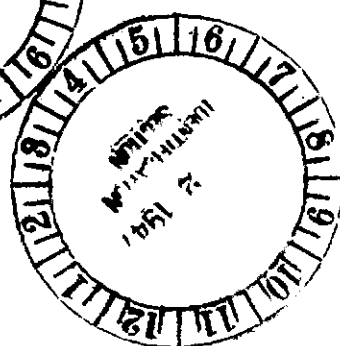
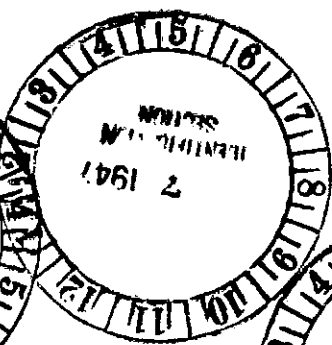
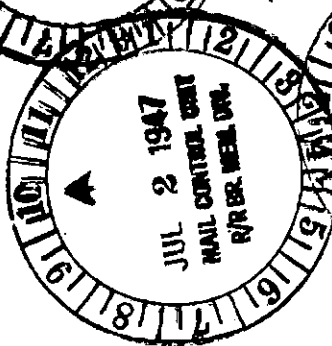
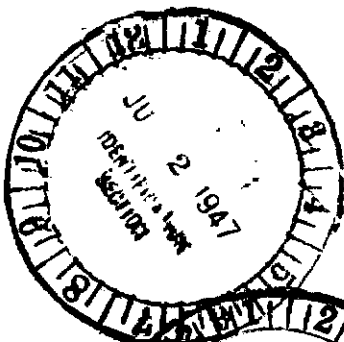


293 X-89, 4th Marine Div, Iwo Jima

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[Handwritten signature or name]

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WAR DEPARTMENT
~~ARMY SERVICE FORCES~~



IN REPLY REFER TO QMGMU 293

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

Simpson, John A.
(4th Marine Division Cem) Iwo Jima

20 May 1947

SUBJECT: Report of Burial

TO : Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to letter this office, dated 13 February 1947, copy inclosed, to which no reply has been received.

2. It is requested that this office be informed of the status of the communication referred to in the preceding paragraph.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Memorial Division

1 Incl:
Cy ltr dtd
13 Feb 47

293 X-89, Phil Ryukyus Com, San Francisco

ALL DONE

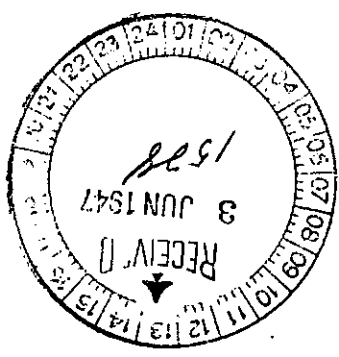
1947 JUN 3

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

[Illegible typed text]



U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
MAIL & RECORDS BRANCH
MAY 20 5 09 PM '47

9 ASD
Str 2-13-47

BASIC: Ltr fr WD, OQMG, Wash. 25, D.C. file QMGMR 293, Simpson, John A.
4th Mar Cem, Iwo Jima, dtd 13 Feb 47, subj: Report of Burial.

GSQMM 293

5th Ind

SBB/gyd

PHILRYCOM Sector Graves Registration Service, APO 707; 6 June 1947

TO: Quartermaster General, Washington 25, D.C.

1. Your attention is invited to the preceding 2nd and 3rd Indorsements which indicate that there is no record of interment at the Marbo Sector Headquarters or at the cemetery for a John A. SIMPSON, SN 405514, USMCR. The records indicated that the remains of Robert E. SIMPSON, 405514, USMCR were interred in Fourth Marine Division Cemetery, Iwo Jima, Plot 1, Row 12, Grave 551 and also indicated the remains of Robert E. SIMPSON, SN 826576, Pvt., USMCR interred in Plot 1, Row 27, Grave 1342.

2. In compliance with paragraph 3 of the basic letter from your office the remains interred in Fourth Marine Division, Cemetery, Iwo Jima, Plot 1, Row 12, Grave 551 were disinterred and QMC Forms 1044 and 1045 accomplished, true copies of which are forwarded herewith. These remains have been redesignated as Unknown X-89 and a corrected Report of Interment accomplished.

Unknown 293, 4th Mar. Div, Iwo Jima

3. The remains interred in Plot 1, Row 27, Grave 1342 were also disinterred and an identification tag was found with the following information:

SIMPSON, Robert E., Pvt., USMCR
SN 826576 TET 8/44
Religion - P Blood Type - O

These remains are still identified as SIMPSON, Robert E., Pvt., USMCR, SN 826576. True copies of the Reports of Interment, QMC Forms 1044 and 1045 are forwarded herewith.

4. It is requested that the inclosed QMC Forms 1045 be compared with the existing clinical records of SIMPSON, Robert E., 826576, Pvt., USMCR to verify this identification.

Handwritten signature

HAROLD F. REVERSKI
Lt. Colonel, QMC
Commanding

6 Incls:

- Incls 1-3: True copies of QMC Forms 1042, 1044 and 1045 for Unk. X-89
- Incls 4-6: True copies of QMC Forms 1042, 1044 and 1045 for SIMPSON, Robert E.
- Original Incl: w/d.

3111
2 JUL 1947
de S. Hall

11-501 UNK. X 89
121-127

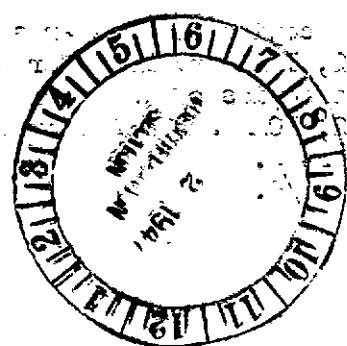
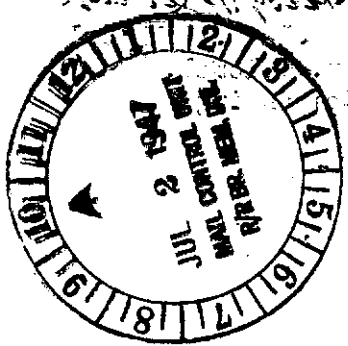
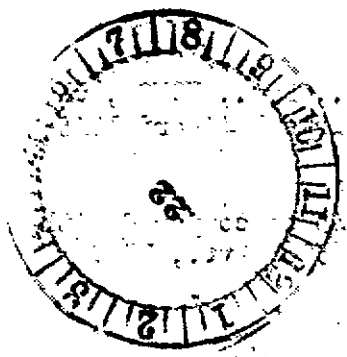
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Second paragraph of faint text.

Third paragraph of faint text.

Fourth paragraph of faint text.



BASIC: Ltr, WD, OQMG, Washington 25 DC, QMCMR 293, Simpson, John A.
4th Marine Cemetery, Iwo Jima, dtd 13 February 1947. Subj:
Report of Burial

4th Ind

RJMcB/dh

AMERICAN GRAVES REGISTRATION SERVICE, MARIANAS-BONINS COMMAND, APO 246,
15 May 1947

TO: American Graves Registration Service, Far Eastern Zone, APO 707

- 1. Attention is invited to 3rd indorsement.
- 2. All records this headquarters have been changed for Grave 551,
Row 12, Plot 1, to show Unknown X-89.

FOR THE COMMANDING OFFICER;

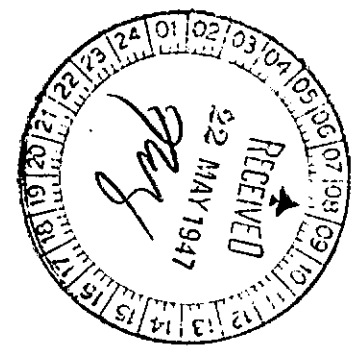
ROBERT J. McBROOM
Captain, QMC
Executive Officer

6 Incls: n/c

J. S. 10 2
JUL 10

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Ltr, WD, OQMG, Washington 25 DC, QMGR 293, Simpson, John A. 4th Marine Cemetery, Iwo Jima. dtd 13 February 1947. Subj: Report of Burial.

3rd Ind.

Headquarters, Army Garrison Force, Iwo Jima APO 86 30 March 1947

TO: Office of the Quartermaster General, Washington 25 DC.

THRU: Military Channels.

1. Records of this headquarters reveal no John A. Simpson, as listed in basic communication.

2. Graves registration records on file in this office revealed that a Robert E. Simpson 405514, USMCR, buried in Plot 1, Row 12 Grave 551 and another Robert E. Simpson in Plot 1, Row 27, Grave 1342., but on the graves the marker for grave 551, Row 12, Plot 1 is registered as an Unknown.

3. In compliance with paragraph 3, 2nd Ind. both graves were disinterred and the enclosed forms were completed on each. An identification tag was found attached to the body in Grave 1342, verifying the fact that Robert E. Simpson, 405514, USMCR, is buried in that grave. No identification was found on the body in grave 551.

4. Records of this headquarters have been amended accordingly.

FOR THE COMMANDING OFFICER:



R E L WARNER
Captain AGD
Adjutant

6 Incls:

- #1 QMC form 1042 for gr. 551
- #2 QMC form 1044 for gr. 551
- #3 QMC form 1045 for gr 551
- #4 QMD form 1042 for gr. 1342
- #5 QMC form 1044 for gr. 1342
- #6 QMD form 1045 for gr. 1342

FILE

J. K. Walt.
22 JUL 1947



Ltr, WD, OQMG, WASH 25, D.C., QMGMR 293, Simpson, John A., (4th Marine Division Cemetery) Iwo Jima, dtd 13 Feb 47, Subj: Report of Burial

MBYQM 293/217

2nd Ind

HEADQUARTERS, MARIANAS BONINS BASE COMMAND, APO 246 (GUAM) 20 JAN 1947

TO: Commanding Officer, Army Garrison Force, APO 86 (Iwo Jima)

1. Records this Headquarters reveals no John A. Simpson, as listed in basic communication.

2. A thorough search of records reveals a Robert E. Simpson, SN 405514, USMCR, buried in Plot 1, Row 12, Grave 551; another Robert E. Simpson, SN 826576, Pwt, USMCR, is buried in Plot 1, Row 27, Grave 1342. Request verification.

3. Request that both graves listed in paragraph 2, be disinterred and QMC Forms 1044, 1045, and 1042 be submitted to this Headquarters in triplicate.

BY COMMAND OF BRIGADIER GENERAL IRVINE:

J. H. Hyland
 J. H. HYLAND
 Lt Col, AGD
 Asst Adjutant General

File
w/d

3 Incls:

- #1 - QMC Form 1042 (trip)
- #2 - QMC Form 1044 (trip)
- #3 - QMC Form 1045 (trip)

FILE

J. K. Waite
 2 JUL 1947

1947 MAR 21 11 21 AM '47

1947 MAR 21 11 21 AM '47

1947 MAR 21 11 21 AM '47

1947 MAR 21 11 21 AM '47

1947 MAR 21 11 21 AM '47

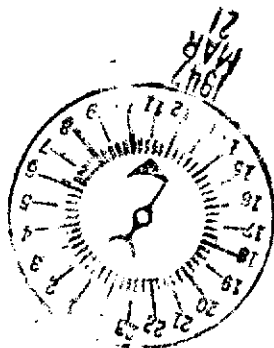
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1947 MAR 21 11 21 AM '47

1947 MAR 21 11 21 AM '47

1947 MAR 21 11 21 AM '47



33

BASIC: Ltr fr WD, OQMG, Wash., 25, D.C., file QMGFR 293, Simpson, John A., (4th Marine Division Cem) Iwo Jima, dtd 13 Feb 47, subj: Report of Burial

GSQMH 293 1st Ind
HEADQUARTERS PHILIPPINES-RYUKYUS COMMAND, APO 707

S: 25 Apr /47
CRHM/gyd

TO : Commanding General, Marianas Bonins Command, APO 246
Attn: Graves Registration Officer

1. Your attention is invited to the letter received from the Office of the Quartermaster General, Washington 25, D.C., file QMGFR 293, Simpson, John A. (4th Marine Division Cem) Iwo Jima, subject: Report of Burial, dated 13 February 1947.

2. Inasmuch as a search of the records available at the Office of the Quartermaster General fail to reveal an Armed Forces casualty by the name of John A. SIMPSON and that it has not been possible to verify the serial number of 405514 as belonging to a male member of the United States Forces, it is requested that the remains of John A. SIMPSON, 405514, the remains of whom are interred in Fourth Marine Division Cemetery, Iwo Jima, row 12, grave 551, be disinterred in the presence of a Medical Officer and the inclosed QMG forms 1044 and 1045 accomplished.

3. It is further requested that said remains be reinterred as an Unknown and a corrected Report of Interment be prepared and forwarded to this office with a true copy of the basic letter of authority attached to each copy of the corrected report.

FOR THE COMMANDING GENERAL:

A. D. Hopping
for *major ac*
A. D. HOPPING
Brig. General, QMG
Quartermaster

2 Incls: n/c

FILE

J. K. Waite
22 JUL 1947

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGM 293

Simpson, John A.
 (4th Marine Division Cem) Iwo Jima

13 February 1947

SUBJECT: Report of Burial

TO : Commanding Officer, American Graves Registration
 Service Area Command, Pacific Theater, APO 707,
 c/o Postmaster, San Francisco, California

1. This office is in receipt of a Report of Burial for John A. SIMPSON, 405514, (Rank and Organization Unknown), which indicates his remains to be interred in the Fourth Marine Division Cemetery, Iwo Jima, Row 12, Grave No. 551.

2. A search of all records available to this office fails to reveal an Armed Forces casualty in the Pacific Area by this name and it has not been possible to verify this serial number as belonging to a male member of the United States forces. AGO Records show the ASN A-405514 as being assigned to a member of the Womens Army Corps.

3. It is requested that these remains be disinterred and re-processed in the presence of a Medical Officer, and QMC Forms 1044 and 1045 be accomplished if possible. If no further evidence of identification is disclosed, it is requested that the remains be re-interred as an Unknown and a Corrected Report of Burial forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
 JAMES C. MACFARLAND
 Major, QMC
 Assistant

2 Incls:

- #1 - QMC Form 1044 (dupl)
- #2 - QMC Form 1045 (dupl)

FILE

J. K. Waite

2 JUL 1947



FEB 13 11 36 AM '47
ODMG M&R BR

WAR DEPARTMENT
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

QMG29 293
Simpson, John A. 405514
(4th Marine Division Com) Iwo Jima

20 May 1947

SUBJECT: Report of Burial

TO : Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to letter this office, dated 13 February 1947, copy inclosed, to which no reply has been received.
2. It is requested that this office be informed of the status of the communication referred to in the preceding paragraph.

FOR THE QUARTERMASTER GENERAL:

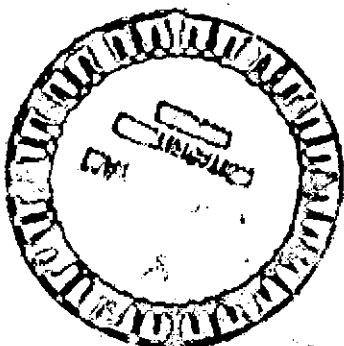
JAMES C. MacFARLAND
Major, QMC
Memorial Division

1 Incl:
Cy ltr dtd
13 Feb 47

ald

Handwritten initials

MAY 20 5 59 PM '47
O C M G
MAIL & RECORDS BRANCH



MAY 20 3 31 PM '47
MEMORIAL DIVISION
RECORDS BRANCH AND
MAIL ROOM

QMC# 293

Simpson, John A.

405514

~~(4th Marine Division Com) Iwo Jima~~

13 February 1947

SUBJECT: Report of Burial

TO : Commanding Officer, American Graves Registration Service Area Command, Pacific Theater, APO 707, o/o Postmaster, San Francisco, California

1. This office is in receipt of a Report of Burial for John A. SIMPSON, 405514, (Rank and Organization Unknown), which indicates his remains to be interred in the Fourth Marine Division Cemetery, Iwo Jima, Row 12, Grave No. 551.

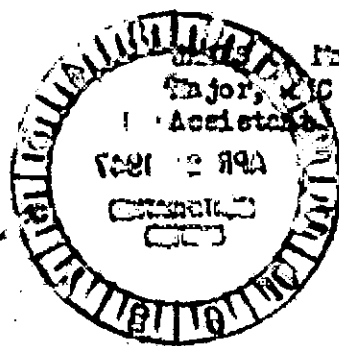
2. A search of all records available to this office fails to reveal an Armed Forces casualty in the Pacific Area by this name and it has not been possible to verify this serial number as belonging to a male member of the United States forces. AGO Records show the ASN 4-405514 as being assigned to a member of the Womens Army Corps.

3. It is requested that these remains be disinterred and re-processed in the presence of a Medical Officer, and QMC Forms 1044 and 1045 be accomplished if possible. If no further evidence of identification is disclosed, it is requested that the remains be re-interred as an Unknown and a Corrected Report of Burial forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:



2 sheets:
QMC Form 1044 (dupl)
QMC Form 1045 (dupl)



PROF. RAND

Major, MC
Assistant

RECORDS SECTION AND
BRANCH
FEB 13 9 48 AM '47
MEMPHIS DIVISION

Miss Edelstein,

Can you start a 293 file
with this form? A letter
to field will follow in a
few days.

Bill Harry
2321-"B"

J.P.

RX

BURIAL INFORMATION

NAME (Last, First, Middle Initial)

ASH

GRADE

298

SIMPSON, JOHN A.

H05514

—

ORGANIZATION

DATE OF DEATH

? ?

19 Feb '45

PLACE

DATE OF BURIAL

DATE OF REBURIAL

? ?

?

REMARKS

RX CASE

44 Marine Div. Camp, P.O. Jones
Cemetery

12

551

CEMETERY

PLOT

ROW

GRAVE

Report of interment is being held by the Identification Section. Case requires further investigation. Do not release burial information until notice of identification has been filed.

THIS FORM TO REMAIN ON TOP OF 293 FILE CONCERNED

File ✓
10 Feb 47
Quincy
NAT

FROM

MEMORIAL DIVISION, IDENTIFICATION SECTION, ROOM 2430 TEMPO "B" BUILDING

3A-45

Emb JS

1

H803 803
R2
F84 F84

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000089

Q

DAY MONTH YEAR

CEMETERY

IWO JIMA 4TH MARINE DIV CEM

0

DISPOSITION OF REMAINS

0391 63
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

1 T2 551 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
MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN

X-000089

Unk

Unknown

19 Nov 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

Unknown

U. E. CONERLY, Capt., TC
NAME AND TITLE

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 August 48

BY J. L. SIBLEY, Emb

CASKET SEALED BY

EMBALMER (Signature)

J. L. SIBLEY, Emb

R. V. WERST

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 13 Aug 48 BY E. KELLY

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.

F. T. DE GROODT, Capt., C

SIGNATURE OF GRS INSPECTOR

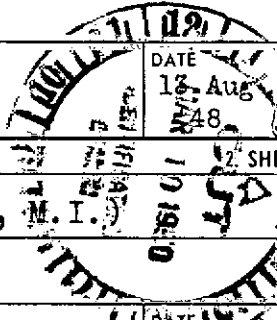
FILE
SEP 1 1949

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	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF
DATE 13 Aug 48	DATE 23/8/48



3. 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	SIGNATURE OF RECEIVER <i>Edw. Nordmann</i> EDW. NORDMANN, 1st Lt. T.S.
DATE 6 Oct 48	DATE 6 Oct 48

4. SHIPPED

FROM USAT DALTON VICTORY	TO AGRS MAUSOLEUM
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>Edw. Nordmann</i> EDW. NORDMANN, 1st Lt. T.S.	SIGNATURE OF RECEIVER <i>H. Newman, Jr.</i> H. H. NEWMAN, Jr., Capt, FA
DATE OCT 10 1948	DATE 10 Oct 48

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER GOV. NATIONAL CELESTIA	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

7. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

ak.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

18 March 1950
(Date)

SUBJECT: Unidentifiable Remains

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

9-1

The records pertaining to Unknown X-89, Plot 1,
Row 12, Grave 551, USMC 4th Mar.Div., Iwo Jima, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McENEMAR
H. B. McENEMAR
Captain, QMC
Chief, Records Branch

Incl:
Form 1044

Received 17 Apr 1950
Not identifiable from J. Miller, Adlt Sec.
information presently 31 May 1950
available

71

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-89, 4th Marine, Iwo Jima			2. DATE OF REPORT 18 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 1	5. ROW 12	6. GRAVE 551	7. DATE OF
				DISINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 2-3/8"	10. COLOR OF HAIR U T D	11. RACE U T D
-------------------------------------	---	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

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

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

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)

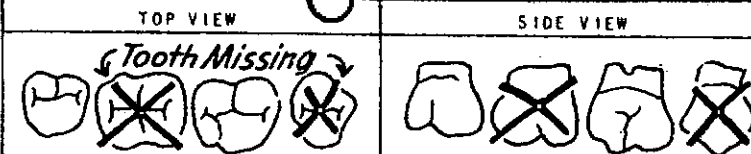
N O N E

"UNIDENTIFIABLE"

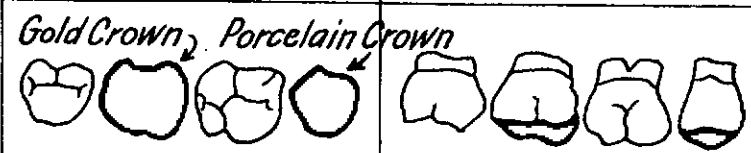
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

17 2

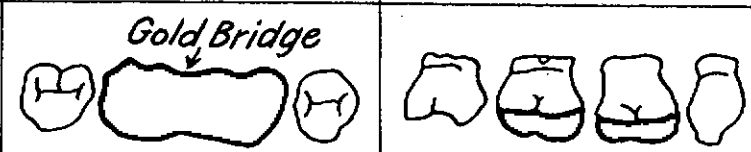
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



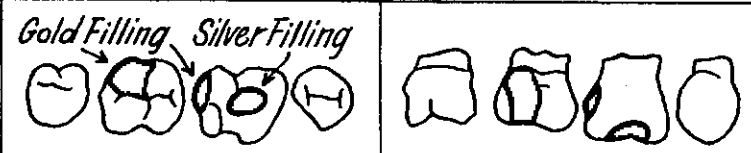
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



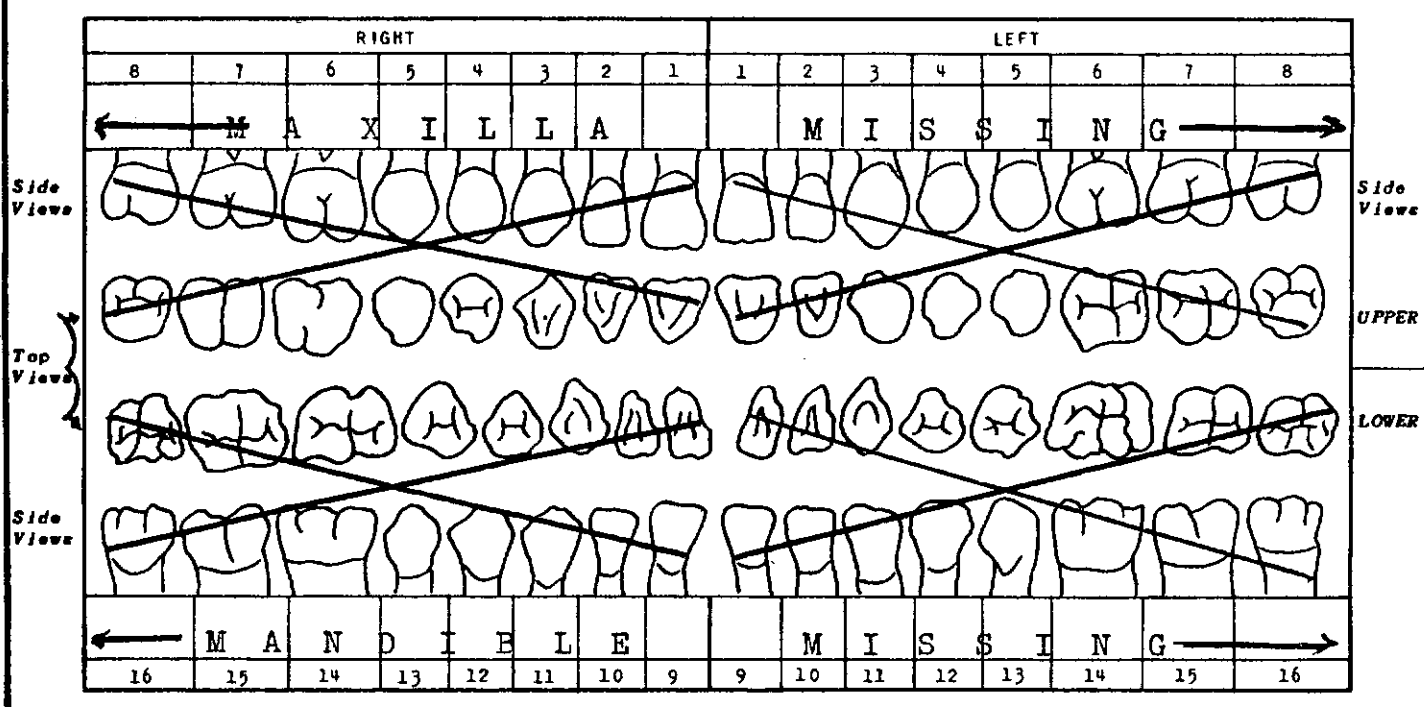
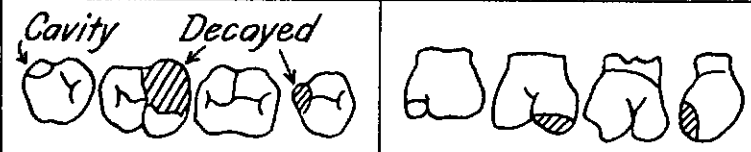
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



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

No loose maxillary or mandibular teeth present with remains.

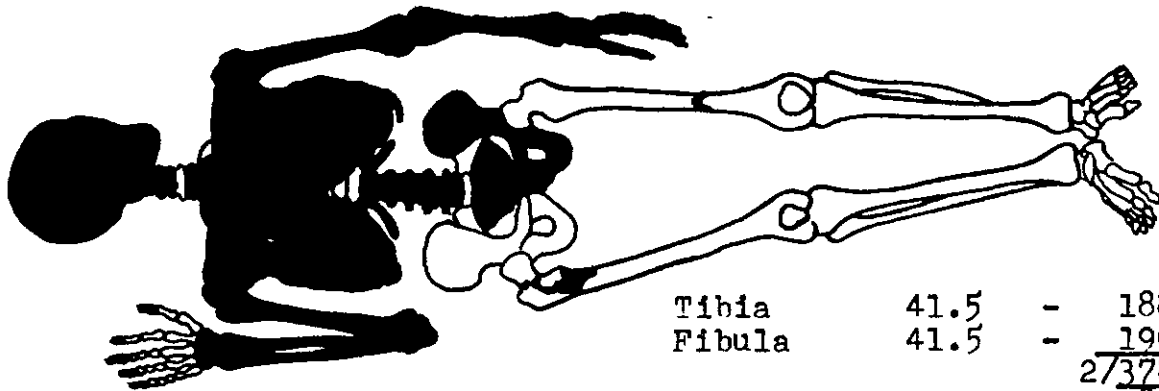
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height - 6' 2-3/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification.

Estimated weight of remains - 5 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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 Sec.

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-89				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 4th Mar Div Cem, Iwo Jima		4. PLOT 1	5. ROW 12	6. GRAVE 551	7. DATE OF DISINTERMENT 20 Aug 47
				REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 6'1"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

APPROVED UNIDENTIFIABLE

Unidentifiable by reason of lack of sufficient identifying data.

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

BJP

Y-89

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:		
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																	SIDE VIEWS
TOP VIEWS																	UPPER
TOP VIEWS																	LOWER
SIDE 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."

Note: No Mandible or Maxilla present.

Gary P. Smith

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

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 _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body brought to CIP in shelter half. No Interment Form. No marks of identification found. Many bones missing. No clothing whatsoever.

BTP

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. COVERLY, Captain, CAC

IDENTIFICATION DENTAL CHART

to be used with GIB Forms Nos. 1042 and 1044 in place of chart thereon, and to be attached to and forwarded with those forms when accomplished.

20 August 1947

Date

UNKNOWN X-89
 (~~Stapton, J. A.~~)

405514

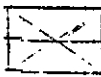
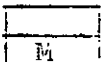
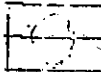
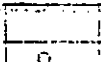
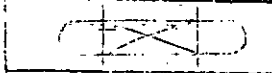
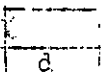
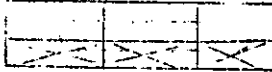
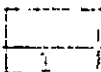
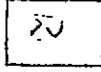
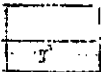
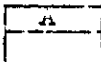
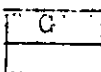
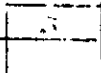
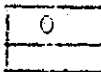
LAST NAME USMC	FIRST	MIDDLE	RANK	SERIAL NO.
UNIT Iwo Jima			ORGANIZATION 4th Marine Division	
PLACE OF DEATH		PLACE OF BURIAL	PLOT	ROW GRAVE NO.
4th Mar Cem		1	12	551

	RIGHT											UPPER TEETH											LEFT																										
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8																	
TYPE																																																	
LOCATION																																																	

INSIDE - LOOKING OUT

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

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
	EXTRACTED	 MESIAL (BETWEEN TOWARD FRONT)
	CAVITY, INDICATE LOCATION	 OCCLUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)	 DISTAL (BETWEEN TOWARD BACK)
	TEETH REPLACED BY DENTURE	 LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING	 TANGENTIAL (TOWARD CHEEK)
	AMALGAM (SILVER)	
	GOLD	
	SILICATE OF PORCELAIN	
	OXYPHOSPHATE (CEMENT)	

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF THERE IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN UPPER BOX. SYMBOLS INDICATING LEVEL OF FILING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES, SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH DELICATE MIMICRY.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

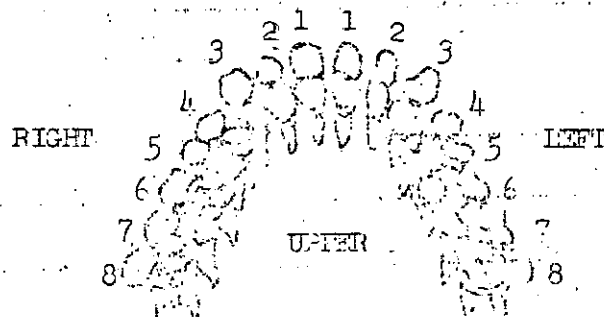
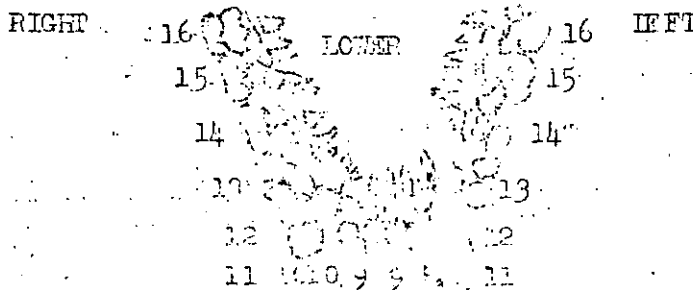


DIAGRAM REPRESENTS THE MOUTH VIEW OPEN



REMARKS:

Entire mandible & maxilla missing.

Signature of person who prepared chart

ROON IUN YEE 1st Lt., D.C.

NAME AND RANK TYPED OR PRINTED

Ivo Jima

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

Signature of certifier

JOHN H. HAINES 2nd Lt., Inf.

NAME AND RANK TYPED OR PRINTED

20 August 1947

DATE

REPORT OF DISINTERMENT FOR IDENTIFICATION

27 March 1947

1. REMAINS OF (Name)

UNKNOWN X-89

SERIAL NUMBER

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY

4th Marine Division Cemetery, Iwo Jima

PLOT

1

ROW

12

GRAVE NO.

551

2. DATE OF DISINTERMENT

27 March 1947

DATE OF REINTERMENT

27 March 1947

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Nature of original burial-Unknown. Body was completely decomposed upon disinterment with only skeleton remaining, A belt buckle and small portion of belt were found.

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

Standard zinc marker with the inscription: UNKNOWN Plot 1 Row 12 Grave 551

ON REMAINS

None

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

Same as Four (4) above

ON REMAINS

• None

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

D B Hundley
D B HUNDLEY MAJOR QMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Crowned Teeth

Bridgework

Fillings

Caries (Cavities)

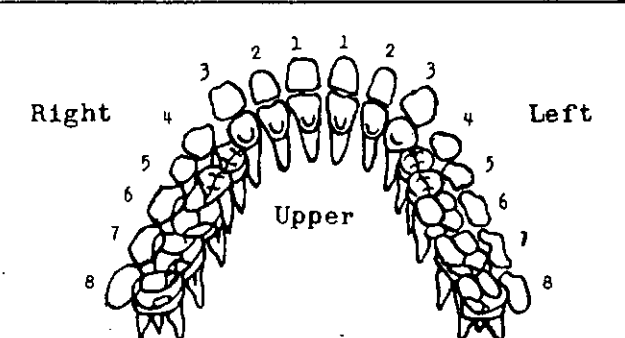
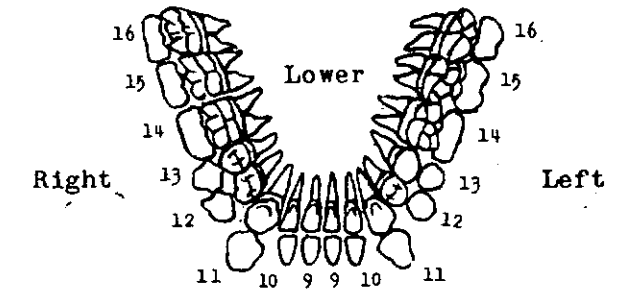


Diagram represents the mouth wide open



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".

Remarks

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

27 March 1947

DATE

UNKNOWN X-89

Unknown

LAST NAME FIRST INITIAL

RANK SERIAL NO.

Unknown
UNIT

Unknown
ORGANIZATION

Two Lima

4th Marine Div Cemetery 1

12

551

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE			A												A	A, A	O	TYPE					
LOCATION			O												do	O, L	O	LOCATION					

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE															A	A	A, A	TYPE	
LOCATION															do	f	do, f	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION.	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

Incl #3

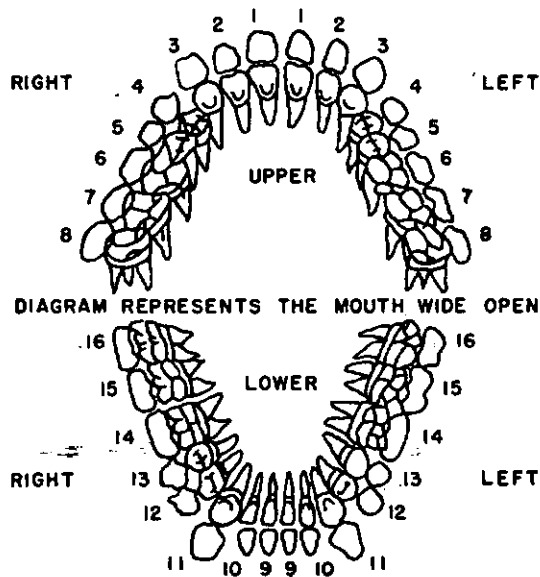
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Milton A. Ritter 1st Lt. D.C.
SIGNATURE OF PERSON WHO PREPARED CHART
MILTON A RITTER
1st Lt DC
NAME AND RANK TYPED OR PRINTED

D B Hunzley
VERIFIED BY GRS OFFICER
D B HUNBLEY
Major OMC
NAME AND RANK TYPED OR PRINTED

Hq Army Garrison Force APO 86
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

27 March 1947
DATE

REPORT OF DISINTERMENT FOR IDENTIFICATION

27 March 1947

1. Remains of (Name)

UNKNOWN X-89

Serial Number

Unknown

Grade

Unknown

Organization

Unknown

Name, Number and Location of Cemetery

4th Marine Division Cemetery, Iwo Jima

Plot

1

Row

12

Grave No.

551

2. Date of Disinterment

27 March 1947

27 March 1947

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Nature of original burial-Unknown. Body was completely decomposed upon disinterment with only skeleton remaining. A belt buckle and small portion of belt were found.

A TRUE COPY:

Samuel B. Bristow
SAMUEL B. BRISTOW
1st Lt., C. M. C.

4. What Identification Found at Time of Disinterment: On Marker

Standard zinc marker with the inscription: UNKNOWN Plot 1 Row 12 Grave 551

On Remains

None

What Identification Used Upon Reinterment: On Marker

Same as Four (4) above

On Remains

None

5. Signature of Officer Supervising Disinterment and Reinterment.

/s/t/ D B HUNDLEY MAJOR QMC

encl 2

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Tooth Missing Tooth Missing

Crowned Teeth



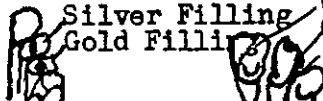
Gold Crown Porcelain Crown
Gold Crown

Bridgework



Gold & Porcelain Bridge
Gold Bridge

Fillings



Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)



Cavity Decayed
Decayed 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".

Remarks

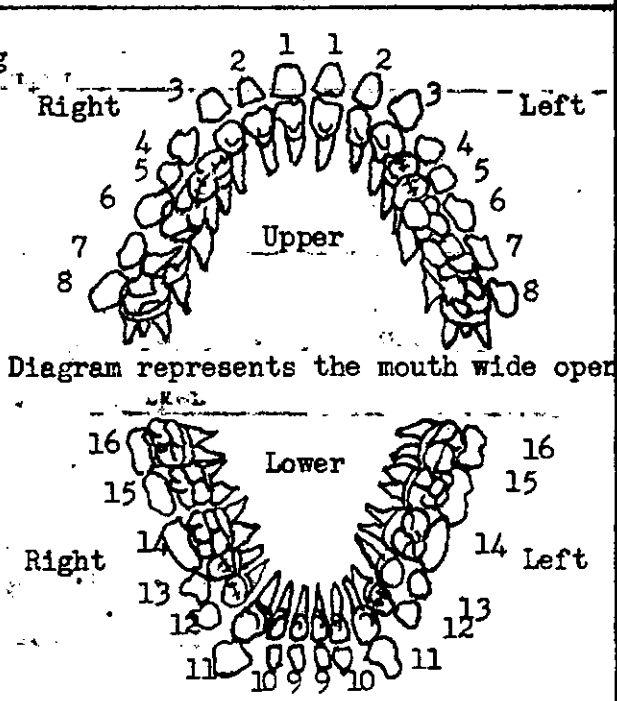
DATE OF EXAMINATION

BY

CLINICAL HISTORY

EXAMINATION

5414-10/46-2M



5-34880-4M

No Index Card

QMC Form 1194

DISINTERMENT DIRECTIVE

DATE _____

DIRECTIVE NO _____

A. NAME AND BURIAL LOCATION OF DECEASED

SIMPSON, J. A.		RANK	SERIAL NUMBER	DATE OF DEATH	ARMY OR SERVICE	DISPOSITION
Unknown						
CEMETERY			CAUSE OF DEATH		U.S. DISTRIBUTION POINT	
4th Marine						
PLOT	ROW	GRAVE	COUNTRY			
1	12	551	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 DISINTERRE
				8-20-47
IDENTIFICATION TAG ON ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
REMAINS				
MARKET				

D. PREPARATION OF REMAINS FOR SHIPMENT

MODE OF BURIAL	CONDITIONS OF REMAINS
	both femur left fibula broken both tibia right fibula + left pelvic bone complete. remainder body missing except few vert- tibr + foot bones.
OTHER MEANS OF IDENTIFICATION	APPROVED UNIDENTIFIABLE
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.

#115

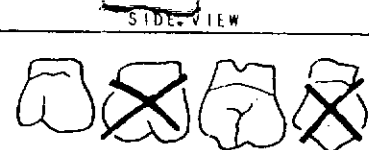
MWW

Signature of GRS INSPECTOR

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

JN X-89

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



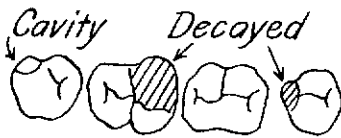
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
MAXILLA								MISSING							
Side Views															
Top Views															
Side Views															
MANDIBLE								MISSING							
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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

MAXILLA, MANDIBLE AND ALL TEETH MISSING.

Charles W. Jones

Unknown "X" No. X-89



Skeletal remains incomplete

SKELETAL CHART

RESTRICTED

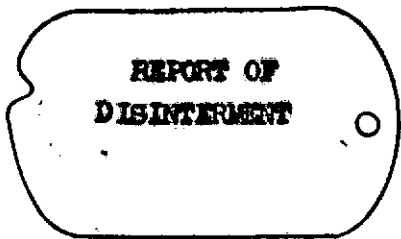
#3 A-45

WD FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
20 August 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN UNKNOWN X-89 A. Box No. 115		SERIAL NO. 405514
GRADE	ORGANIZATION 4th Marine Div	BRANCH OF SERVICE USMC
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH two jima	CAUSE OF DEATH unk	DATE OF DEATH
----------------------------	-----------------------	---------------

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)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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.
				1	12	551

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) Gullin, Harry	RANK Pfc	SERIAL NO. 909675	ORGANIZATION USMC	GRAVE No. 552
---	-------------	----------------------	----------------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) beginning of the row	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT Theodorico Espital	SIGNATURE OF GRS OFFICER VERIFYING REPORT Z. B. Blakeslee Lt. J. T.
--	--

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

71125

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


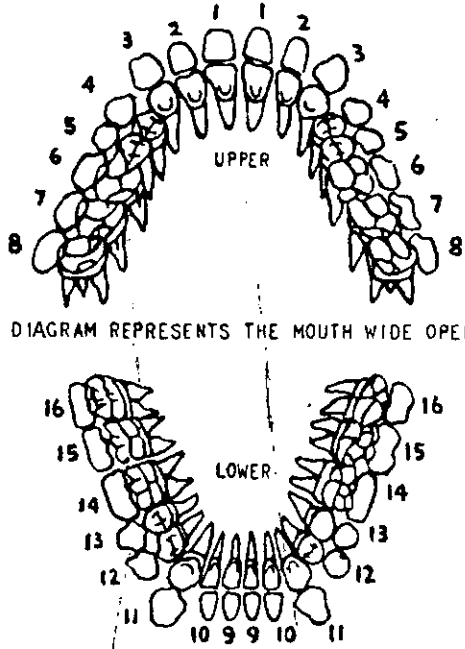

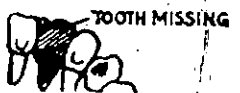


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

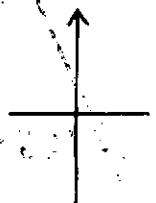
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

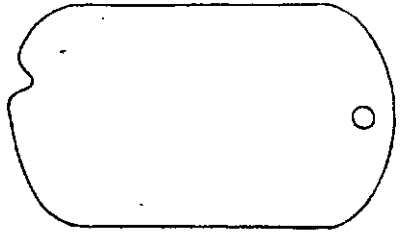
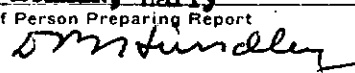
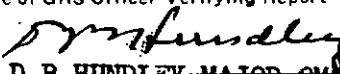
OTHER IDENTIFICATION CLUES

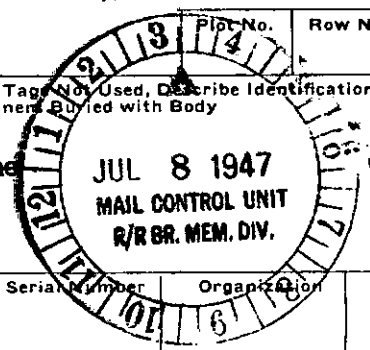
LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>				
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>									
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>									
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>									

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




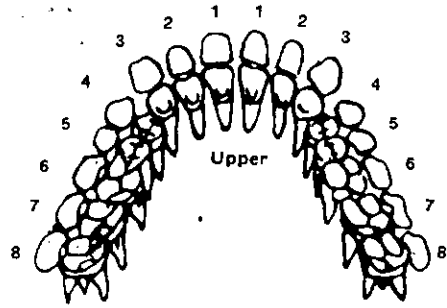
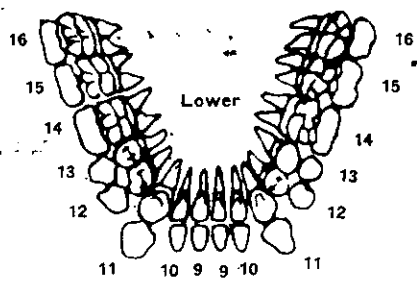





REMARKS: plot map reads as mentioned. Memorial Records (IRM) reads: UNKNOWN. Roster not listed. Index Card: None.
 Condition of Remains: Both femur left fibula broken. Both tibia, right fibula and pelvic bone complete. Remainder body missing, except few vertebrae and foot bones.

WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			Date of Report 31 March 1947		
Imprint Identification Tag If Possible. DO NOT TYPE 		SECTION 1. IDENTIFICATION					
		Name (Last, First, Middle Initial) UNKNOWN X-89			Serial Number Unknown		
		Grade Unknown	Organization Unknown		Branch of Service Unknown		
		Race Unknown	Religion Unknown		If Other than U. S. Dead. Give Name of Country Unknown		
Place of Death Iwo Jima		Cause of Death Unknown			Date of Death Unknown		
Emergency Addressee (Name, Relationship and Address) Unknown							
Identification Tags Found on Body (1, 2, or None) No		If No Tags Found on Body, Describe Means of Identification. If Unidentified. Fill in Section-3 on Reverse Body was disinterred in compliance with 2nd Ind. Ltr WD OCMG dtd 13 February 1947, This grave was believed to contain the remains of SIMPSON, Robert E. but all records of this office and the grave markers reveal it to be an Unknown. No identification was found in grave.					
Were Substitute Tags Provided (Yes or No)							
List Personal Effects Found on Body and Disposition of Same Unknown							
APPROVED UNIDENTIFIABLE							
SECTION 2. BURIAL If other than in established cemetery, give cemetery name, map coordinates on reverse.							
Name, Number, Coordinates and Location of Cemetery 4th Marine Division Cemetery, Iwo Jima, Volcano Islands							
Date of Burial Unk	Hour Unk	Buried in (Shroud, Blanket, or name of other) Blanket Blanket		Type of Grave Marker Cross	Plot No. 1	Row No. 12	Grave No. 551
Was This a Re-Burial (Yes or No) No	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave						
Type of Religious Ceremony Unk	Person Conducting Burial Rites Unknown		If Identification Tag Not Used, Describe Identification Data and Containers Buried with Body None				
Identification Tag Buried With Body (Yes or No) No		Identification Tag Attached to Marker (Yes or No) Yes					
Body Buried on Deceased Left, Name (Last, First, Middle Initial) None-end of row			Rank	Serial Number	Organization	Grave No.	
Body Buried on Deceased Right, Name (Last, First, Middle Initial) MULLIN, Harry			Rank Pfc	Serial Number 909675	Organization USMC	Grave No. 552	
Signature of Person Preparing Report  D B HUNDLEY MAJOR OMC			Signature of GRS Officer Verifying Report  D B HUNDLEY MAJOR OMC				
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.							



Page 7

and .711

Left Little Finger	SECTION 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 fingerprints 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.		
Left Ring Finger	Height	Weight	Color of Eyes Color of Hair Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial Number		Laundry Mark Where Body Was Buried or Found
	Other Identification Clues		
Left Index Finger	Fillings  Silver Filling Gold Filling		 <p>Diagram Represents the Mouth Wide Open</p> 
Left Thumb	Cavities  Cavity Decayed		
Right Thumb	Missing Teeth  Tooth Missing		
Right Index Finger	Crowned Teeth  Porcelain Crown Gold Crown		
Right Middle Finger	Bridge Work  Gold Bridge		
	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery		
Right Ring Finger			
Right Little Finger	Remarks:		

13 JUN 1947

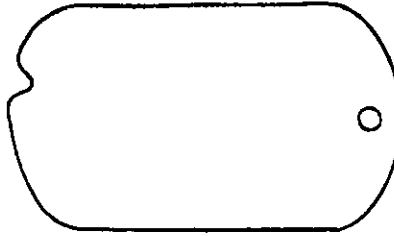
RESTRICTED

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

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

DATE OF REPORT
31 March 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-89		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Unknown

PLACE OF DEATH Iwo Jima	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
----------------------------	---------------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) No	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (See Section 3 on reverse)
--	--

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Unknown

A TRUE COPY:
H. B. McNEEMAR
H. B. McNEEMAR
Captain, QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
4th Marine Division Cemetery, Iwo Jima, Volcano Islands

DATE OF BURIAL Unk	HOUR Unk	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 1	ROW No. 12	GRAVE No. 551
-----------------------	-------------	--	-------------------------------	---------------	---------------	------------------

WAS THIS A REBURIAL? (Yes or no) 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 Unk	PERSON CONDUCTING BURIAL RITES Unknown	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) None - end of row	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

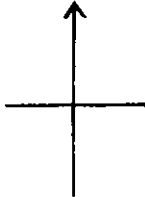
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) MULLIN, Harry	RANK Pfc	SERIAL No. 909675	ORGANIZATION USMC	GRAVE No. 552
--	-------------	----------------------	----------------------	------------------

SIGNATURE OF PERSON PREPARING REPORT /s/t/ D. B. HUNDLEY, MAJOR, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ D. B. HUNDLEY, MAJOR, QMC
---	--

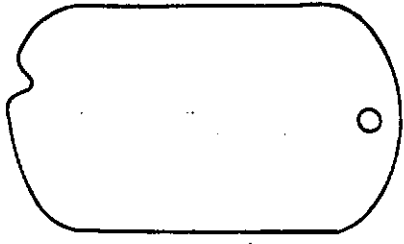

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Incl #1

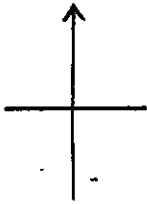
LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position 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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	Body was disinterred in compliance with 2nd Ind. Ltr WD OQMG dtd 13 February 1947. This grave was believed to contain the remains of SIMPSON, Robert E., but all records of this office and the grave markers reveal it to be an Unknown. No identification was found in grave.			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	REMARKS:			

RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of Apr. 46, which may be used.)		CORRECTED	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 31 March 1947						
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.									
	NAME (Last, first, middle initial) UNKNOWN X-89		SERIAL NO. Unknown							
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown							
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Unknown							
PLACE OF DEATH Iwo Jima	CAUSE OF DEATH Unknown		DATE OF DEATH Unknown							
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown										
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) No	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (See Remarks)									
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p align="center" style="font-size: 2em; font-weight: bold;">UNIDENTIFIABLE</p> <p align="center">"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"</p> <p>Unknown</p> </div> <div style="width: 35%;"> <p align="center">A TRUE COPY:</p>  <p align="center">M. B. McNEMAR Captain, QMC</p> </div> </div>										
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.										
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY 4th Marine Division Cemetery, Iwo Jima, Volcano Islands										
DATE OF BURIAL Unk	HOUR Unk	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 1	ROW No. 12	GRAVE No. 551				
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PLOT No.</td> <td style="width: 33%;">ROW No.</td> <td style="width: 33%;">GRAVE No.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				PLOT No.	ROW No.	GRAVE No.			
PLOT No.	ROW No.	GRAVE No.								
TYPE OF RELIGIOUS CEREMONY Unk	PERSON CONDUCTING BURIAL RITES Unknown	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None								
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes									
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) None-end of row		RANK	SERIAL No.	ORGANIZATION	GRAVE No.					
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) MULLIN, Harry		RANK Pfc	SERIAL No. 909675	ORGANIZATION USMC	GRAVE No. 552					
SIGNATURE OF PERSON PREPARING REPORT /s/t/ D B HUNDLEY, MAJOR, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ D B HUNDLEY, MAJOR, 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.										

Incl 1

RESTRICTED

	Section 3. UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	REMARKS: Body was disinterred in compliance with 2nd Ind. Ltr WD OQMG dtd 13 February 1947, This grave was believed to contain the remains of SIMPSON, Robert E. but all records of this office and the grave markers reveal it to be an Unknown. No identification was found in grave.			

RESTRICTED

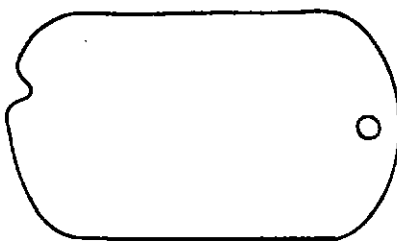
WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

CORRECTED

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

DATE OF REPORT

31 March 1947

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)	SERIAL No.
	UNKNOWN X-89	Unknown
	GRADE	ORGANIZATION
Unknown	Unknown	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
		Unknown
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Iwo Jima	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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) Body was disinterred in compliance with 2nd Ind. Ltr WD OQMG dtd 13 February 1947, This grave was believed to contain the remains of SIMPSON, Robert E. but all records of this office and the grave markers reveal it to be an Unknown. No identification was found in grave.
No	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Unknown

A TRUE COPY:
Samuel B. Bristow
SAMUEL B. BRISTOW
1st Lt., O. M. C.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

4th Marine Division Cemetery, Iwo Jima, Volcano Islands

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
Unk	Unk	Blanket	Gross	1	12	551

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY	LOCATION OF GRAVE
No		
		PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND COMBINATION BURIED WITH BODY
Unk	Unknown	None

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
None-end of row				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
MULLIN, Harry	Pfc	909675	USMC	552

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
s/t/ D B HUNDLEY MAJOR OMC	s/t/ D B HUNDLEY MAJOR OMC

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.

Snell

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


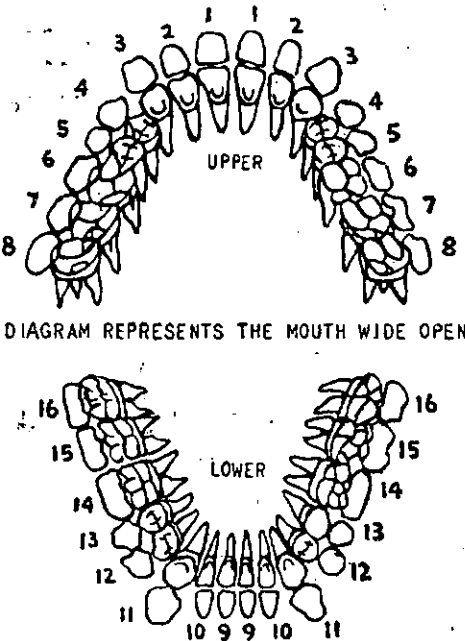


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

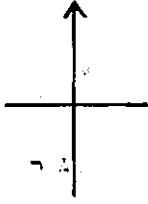
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT THUMB	CAVITIES	
RIGHT THUMB	MISSING TEETH	 <p>TOOTH MISSING</p>	
	RIGHT INDEX FINGER	CROWNED TEETH	
RIGHT INDEX FINGER	BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

COPY

RESTRICTED

WD OQMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

CORRECTED

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

DATE OF REPORT

31 March 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-89

SERIAL No.

unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

Unknown

PLACE OF DEATH

Iwo Jima

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

No

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

Body was disinterred in compliance with 2nd Ind. Ltr WD OQMC dtd 13 February 1947, This grave was believed to contain the remains of SIMPSON, Robert E. but all records of this office and the grave markers reveal it to be an Unknown. No identification

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME WAS found in grave.

Unknown

A TRUE COPY:

SAMUEL B. BRISTOW
1st. Lt. QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

4th Marine Division Cemetery, Iwo Jima, Volcano Islands

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
Unk	Unk	Blanket	Cross	1	12	551

WAS THIS A REBURIAL?
(Yes or no)

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

Unk

PERSON CONDUCTING BURIAL RITES

Unknown

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

No

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

None

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

None—end of row

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

MULLIN. Harry

RANK

Pfc

SERIAL No.

909675

ORGANIZATION

USMC

GRAVE No.

552

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ D B HUNDLEY MAJOR QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/t/ D B HUNDLEY MAJOR 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

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


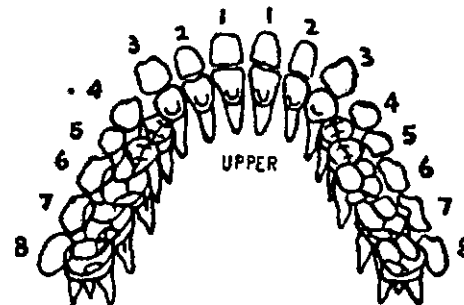




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

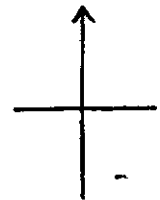
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

REPORT OF INTERMENT

UNKNOWN X-89

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

19 Feb 45

4th Mar. Div.

Iwo Jima

(Place of death) (Name of Cemetery) (Name or coordinates of location)

551

(Grave Number)

12

(Row Number)

1

(Plot Number)

Catholic

(Religion, if known)

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

(If no identification tags, what means of identification are buried with body?)

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

BODY BURIED ON RIGHT

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

BODY BURIED ON LEFT

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: 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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer person reporting burial.)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

REPORT OF INTERMENT
(TM 10-830 AND AR 80-1815)

no 333 call
J.B. unknown

hair & well
SIMPSON, John A.

405514

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

19 Feb 1945

(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)

551

12

Catholic

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

(If no identification tags, what means of identification are buried with the body?)

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

APPROVED UNIDENTIFIABLE

Body buried on RIGHT

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

Body buried on LEFT

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

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

84A

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

73258
73880

5362039

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: <i>Blue</i>	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

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

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

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

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

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4
3
2
1
THUMB

RIGHT HAND

4
3
2
1
THUMB