

nfm

1

Interred 3 April 1950  
L 4 6 Ft. McKinley

*Carl H. Mark*

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

DIRECTIVE NUMBER

5531 81214

DATE

29 03 50  
DAY MONTH YEAR

|         |               |       |     |      |          |
|---------|---------------|-------|-----|------|----------|
| NAME    | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN | X - 90        |       |     |      |          |

|  |      |     |       |                            |
|--|------|-----|-------|----------------------------|
| CEMETERY                               | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS     |
| 4TH MARINE DIVISION CEMETERY, IWO JIMA | 1    | 10  | 469   | 7701 80<br>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<br>FT. WM. MCKINLEY, P. I. | (BY ADMINISTRATIVE DECISION)    |

SECTION C - DISINTERMENT AND IDENTIFICATION

|   |               |          |   |                   |
|---|---------------|----------|---|-------------------|
| NAME  | SERIAL NUMBER | GRADE    | DATE OF DEATH                             | DATE DISTINTERRED |
| UNKNOWN X-90  |               |          |   | 30 Mar 50         |
| IDENTIFICATION TAG ON   | ORGANIZATION  | RELIGION | IDENTIFICATION VERIFIED BY                |                   |
| <input checked="" type="checkbox"/> REMAINS<br><input checked="" type="checkbox"/> MARKER |               |          | PAUL R NICHOLS<br>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 Mar 50   | BY PAUL R NICHOLS   |
| CASKET SEALED BY | EMBALMER (Signature)<br><i>Paul R Nichols</i><br>PAUL R NICHOLS |

|                              |                              |
|------------------------------|------------------------------|
| CASKET BOXED AND MARKED      | SHIPPING ADDRESS VERIFIED BY |
| RAYMOND H TANGUAY            |                              |
| DATE 30 Mar 50 BY Sgt lc, 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  
RECORDS  
DATE 29 Apr 50  
NAME *John*  
R & R

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|                             |      |  |                    |
|-----------------------------|------|--|--------------------|
| FROM<br>AGRS MAUSOLEUM      |      | TO<br>US MILITARY CEMETERY                   |                    |
| KIND OF CONVEYANCE<br>TRUCK |      | NAME OF CONVOYER                             |                    |
| SIGNATURE OF SHIPPER        | DATE | SIGNATURE OF RECEIVER<br><i>Carl H. Mark</i> | DATE<br>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 |

293 unk Iwo Jima (Marine) 4th Marine Div

QMGMN 293  
GRS Far East

~~X-1 X-17 X-18 X-20 X-22 X-24~~  
~~X-25 X-29 X-90~~

APR 3 1950

SUBJECT: Unidentifiable Remains

~~X-95~~

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 GRFZ 293, dated 10 March 1950, subject: Unidentifiable Remains.

2. The unknown remains listed in the above referenced letter were recommended as unidentifiable per Warbo Zone letters, file 293 WBOZS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QMGMN 293, dated 6 December 1948 and 1st Indorsement, file QMGMN 293 GRS Far East, dated 7 December 1948.

3. In view of the above previous action, Certificates of Unidentifiability are returned herewith for cancellation.

4. The above referenced unknowns, X-1, X-17, X-18, X-20, X-22, X-24, X-25, X-29, X-90 and X-95 4th Marine Division, Iwo Jima are listed on FIA Unit roster #9, Page 1.

FOR THE QUARTERMASTER GENERAL:

- 14. Incls
- 1-10. Certificates of Unident.
- 11. Warbo Zone ltr dtd 15 Oct 48
- 12. Warbo Zone ltr dtd 12 Nov 48
- 13. 1st Ind dtd 6 Dec 48
- 14. 1st Ind dtd 7 Dec 48

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

QMGMN 293 X-90, 4th Marine Division, Iwo Jima

3

DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5591 21214

DATE  
29 03 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 90  
SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA  
PLOT: 1 ROW: 10 GRAVE: 469  
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: [ ] SERIAL NUMBER: [ ] GRADE: [ ] DATE OF DEATH: [ ] DATE DISTINTERRED: [ ]  
IDENTIFICATION TAG ON: [ ] REMAINS [ ] 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: [ ]  
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 6-2450  
Kirkland  
Report

file # 48

# 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 |

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTEROFFICE REFERENCE SHEET

| 1<br>No. | 2<br>From  | 3<br>To                               | 4<br>Date    | 5<br>DUE, HOUR AND DATE<br>MESSAGE   |
|----------|--|---------------------------------------|--------------|--|
| 1        | Chief,<br>Records<br>Section<br>R/R Br.<br>Mem Div | Navy<br>Liaison<br>Attn:<br>Lt. Waite | 21 Feb<br>49 | <p>For Necessary Action.</p> <p>Action completed in this Section.</p> <p><i>S</i><br/>SWEDIGAR<br/>5198</p> <p><i>Jackson</i><br/>JACKSON<br/>5198</p> <p>2 Incls<br/>Report of Interment - Unknown X-90<br/>Loose papers<br/>(Reports of Interment)<br/>Gallaher, Winston C.<br/>Johnson, Samuel M.</p> |

01280  
22

MEMORIAL DIVISION  
FEB 21 2 31 PM '49  
REPAIRS  
RECORDS BRANCH

38-96 Pme MM

1

H803 H203  
R2 R2  
F14 F71

# DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X90

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 10 469 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNKNOWN X-000090 Unk Unknown 20 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unknown

IDENTIFICATION VERIFIED BY  
G. E. COCKERLY, Capt., TC  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Nature of shroud undetermined

CONDITION OF REMAINS  
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Mortuary plate

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 August 48 BY J. L. SIBLEY, Emb

CASKET SEALED BY J. L. SIBLEY, Emb EMBALMER (Signature) R. V. WERST

CASKET BOXED AND MARKED DATE 13 Aug 48 BY E. KELLY SHIPPING ADDRESS VERIFIED BY G. D. JACABA, Clerk

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

F. T. DE GROODT, Capt., CLP

SIGNATURE OF GRS INSPECTOR

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



## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|  |                      |  |                 |
|--|----------------------|--|-----------------|
| FROM<br>U. S. MAUSOLEUM (SAIPAN, M.I.)                                 |                      | TO<br>PORT STORAGE OFFICER (SAIPAN, M.I.)  |                 |
| KIND OF CONVEYANCE<br>TRUCK  |                      | NAME OF CONVOYER   |                 |
| SIGNATURE OF SHIPPER<br><i>John H. Lott</i><br>JOHN H. LOTT, Maj., CMP | DATE<br>16 Aug<br>48 | SIGNATURE OF RECEIVER<br><i>Robert G. Snowden</i><br>ROBERT G. SNOWDEN, 1st Lt INF | DATE<br>16/8/48 |

### 2. SHIPPED

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

### 3. SHIPPED

|   |                     |   |                      |
|---|---------------------|---|----------------------|
| FROM<br>USAT DALTON VICTORY                                       |                     | TO<br>PORT STORAGE OFFICER<br>AGRS MAUSOLEUM                                      |                      |
| KIND OF CONVEYANCE<br>TRUCK                                       |                     | NAME OF CONVOYER  |                      |
| SIGNATURE OF SHIPPER<br><i>Clay Nordmann</i><br>NORMANN 1ST LT IC | DATE<br>OCT 10 1948 | SIGNATURE OF RECEIVER<br><i>E. H. Newman, Jr.</i><br>E. H. NEWMAN, Jr., Capt., FA | DATE<br>10 Oct<br>48 |

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

En

A.P.M.C. 104

6

### DJSINTERMENT DIRECTIVE

293 unk. Iwo Jima (misc) 4th Marine

|   |                                |                  |
|---|--------------------------------|------------------|
| SECTION A —<br>NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER<br>5531 00000 | DATE<br>15 11 47 |
|---|--------------------------------|------------------|

|   |                       |              |                        |                                     |
|---|-----------------------|--------------|------------------------|-------------------------------------|
| NAME<br>UNKNOWN                         | SERIAL NUMBER<br>X-90 | RANK         | ARM<br>0               | DATE OF DEATH<br>DAY MONTH YEAR     |
| CEMETERY<br>IWO JIMA 4TH MARINE DIV CBH |                       |              |                        | DISPOSITION OF REMAINS<br>0 0391 63 |
| PLOT<br>1                               | ROW<br>10             | GRAVE<br>469 | COUNTRY<br>KAZAN RETTO | CAUSE OF DEATH<br>6                 |

#### SECTION B — CONSIGNEE AND NEXT OF KIN

|  |                                 |
|--|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE<br>GUAM NATIONAL CEMETERY<br>GUAM, MARIANAS ISLANDS<br>(BY ADMINISTRATIVE ORDER) | NAME AND ADDRESS OF NEXT OF KIN |
|--|---------------------------------|

#### SECTION C — DISINTERMENT AND IDENTIFICATION

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

#### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

|                                       |                                    |
|---------------------------------------|------------------------------------|
| NATURE OF BURIAL                      | CONDITION OF REMAINS               |
| OTHER MEANS OF IDENTIFICATION         |                                    |
| MINOR DISCREPANCIES 1                 |                                    |
| REMAINS PREPARED AND PLACED IN CASKET |                                    |
| DATE<br>CASKET SEALED BY              | BY<br>EMBALMER (Signature)         |
| DATE<br>CASKET BOXED AND MARKED       | BY<br>SHIPPING ADDRESS VERIFIED BY |

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

SIGNATURE OF GRS INSPECTOR



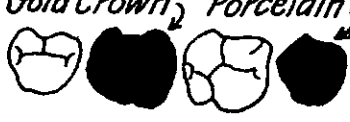





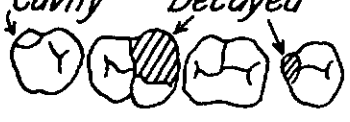

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

## IDENTIFICATION DATA

|  |  |  |                     |   |   |
|--|--|--|---------------------|---|---|
| 1. REMAINS OF UNKNOWN<br><b>UNKNOWN X-90 4th Marine - Iwo Jima</b>   |  |  |                     | 2. DATE OF REPORT<br><b>28 Feb 1950</b> |   |
| 3. NAME OF CEMETERY<br><b>AGRS Mausoleum, Manila, P.I.</b>   |  | 4. PLOT<br><b>1</b>                                    | 5. ROW<br><b>10</b> | 6. GRAVE<br><b>469</b>                  | 7. DATE OF<br>DISINTERMENT<br>REINTERMENT |
| PHYSICAL DESCRIPTION   |  |  |                     |   |   |
| 8. ESTIMATED WEIGHT<br><b>U T D</b>  |  | 9. ESTIMATED HEIGHT<br><b>5' 5"</b>                    |                     | 10. COLOR OF HAIR<br><b>Dark Brown</b>  |   |
| 11. RACE<br><b>White</b>   |  |  |                     |   |   |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS<br><br><p style="text-align: center;">N O N E</p>   |  |  |                     |   |   |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES<br><br><p style="text-align: center;">N O N E</p>   |  |  |                     |   |   |
| 14. WAS BODY BURNED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | TO WHAT EXTENT?  |                     |   |   |
| 15. WAS BODY MANGLED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | TO WHAT EXTENT?<br><b>Almost all bones are mangled</b> |                     |   |   |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS<br><br><p style="text-align: center;">N O N E</p>   |  |  |                     |   |   |
| 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)<br><br><p style="text-align: center;">N O N E</p> |  |  |                     |   |   |

Dunn 52

TOOTH CHART

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

| RIGHT      |   |   |   |   |   |   |   | LEFT           |   |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|
| 8          | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 2              | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ← MAXILLA  |   |   |   |   |   |   |   | MISSING →      |   |   |   |   |   |   |   |
|            |   |   |   |   |   |   |   | $\frac{A}{MO}$ |   |   |   |   |   |   |   |
| Side Views |   |   |   |   |   |   |   | Side Views     |   |   |   |   |   |   |   |
| UPPER      |   |   |   |   |   |   |   | UPPER          |   |   |   |   |   |   |   |
| Lower      |   |   |   |   |   |   |   | Lower          |   |   |   |   |   |   |   |
| ← MANDIBLE |   |   |   |   |   |   |   | MISSING →      |   |   |   |   |   |   |   |
|            |   |   |   |   |   |   |   | $\frac{A}{O}$  |   |   |   |   |   |   |   |
| 16         |   |   |   |   |   |   |   | 16             |   |   |   |   |   |   |   |
|            |   |   |   |   |   |   |   | broken         |   |   |   |   |   |   |   |

**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."

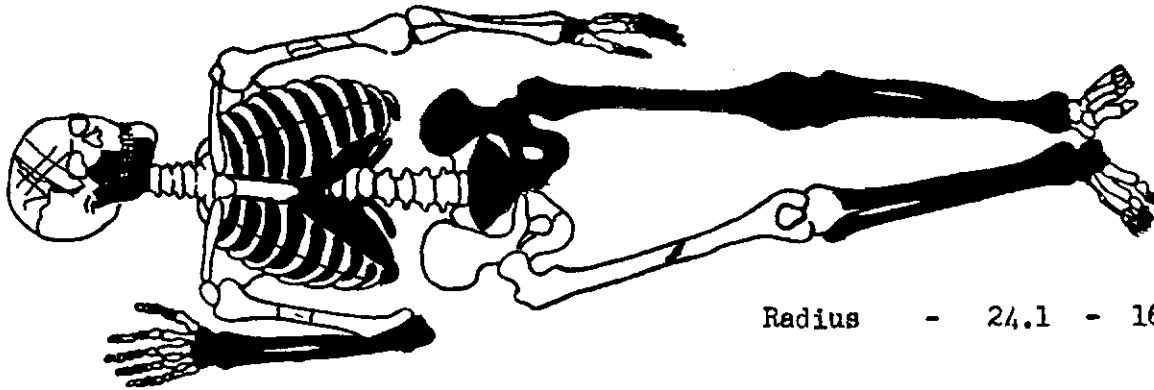
No loose maxillary or mandibular teeth present with remains.

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

*Serial 93*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Radius - 24.1 - 165

Estimated height - 5' 5"

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 found with remains.

Estimated weight of remains - 8 lbs.

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

Jul 94

**IDENTIFICATION DATA**

|  |          |           |            |                                       |             |
|--|----------|-----------|------------|---------------------------------------|-------------|
| 1. REMAINS OF UNKNOWN<br><b>UNKNOWN X-90</b>                   |          |           |            | 2. DATE OF REPORT<br><b>11 Oct 48</b> |             |
| 3. NAME OF CEMETERY<br><br><b>4th Mar. Div. Cem., Iwo Jima</b> | 4. PLOT  | 5. ROW    | 6. GRAVE   | 7. DATE OF                            |             |
|  | <b>1</b> | <b>10</b> | <b>469</b> | DISINTERMENT                          | REINTERMENT |
|  |          |           |            | <b>20 Aug 47</b>                      |             |

**PHYSICAL DESCRIPTION**

|                                   |                                   |                                    |                        |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------|
| 8. ESTIMATED WEIGHT<br><b>UTD</b> | 9. ESTIMATED HEIGHT<br><b>UTD</b> | 10. COLOR OF HAIR<br><b>Blonde</b> | 11. RACE<br><b>UTD</b> |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

**None**

|  |                 |
|--|-----------------|
| 24. WAS BODY BURNED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT? |
|--|-----------------|

|   |                 |
|---|-----------------|
| 25. WAS BODY MANGLED?<br><input type="checkbox"/> YES <input 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)

One pair of shoes size **8 1/2** USMC (Inspector)  
 Remnants of fatigue jacket and trousers  
 One cigarette lighter (Dunlop service lighter)  
 One comb  
 Remnants of Lucky Strike cigarettes.

**APPROVED UNIDENTIFIABLE**

Unidentifiable by reason of lack of sufficient identifying data.

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

WCK

X 90

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<br>               |           |
| CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:                                    | GOLD GROWN PORCELAIN GROWN<br>  |           |
| BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:   | GOLD BRIDGE<br>                 |           |
| FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:                                     | GOLD FILLING SILVER FILLING<br> |           |
| CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:   | CAVITY DECAYED<br>              |           |

|            | RIGHT          |    |    |    |    |    |    |   | LEFT |    |    |    |    |          |    |    |            |  |
|------------|----------------|----|----|----|----|----|----|---|------|----|----|----|----|----------|----|----|------------|--|
|            | 8              | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1    | 2  | 3  | 4  | 5  | 6        | 7  | 8  |            |  |
|            | <i>Missing</i> |    |    |    |    |    |    |   |      |    |    |    |    | <i>A</i> |    |    | <i>A</i>   |  |
| SIDE VIEWS |                |    |    |    |    |    |    |   |      |    |    |    |    |          |    |    | SIDE VIEWS |  |
| TOP VIEWS  |                |    |    |    |    |    |    |   |      |    |    |    |    |          |    |    | UPPER      |  |
|            |                |    |    |    |    |    |    |   |      |    |    |    |    |          |    |    | LOWER      |  |
| 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."

*MANDIBLE + TEETH Missing from 16 right to 10 left. And from 13 left to 12 left.*

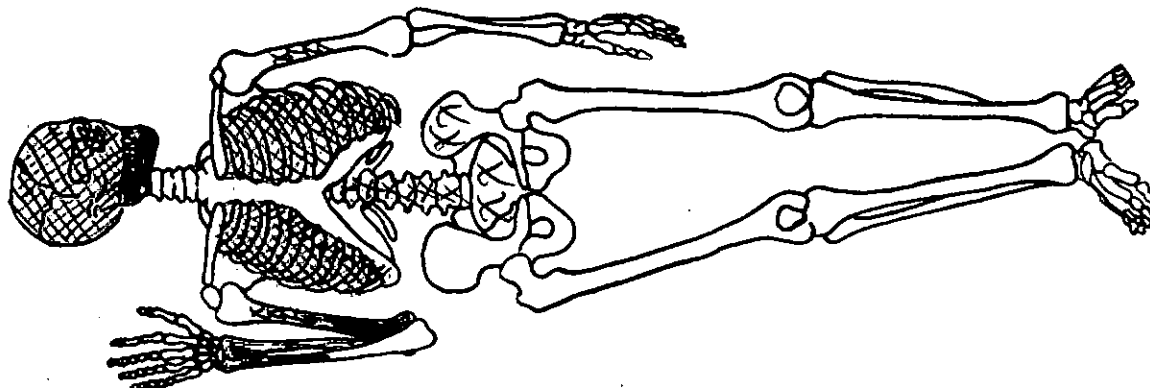
*MAXILLA missing from 2 right to 8 right*

*Tooth No. 12 left rotating distally. Ulcer 3. Caries*

*Large rough*

WALTER E. CONERLY, Capt. T. & C.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 received in shelter half -- all dry bones. Tufts of hair found on skull indicate blonde hair approximately 7/8" long. All major bones either fractured or missing -- estimation of height impossible.

**APPROVED UNIDENTIFIABLE**

**WCK**

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

**ULDRIC E. COVERLY, Captain, CAC**



A. NAME AND BURIAL LOCATION OF DECEASED

|                            |      |               |  |
|----------------------------|------|---------------|--|
| NAME<br><i>Unknown #90</i> | RANK | SERIAL NUMBER | DATE OF DEATH AND/OR DISPOSAL<br>SERVICE # |
|----------------------------|------|---------------|--|

|                                  |                |                        |
|----------------------------------|----------------|------------------------|
| CEMETERY<br><i>A. Th. Marine</i> | CAUSE OF DEATH | U.S. DISPOSITION POINT |
|----------------------------------|----------------|------------------------|

|                  |                  |                     |                            |
|------------------|------------------|---------------------|----------------------------|
| PLCT<br><i>1</i> | ROW<br><i>10</i> | GRAVE<br><i>469</i> | COUNTRY<br><i>Iwo Jima</i> |
|------------------|------------------|---------------------|----------------------------|

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 DISINTERRED<br><i>8-20-47</i> |
| IDENTIFICATION TAG OR ORGANIZATION<br>( ) REMAINS<br>( ) MARKET |      |               | RELIGION      | IDENTIFICATION VERIFIED BY         |

D. PREPARATION OF REMAINS FOR SHIPMENT

|                               |  |
|-------------------------------|--|
| NATURE OF BURIAL              | CONDITION OF REMAINS<br><i>All principle large long bones are missing or broken.</i> |
| OTHER MEANS OF IDENTIFICATION | <i>Skull, head maxilla are broken. Mandible is missing.</i>                          |
| MINOR DISCREPANCIES 1/        | <i>ring</i>  |

REMAINS PREPARED AND PLACED IN CASKET

DATE \_\_\_\_\_ BY \_\_\_\_\_  
CASKET SEALED BY \_\_\_\_\_

**STATION FILE**  
**APPROVED UNIDENTIFIABLE**

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.

*J.P.P.*


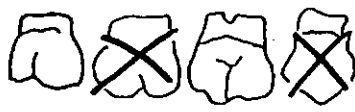
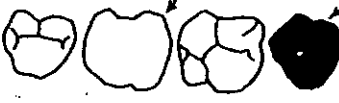







*#119*

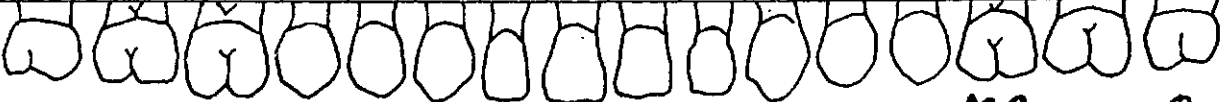


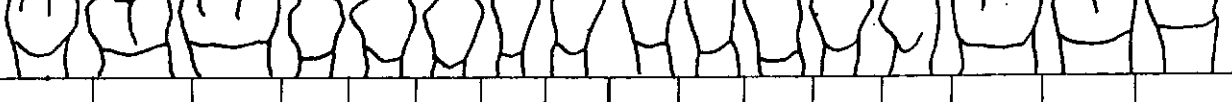
*J.L.S*

SIGNATURE OF GRS INSPECTOR

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

X 90

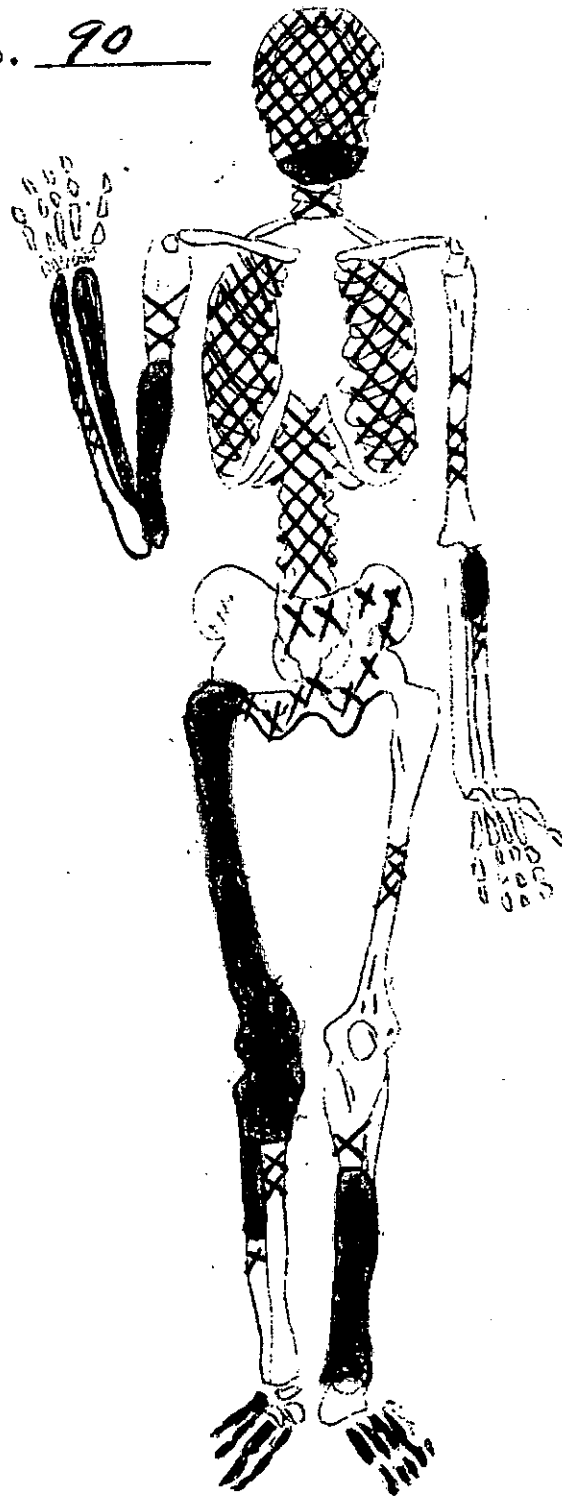
|   |   |  |
|---|---|--|
| <p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> | <p>TOP VIEW</p> <p>TOOTH MISSING</p>  | <p>SIDE VIEW</p>  |
| <p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF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

|            |  | RIGHT  |    |    |    |    |    |    |   | LEFT |    |    |    |    |    |    |    |            |  |
|------------|--|--|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|------------|--|
|            |  | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  |            |  |
|            |  | <i>Missing</i>   |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    |            |  |
|            |  |  |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    |            |  |
| SIDE VIEWS |  |  |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    | SIDE VIEWS |  |
| TOP VIEWS  |  |  |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    | UPPER      |  |
|            |  |  |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    | LOWER      |  |
| 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."

*MANDIBLE AND TEETH MISSING from 16 right to 10 left. And from 13 left to 12 left.*  
*MAXILLA missing from 2 right to 8 right.*  
*Tooth No. 12 left rotating distally.*  
*Gary D. [Signature]*  
 ALVIN E. CONERLY, C.T.P. T.C.

Unknown "X" No. 90



SKELETAL CHART

RESTRICTED

4th NW-DIV Two Jima  
W-3-D-96

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

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

DATE OF REPORT

20 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

Unknown X-90

Unknown

GRADE

ORGANIZATION

BRANCH OF SERVICE

Unknown

Unknown

Unknown

RACE

RELIGION

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

Unknown

Unknown

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Two 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)

None

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Embossed plate

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

1 pr. of shoes, size 8 1/2" EE, USMC (Inspector) remnants of fatigue jacket and trousers - 1 cigarette lighter (Dunlop service lighter) 1 comb - remnants of Lucky Strike cigarettes., returned to box

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Saipan Maus. #3

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

~~7-8~~ 469

WAS THIS A REBURIAL?  
(Yes or no)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

See Reverse

Previous Cemetery

PLOT No.

ROW No.

GRAVE No.

1 10 469

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

APPROVED UNIDENTIFIABLE

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.

Victim's Name

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SISES, James H.

Cpl

50073

ESMC

170

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

EUGENIO O. MONTECILLO

William E. Cooney

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

Ind 4

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.


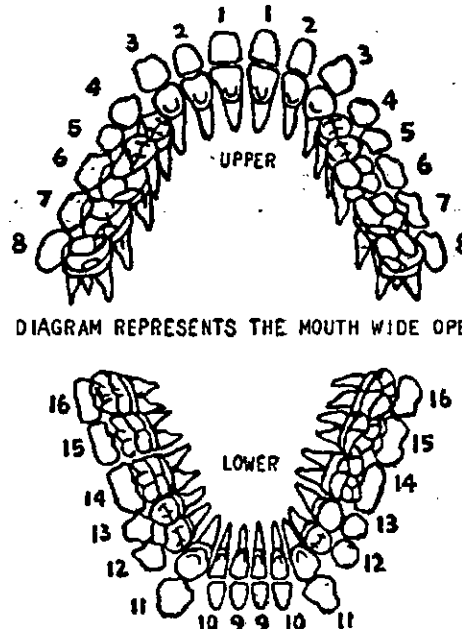


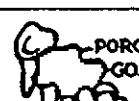

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

**IDENTIFICATION CLUES**

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

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

Mausoleum 3, Row D Position 96

24 JAN 1950

Identification Section

REMARKS:

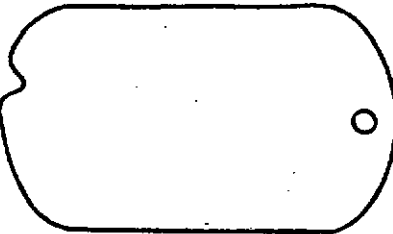
Temporary above ground storage

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

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

DATE OF REPORT

20 Nov 47

|  |  |   |  |
|--|--|---|--|
| Imprint Identification Tag If Possible.<br>DO NOT TYPE<br><br> | Section 1.—IDENTIFICATION.<br>NAME (Last, first, middle initial)<br><br><p style="text-align: center;"><b>Unknown X-90</b></p> |   | SERIAL No.<br><br><p style="text-align: center;"><b>Unknown</b></p>        |
|  | GRADE<br><br><p style="text-align: center;"><b>Unknown</b></p>   | ORGANIZATION<br><br><p style="text-align: center;"><b>Unknown</b></p>   | BRANCH OF SERVICE<br><br><p style="text-align: center;"><b>Unknown</b></p> |
|  | RACE<br><br><p style="text-align: center;"><b>Unknown</b></p>  | RELIGION<br><br><p style="text-align: center;"><b>Unknown</b></p>       | IF OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY                          |
|  | PLACE OF DEATH<br><br><p style="text-align: center;"><b>Two Jims</b></p>   | CAUSE OF DEATH<br><br><p style="text-align: center;"><b>Unknown</b></p> | DATE OF DEATH<br><br><p style="text-align: center;"><b>Unknown</b></p>     |

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

|  |  |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br><br><p style="text-align: center;"><b>None</b></p> | 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)<br><br><p style="text-align: center;"><b>Embossed plate</b></p> |  |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**1 pr. of shoes, size 8 1/2, USMC (Inspector) remnants of fatigue jacket and trousers - 1 cigarette lighter (Dunlop service lighter) 1 comb - remnants of Lucky Strike cigarettes., returned to box**

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.      |
|----------------|------|---|----------------------|------------------|---------------|----------------|
|                |      |   |                      | <del>XXXXX</del> | <del>10</del> | <del>469</del> |

|  |  |               |               |                  |
|--|--|---------------|---------------|------------------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br><br><p style="text-align: center;"><b>See Reverse</b></p> | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br><br><p style="text-align: center;"><b>Previous Cemetery</b></p> | PLOT No.<br>1 | ROW No.<br>10 | GRAVE No.<br>169 |
|--|--|---------------|---------------|------------------|

|                            |                                |   |
|----------------------------|--------------------------------|---|
| 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)<br><br><p style="text-align: center;"><b>Variant Grave</b></p> | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|---|------|------------|--------------|-----------|

|  |   |  |  |  |
|--|---|--|--|--|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br><br><p style="text-align: center;"><b>STRES, James H.</b></p> | RANK<br><br><p style="text-align: center;"><b>Cpl</b></p> | SERIAL No.<br><br><p style="text-align: center;"><b>500713</b></p> | ORGANIZATION<br><br><p style="text-align: center;"><b>USMC</b></p> | GRAVE No.<br><br><p style="text-align: center;"><b>168</b></p> |
|--|---|--|--|--|

|   |  |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT<br><br><p style="text-align: center;"><b>EUGENIO O. MONTECILLO</b></p> | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><br><p style="text-align: center;"><b>William Z. Conroy</b></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 prescribed by theater commander.

Section 3. IDENTIFIED 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 |        | EMERGENCY ADDRESS (Name, relationship, and address) |               |                                |

SEE IDENTIFICATION CHECK LIST

|  |                                |  |
|--|--------------------------------|--|
| FILLINGS   | SILVER FILLING<br>GOLD FILLING |  |
| CAVITIES   | CAVITY<br>DECAYED              |  |
| MISSING TEETH  | TOOTH MISSING                  |  |
| CROWNED TEETH  | PORCELAIN CROWN<br>GOLD CROWN  |  |
| BRIDGE WORK  | GOLD BRIDGE                    |  |
| FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY |                                |  |

Console 3 Row D Position 96

*Lapan Nas 23*

REMARKS:

Temporary above ground storage

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME



REPORT OF INTERMENT  
(TM 10-680 AND AR 30-1815)

OK

\* UNKNOWN # 90

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

33

(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)

469 10 1

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

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

\* Information taken from Plot Maps forwarded from 4th Marine Division Cemetery, Iwo Jima.

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

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

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

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

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

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

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

|                |                          |
|----------------|--------------------------|
| Height:        | Apparent nationality:    |
| Weight:        | Laundry marks:           |
| Color of eyes: | Number of rifle:         |
| Color of hair: | Wear glasses?            |
| Race:          | Is tooth chart attached? |

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

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

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

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

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

-----  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND