

QMONT 293
GRS Far East

19 May 1950

Ident
SUBJECT: Identification of World War II Deceased

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

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

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

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfs

X 293 work done Jan 4 1-92

ONCET 293
GRS Far East

18 May 1950

SUBJECT: Identification of World War II Deceased

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

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

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

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:lak
Salsar

THOMAS E. COX
Capt GEC
Memorial Division

cc: Administrative Section

CC: CINCPAC

X 293 link done. Similar HZ. Missing X 92
JMM

/bpm

Interred 30 March 1950
L 2 8 Ft. McKinley

1

Carl R. Mark

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

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

DIRECTIVE NUMBER
5531 81324

DATE
29 03 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 92					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	37	1829	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
UNKNOWN X-92				29 Mar '50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Mar '50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED DATE 29 Mar '50 RAYMOND H TANGUAY, Sgt 1c, RA	SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt, RA
---	---

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILED
25 APR 1950
REPATRIATION
BRANCH

Janis

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>Evermark</i>	DATE MAR 30 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

AIR MAIL

273 UNK Iwo Jima (4th Marine) X-92

15-43-10
9-4-50
X-92
5

RRREC 293 (4 May 50) 1st Ind
SUBJECT: Reports of Interment

American Graves Registration Service, (Pacific Zone), APO 958 "

TO: Commanding Officer, American Graves Registration Service,
PHILCOM (AF) Zone, APO 900, c/o Postmaster, San Francisco,
California.

Forwarded as a matter pertaining to your Command, as remains
designated X-92 and X-96 (formerly interred in Iwo Jima 4th Marine
Division Cemetery) were shipped to your Command from Saipan on
6 October 1948 on the Dalton Victory.

FOR THE CHIEF:

STEWART G. ABEL
Major, QMC
Hawaiian Distribution
Center

(Handwritten signature)

(Handwritten notes)
MAY 11 1950
23
J. C. S. C.

Copy for: JA, QJ3, Washington 25, D.C. (Memorial Division)

AIR MAIL

MAY 19 4 49 PM '50

REPAIRS
STATION

RECEIVED
MAY 15 1950

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

QMGMR 293
Pacific Zone

4 May 1950

SUBJECT: Reports of Interment

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

Request Report of Interment, Form 1042, be forwarded this office
for the following Unknowns interred in Iwo Jima 4th Marine Division
Cemetery:

Unknown X-92	Plot 1	Row 37	Grave 1829
Unknown X-96	Plot 1	Row 39	Grave 1926

FOR THE ACTING THE QUARTERMASTER GENERAL:

/s/t/ P. B. DANIELS
Major, QMC
Memorial Division

C O P Y

AIR MAIL

AIR MAIL

atj

293 UNK Iwo Jima 4th Marine + 92

GRPZ 293

2nd Ind.

(4 May 1950)

SUBJECT: Reports of Interment

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,
APO 900 25 MAY 1950

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

Forwarded herewith are Reports of Interment for Unknown remains
of X-92 and X-96, Iwo Jima 4th Marine Division Cemetery, as requested
in basic communication.

FOR THE COMMANDING OFFICER:

McNemar

A. B. McNEMAR
Capt., QMC
Asst. Adjutant

2 Incls

- 1. Form 1042 (X-92)
- 2. " " (X-96)

293 UNK Iwo Jima 4th Marine + 92 (4th Marine Division)

NAH
Fib

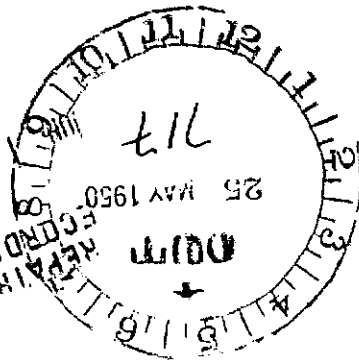
S. J. Amuso
Identification Branch
PR

AIR MAIL



11 59 AM '50

REPAIRS BRAN
RECORDS BRAN



AIR MAIL


RRREC 293 (4 May 50) 1st Ind
SUBJECT: Reports of Interment

American Graves Registration Service, (Pacific Zone), APO 958 MAY 16 1950

TO: Commanding Officer, American Graves Registration Service,
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Division Cemetery) were shipped to your Command from Saipan on
6 October 1948 on the Dalton Victory.

FOR THE CHIEF:


STEWART W. ABEL
Major, QMC
Hawaiian Distribution
Center

Copy furnished:
OQMG

AIR MAIL

RECEIVED
JUN 9 1950
OFFICE

RECEIVED
MAY 1950
717
F.R.S.

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

IN REPLY REFER TO QMGMR 293
Pacific Zone

4 May 1950

SUBJECT: Reports of Interment

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

Request Report of Interment, Form 1042, be forwarded this office
for the following Unknowns interred in Iwo Jima 4th Marine Division
Cemetery: 5531

Unknown X-92	Plot 1	Row 37	Grave 1829	<i>part</i>
Unknown X-96	Plot 1	Row 39	Grave 1926	

FOR THE ACTING THE QUARTERMASTER GENERAL:

P B Daniels
P. B. DANIELS
Major, QMC
Memorial Division

AIR MAIL



100-100000
MAY 11 5 01 PM '50

243 *Unknown Graves*

X-924th *Marine Division*

X

FORM 293
Pacific Zone

4 May 1950

SUBJECT: Reports of Interment

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

Request Report of Interment, Form 1042, be forwarded this office
for the following Unknowns interred in Iwo Jima 4th Marine Division
Cemetery:

Emm
X

Unknown X-92 Plot 1 Row 37 Grave 1829

Unknown X-96 Plot 1 Row 39 Grave 1926

FOR THE ACTING THE QUARTERMASTER GENERAL:

P. B. ¹Robinson
Major, CMC
Memorial Division

emmm FOR RECORD ONLY:

Requested by Mrs. Carrick for Mr. Roth, Navy Liaison
When burial reports are received, ~~XXXX~~numerical
suffixes will be added to DD roster.

DC

CMO

PED

AIR MAIL

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81324

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 92
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA
PLOT: 1 ROW: 37 GRAVE: 1829
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 DISINTERRED: []
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 5-25-50 Kirkland Report

Final #158

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

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 92, Plot 1,
Row 37, Grave 1829, USMC 4th Mar Div Cem Iwo Jima, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


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

Atch: Form 1044

Received 1 Feb 50 0320

Not identifiable from
information presently
available

J. Miller Ident. Sec.
17 May 50

Low 191

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-92				2. DATE OF REPORT 23 Jan 1950	
3. NAME OF CEMETERY 4th Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	37	1829	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

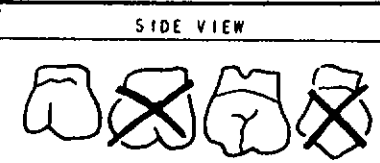
N O N E

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

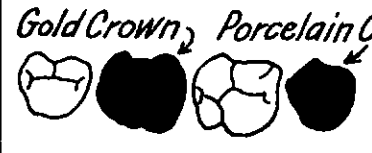
N O N E

REASON FOR...

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:



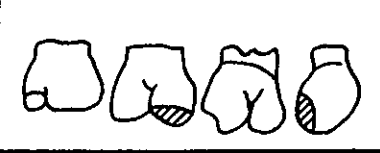
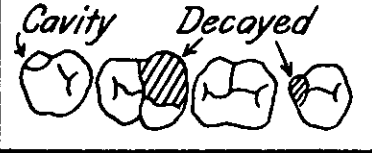
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
X	o					o	#	#				o	A		Impacted	
Side Views																Side Views
Top Views																
	<p>Labels: MOD, MOD, MOD, MD, DD, MOD</p>															
Side Views																
Related	A	o	o	o						o	o	A			Rotated	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

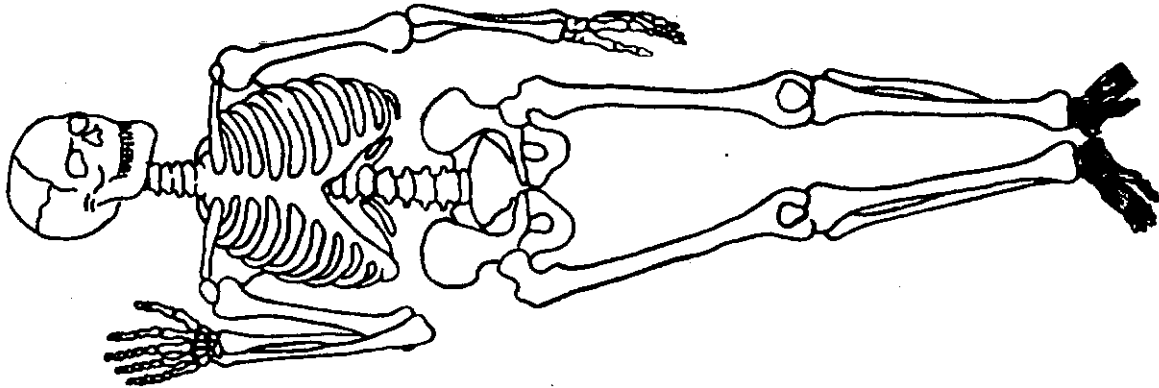
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Left 8 impacted.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification

19. BLACK OUT. PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects or other means of identification found with remains.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF 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 Section

SIGNATURE

Paul R. Nichols

4A101 RKL MMM

1/6

H803
R#1
F/8
H: P
R: 1
#770

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X 92

RANK

ARM
8
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
IWO JIMA 4TH MARINE DIV CEM

DISPOSITION OF REMAINS
0 0391 63
CODE DIST. PT.

PLOT
1

ROW GRAVE COUNTRY
37 1829 KAZAN RETTO

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN

SERIAL NUMBER
X 92

RANK
Unk

DATE OF DEATH
Unknown

DATE DISINTERRED
20 Nov 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unknown

IDENTIFICATION VERIFIED BY
U. E. Conerly, Capt., TC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Nature of shroud undetermined

CONDITION OF REMAINS
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION
Mortuary plate

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug. 48 BY J. L. Sibley, Emb.
CASKET SEALED BY J. L. Sibley, Emb.

EMBALMER (Signature)
R. V. WERST

CASKET BOXED AND MARKED
DATE 15 Aug. 48 E. Kelly

SHIPPING ADDRESS VERIFIED BY
G. D. Jacobs, Clerk

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

FILE
F. T. DE GROODT, CAPT., CMP
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN, M.I.)		TO PORT STORAGE OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Major, CMP	DATE 16 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st LT INF	DATE 16 Aug 48

2. SHIPPED

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

3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, 1st LT IC. OCT 10 1948	DATE 10 Oct 48	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt. FA	DATE 10 Oct 48

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

IDENTIFICATION DENTAL CHART
 To be used with GMC Forms Nos. 1042 and 1044 in place
 of chart thereon, and to be attached to and forwarded
 with those forms when accomplished.

4 Sept 1947
 DATE

UNKNOWN X-92

LAST NAME FIRST INITIAL RANK SERIAL NO.

USMC **4th Marines**
 ORGANIZATION

Iwo Jima **4th Air Cemetery** **1** **87** **1100**
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT				UPPER TEETH				LEFT								
		8	7	6	5	4	3	2	1	2	3	4	5	6	7	8		
TYPE				X				X	X					A				
LOCATION													OM	MOD				

Space closed 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			
LOCATION			0	OD									M		0	0	0		

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		AMALGAM (SILVER)
	CAVITY, INDICATE LOCATION		GOLD
	FIXED BRIDGE (INCL. ABUTMENTS)		OXYPHOSPHATE (CEMENT)
	TEETH REPLACED		MESIAL (BETWEEN TOWARD FRONT)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)		OCCUSAL (BITING SURFACE BACK TEETH)
			SILICATE OF PORCELAIN
			LINGUAL (TOWARD TONGUE)
			BUCCAL (TOWARD CHEEK)

Reverse side for 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 BRIDGEWORK 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.

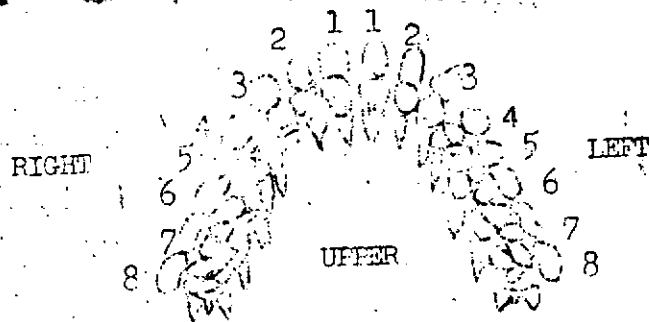
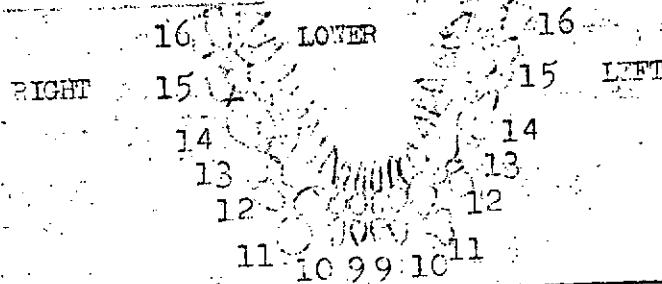


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

I*16 unerupted.

SIGNATURE OF PERSON WHO PREPARED CHART

Kly

NEEDHAM HILLS, 1st Lt., D.C.

VERIFIED BY GRS OFFICER

John H. Haines

JOHN H. HAINES, 2nd Lt., Inf.

PLACE OR TWO STAMPS THIS FORM ACCOMPLISHED

4 Sept 1947

DISINTERMENT REPORT

DATE

DISINTERMENT NO.

A. NAME AND BIRTH LOCATION OF DECEASED

AGE : RANK : SERIAL NUMBER : DATE OF DEATH : SERVICE : POSITION

UNKNOWN X-92

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

H. J. Marine

PLOT : ROW : GRAVE : COUNTRY

1 : 37 : 1829 : Two lines

B. NEXT OF KIN AND CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN : NAME AND ADDRESS OF CONSIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION

AGE : RANK : SERIAL NUMBER : DATE OF DEATH : DATE OF DISINTERMENT

9/4/47

IDENTIFICATION TAG ON ORGANIZATION : RELIGION : IDENTIFICATION/VERIFIED BY

() REMAINS
() MARKED

D. PREPARATION OF REMAINS FOR SHIPMENT

ATURE OF BURIAL : CONDITIONS OF REMAINS

OTHER MEANS OF IDENTIFICATION

~~Canteen~~ Canteen Canteen with Remains

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

DATE BY : CASKET STAMP BY : EMPALLER (signature)

CASKET BOXED AND LABELED : 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.

[Handwritten signature]

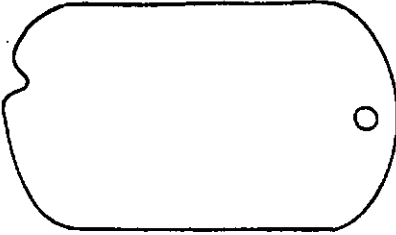

~~#44~~

953

mww

SIGNATURE OF CRS INSPECTOR

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

QMC Form 1042 (Rev. 1 Apr. 1940) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 20 No ^r 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-92				
		SERIAL No.				
GRADE X		ORGANIZATION 4th Marine		BRANCH OF SERVICE X		
RACE X		RELIGION X		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Iwo Jima		CAUSE OF DEATH Unknown		DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 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) None		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 Canteen found and enclosed remains						
						A TRUE COPY:  H. B. McNEMAR Capt., CMC
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 20 Mar 45	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) See reverse	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Previous Cemetery			PLOT No. 1	ROW No. 37	GRAVE No. 1829
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) DONAHOO, Robert W.			RANK P ^t	SERIAL No. 569912	ORGANIZATION USMCR	GRAVE No. 1830
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) NOYES, Robert T.			RANK Pfc	SERIAL No. 853440	ORGANIZATION USMC	GRAVE No. 1828
SIGNATURE OF PERSON PREPARING REPORT /s/t/ CHARLES J. McNIEL, 1st Lt., Ord.			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ ULDRIC E. CONERLY, Captain, T.C.			
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.						

Inch #1

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 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.

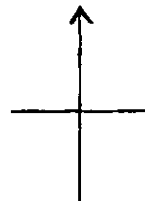
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

SEE IDENTIFICATION CHECK LIST

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

MAUSOLEUM 4 Row D position 101



REMARKS:

Temporary above ground storage

WD OMC Form 1042
(Rev. 1 Apr. 45)
(Supersedes GRS Form 1)

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

DATE OF REPORT
4 Sept 1947

Imprint ID if Possible.
DO NOT TYPE

**REPORT OF
DISINTERMENT**

Section 1. - IDENTIFICATION		
NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-92 Doc # 23 953		
GRADE	ORGANIZATION	BR OF SERVICE
	4th Marine	
RACE	RELIGION	IF OTHER THAN US DEAD (GIVE NAME OF COUNTRY)
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Iwo Jima	Unk	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENT. TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 5 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes nor No)	


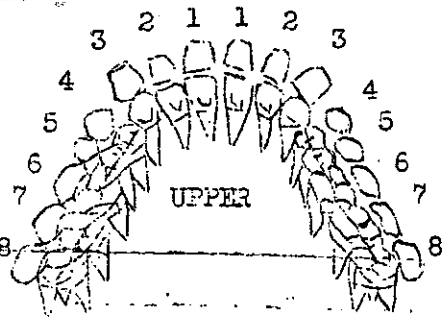

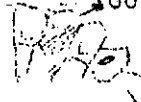


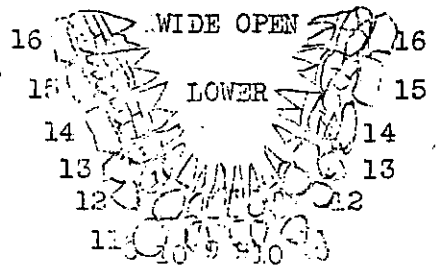
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION SAME

Canteen found and enclosed with remains.

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 MKK	PLOT#	ROW NO	GR NO.		
20 Mar 45				2	37	1829		
WAS THIS A REBURIAL? (Yes or No)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					PLOT#	ROW NO	GR NO
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF ID NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY.						
ID BURIED WITH BODY (Yes or No)	ID ATTACHED TO MARKER (Yes or No)	STATUS FULL						
BODY BURIED ON DECEASED LEFT, NAME (Last, 1st middle initial)	RANK	SERIAL NO	ORG.	GR. NO.				
Donahoo, Robert W.	Pvt	569912	USMC	1830				
BODY BURIED ON DECEASED RIGHT, NAME (Last, 1st middle initial)	RANK	SERIAL NO	ORG.	GR. NO.				
Hoyes, Robert T.	Pfc	853440	USMC	1828				
SIGNATURE OF PERSON PREPARING REPORT				SIGNATURE OF GRS OFFICER VERIFYING REPORT				
<i>Theodore Capital</i> Theodore Capital				<i>T. Blacksho</i>				

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				
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	WEAPON AND SERIAL NO			BIJUTERIES, SCARS, OR TATTOOS
	LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND	
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS Silver Filling  Gold filling		 <p style="text-align: center;">DIAGRAM REPRESENTS THE MOUTH</p>	
	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 		WIDE OPEN LOWER 	
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.			
RIGHT LITTLE FINGER	REMARKS:			

RESTRICTED

5

Unknown (Last name) X-1-1 (First) (Initial) (Serial number) (Rank) (Organization)

Iwo Jima (Place of death) 12 March 1945 (Date of death) FLT (Cause of death) CSJ in Book

1600 20 March 1945 (Time and date of burial) IT 4th Marine Div Cem (Name of cemetery) Iwo Jima (Name or coordinates of location)

1829 (Grave number) 37 (Row number) 1 (Plot number) Headboard (Type of marker—Regulation V-shaped or other)

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

CASUALTY STATISTICS
NOTED: *[initials]*

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

4

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

Body buried on RIGHT Moyas, Robert T. (Name) 853440 (Serial number) (Rank) 4th Div USMC (Organization) 1829 (Grave number)

Body buried on LEFT Donahoo, Robert W. (Name) 569912 (Serial number) (Rank) US CR (Organization) 1830 (Grave number)

Unknown (Name and address of EMERGENCY ADDRESSEE)

Unknown (Name and address of LEGAL NEXT OF KIN)

64A

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

2nd #192

RESTRICTED

IF DECEASED UNIDENTIFIED

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

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

(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.:

W.H. Winfrey found on trousers, R.J. Morrow on pants, Harris found on belt, B.E. Jacobsen 123-USN on jacket.

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

Melita S. Helmer SGT.

(Signature of officer or other person reporting burial)

Edward C. Be...

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

THE BELOW LISTED NAMES CANNOT BE ASSOCIATED WITH ANY NAVY MARINE OR COAST
GUARD CASUALTIES: *No Army Casualties can be associated.*

WINFREY, W. H.

MORROW, R. J.

HARRIS

JACOBSEN, B. E.