

1

nfm

Interred 30 March 1950  
L 17 70 Ft. McKinley

*Carl R. H. Mark*

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

DIRECTIVE NUMBER

5531 81325

DATE

29 03 50  
DAY MONTH YEAR

|                |               |       |     |      |          |
|----------------|---------------|-------|-----|------|----------|
| NAME           | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN I - 93 |               |       |     |      |          |

|  |      |     |       |                            |
|--|------|-----|-------|----------------------------|
| CEMETERY                               | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS     |
| 4TH MARINE DIVISION CEMETERY, IWO JIMA | 1    | 37  | 1838  | 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. W. MCKINLEY, P. I. | (BY ADMINISTRATIVE DECISION)    |

SECTION C - DISINTERMENT AND IDENTIFICATION

|   |               |          |   |                   |
|---|---------------|----------|---|-------------------|
| NAME  | SERIAL NUMBER | GRADE    | DATE OF DEATH                             | DATE DISTINTERRED |
| UNKNOWN X-93  |               |          |   | 30 March 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 March 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 |
| DATE 30 Mar 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 ASSOCIATED  
DATE 27 Apr 1950  
NAME J. Kyle  
Capt. 4th MAR. DIV.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|                                    |      |   |                            |
|------------------------------------|------|---|----------------------------|
| FROM<br><b>AGRS MAUSOLEUM</b>      |      | TO<br><b>US MILITARY CEMETERY</b>           |                            |
| KIND OF CONVEYANCE<br><b>TRUCK</b> |      | NAME OF CONVOYER                            |                            |
| SIGNATURE OF SHIPPER               | DATE | SIGNATURE OF RECEIVER<br><i>Carol Smart</i> | DATE<br><b>MAR 30 1950</b> |

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81325

29 03 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 93  
SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA  
PLOT: 1 ROW: 37 GRAVE: 1838  
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. MCINTLEY, 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 5-25-50 Kirkland Report

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

ORIGINAL

293 Unknown - Iwo Jima X-69  
(4th Marine Div)

QUART 293  
AGRS Far East

15 February 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-69, 4th Marine Division Cem., Iwo Jima  
" X-93, " " " " " " " " " " " "

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

FOR THE QUARTERMASTER GENERAL:

F. H. METZ  
Lt. Colonel, USMC  
Memorial Division

JEM  
DEC

R. Millerlak  
Salsar  
J. Windsor

cc: Administrative Section  
cc: CINCPAC

ORIGINAL

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- 93, Plot 1,  
Row 37, Grave 1838, USMC 4th Mar Div Iwo Jima, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:



B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

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

## IDENTIFICATION DATA

|  |          |           |             |  |             |
|--|----------|-----------|-------------|--|-------------|
| 1. REMAINS OF UNKNOWN<br><b>UNKNOWN X-93</b>             |          |           |             | 2. DATE OF REPORT<br><b>23 Jan '50</b> |             |
| 3. NAME OF CEMETERY<br><br><b>4h Marine Div Iwo Jima</b> | 4. PLOT  | 5. ROW    | 6. GRAVE    | 7. DATE OF                             |             |
|  | <b>1</b> | <b>37</b> | <b>1838</b> | DISINTERMENT                           | REINTERMENT |

### PHYSICAL DESCRIPTION

|                                   |                                   |                                   |                        |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------|
| 8. ESTIMATED WEIGHT<br><b>UTD</b> | 9. ESTIMATED HEIGHT<br><b>65"</b> | 10. COLOR OF HAIR<br><b>Brown</b> | 11. RACE<br><b>UTD</b> |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**N O N E**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

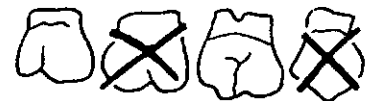
**N O N E**

RECEIVED  
1044

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



| RIGHT             |    |    |    |    |    |    |   | LEFT              |    |    |    |    |    |    |    |
|-------------------|----|----|----|----|----|----|---|-------------------|----|----|----|----|----|----|----|
| 8                 | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1                 | 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| <i>1/2 Growth</i> |    |    |    |    |    |    |   | <i>1/2 Growth</i> |    |    |    |    |    |    |    |
| <i>ant</i>        |    |    |    |    |    |    |   |                   |    |    |    |    |    |    |    |
| Side Views        |    |    |    |    |    |    |   |                   |    |    |    |    |    |    |    |
| UPPER             |    |    |    |    |    |    |   |                   |    |    |    |    |    |    |    |
| LOWER             |    |    |    |    |    |    |   |                   |    |    |    |    |    |    |    |
| Side Views        |    |    |    |    |    |    |   |                   |    |    |    |    |    |    |    |
| <i>Infected</i>   |    |    |    |    |    |    |   | <i>Infected</i>   |    |    |    |    |    |    |    |
| 16                | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9                 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

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

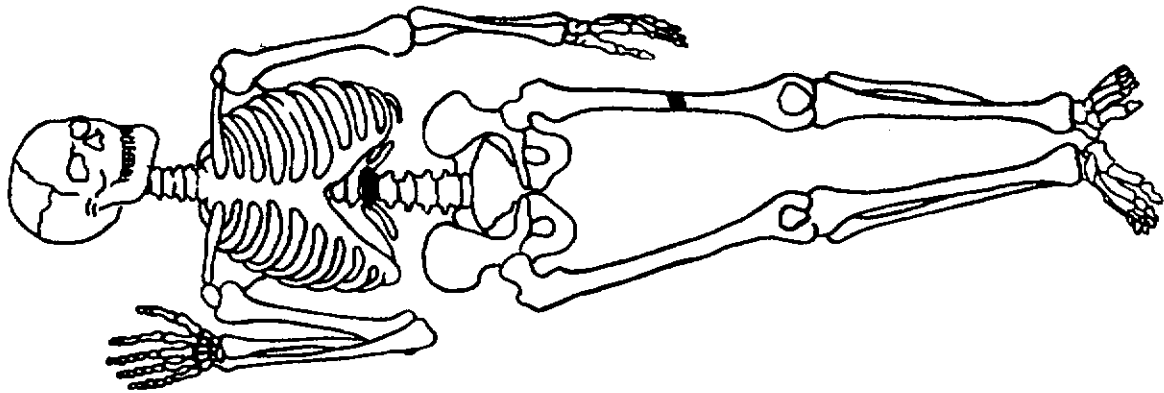
Note: No 2-R-malposed  
No caries - no restorations

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

4E96 2/21/47 MMM

# DISINTERMENT DIRECTIVE

803-79A-36

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**5531 00000**

DATE  
**15 12 47**  
DAY MONTH YEAR

NAME  
**293 UNKNOWN X - 93**

SERIAL NUMBER  
**X - 93**

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 37 1838 KAZAN RETTO**

CAUSE OF DEATH  
**5**

## SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
**UNKNOWN X-93**

SERIAL NUMBER  
**Unknown**

RANK  
**Un-  
known**

DATE OF DEATH  
**Unknown**

DATE DISINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**UNKNOWN**

RELIGION  
**Unknown**

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

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**Individual grave, uncasketed,  
Wrapped in shelter-half**

CONDITION OF REMAINS  
**Skeletal remains incomplete**

OTHER MEANS OF IDENTIFICATION  
**Mortuary Plate**

MINOR DISCREPANCIES  
**None**

REMAINS PREPARED AND PLACED IN CASKET

DATE **24 Nov 48**  
CASKET SEALED BY  
**J. L. SIBLEY, Embalmer**

BY **J. L. SIBLEY, Embalmer**  
EMBALMER (Signature)  
*Gerald K. Skinner*  
**GERALD K. SKINNER**

CASKET BOXED AND MARKED

DATE **24 Nov 48** BY **F. COLEMAN**

SHIPPING ADDRESS VERIFIED BY  
**JOSE J. PRESAS, Clerk**

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

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

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| FROM<br><b>US MAUSOLEUM, SAIPAN, M. I.</b>  |                          | TO<br><b>PORT STORAGE OFFICER, SAIPAN, M. I.</b>  |                          |
| KIND OF CONVEYANCE<br><b>Truck</b>  |                          | NAME OF CONVOYER  |                          |
| SIGNATURE OF SHIPPER<br><i>William J. Sigmann</i><br><b>WILLIAM J. SIGMANN 1st Lt., INF</b> | DATE<br><b>24 Nov 48</b> | SIGNATURE OF RECEIVER<br><i>Robert G. Snowden</i><br><b>ROBERT G. SNOWDEN, 1st Lt Inf</b> | DATE<br><b>24 Nov 48</b> |

### 2. SHIPPED

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| FROM<br><b>AGRS PORT (SAIPAN, MI)</b>   |                          | TO<br><b>MASTER FS-278</b>                        |                          |
| KIND OF CONVEYANCE<br><b>TRUCK</b>  |                          | NAME OF CONVOYER                                  |                          |
| SIGNATURE OF SHIPPER<br><i>Harold E. Fike</i><br><b>HAROLD E. FIKE, CAPTAIN INF</b> | DATE<br><b>12 Jan 49</b> | SIGNATURE OF RECEIVER<br><i>Admiral J. J. ...</i> | DATE<br><b>12 Jan 49</b> |

### 3. SHIPPED

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| FROM<br><b>MASTER FS-278</b>                     |                          | TO<br><b>AGRS Mausoleum</b>  |                          |
| KIND OF CONVEYANCE<br><b>Truck</b>               |                          | NAME OF CONVOYER   |                          |
| SIGNATURE OF SHIPPER<br><i>Admiral J. J. ...</i> | DATE<br><b>24 Jan 49</b> | SIGNATURE OF RECEIVER<br><i>E. H. Newman Jr.</i><br><b>E. H. NEWMAN JR., Capt, FA.</b> | DATE<br><b>24 Jan 49</b> |

### 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 |

Em

RKH

6

DISINTERMENT DIRECTIVE

293 Unk Iwo Jima Marine (4th Marine)

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-93

RANK

ARM  
0  
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 37 1038 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

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

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 1

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 GRS INSPECTOR

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

LtJ NMM

6

DISINTERMENT DIRECTIVE

293 Unit Misc Two Jima (4 Marines)

|  |                                |                                    |
|--|--------------------------------|------------------------------------|
| SECTION A—<br>NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER<br>5531 00000 | DATE<br>15 12 49<br>DAY MONTH YEAR |
|--|--------------------------------|------------------------------------|

|                 |                       |      |          |                                 |
|-----------------|-----------------------|------|----------|---------------------------------|
| NAME<br>UNKNOWN | SERIAL NUMBER<br>X-93 | RANK | ARM<br>0 | DATE OF DEATH<br>DAY MONTH YEAR |
|-----------------|-----------------------|------|----------|---------------------------------|

|   |   |
|---|---|
| CEMETERY<br>IHO JIMA 4TH MARINE DIV GEN | DISPOSITION OF REMAINS<br>0 0391 53<br>CODE DIST. PT. |
|---|---|

|           |           |               |                        |                     |
|-----------|-----------|---------------|------------------------|---------------------|
| PLOT<br>1 | ROW<br>37 | GRAVE<br>1036 | COUNTRY<br>KAZAN NETTO | 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 DISINTERRED |
| 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 | BY | EMBALMER (Signature) |
|------|----|----------------------|

|                         |                              |
|-------------------------|------------------------------|
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY |
|-------------------------|------------------------------|

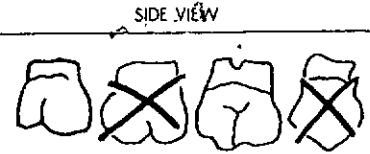
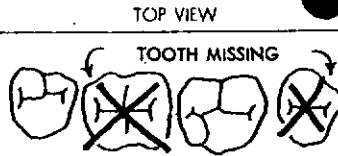
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

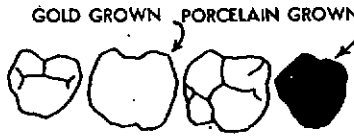
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

TOOTH CHART

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



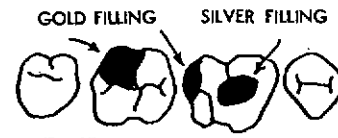
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



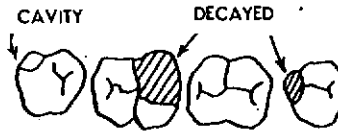
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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  |                 |  |  |  |  |  |  |  |
| <i>Impacted</i> |    |    |    |    |    |    |   | <i>Rotated</i>  |    |    |    |    |    |    |    | <i>Rotated</i>  |  |  |  |  |  |  |  |
| <i>Impacted</i> |    |    |    |    |    |    |   | <i>Impacted</i> |    |    |    |    |    |    |    | <i>Impacted</i> |  |  |  |  |  |  |  |
| SIDE VIEWS      |    |    |    |    |    |    |   |                 |    |    |    |    |    |    |    |                 |  |  |  |  |  |  |  |
| UPPER           |    |    |    |    |    |    |   |                 |    |    |    |    |    |    |    |                 |  |  |  |  |  |  |  |
| LOWER           |    |    |    |    |    |    |   |                 |    |    |    |    |    |    |    |                 |  |  |  |  |  |  |  |
| SIDE VIEWS      |    |    |    |    |    |    |   |                 |    |    |    |    |    |    |    |                 |  |  |  |  |  |  |  |
| <i>Impacted</i> |    |    |    |    |    |    |   | <i>Impacted</i> |    |    |    |    |    |    |    |                 |  |  |  |  |  |  |  |
| 16              | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9               | 10 | 11 | 12 | 13 | 14 | 15 | 16 |                 |  |  |  |  |  |  |  |

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

*Date: Impactions,*

*Marion C. Teague*

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

PROCESSING CENTER

UNK-X-98 - P-1-R-37 - G-1838 - 4TH MAR. DIV

(Name)

(Rank)

(Ser No.)

(Br of Sv)

TWO SIMM



(1) vertebra Missing

LEFT Femur  
Fractured

incomplete Skeleton

SKELETAL CHART

GENERAL INVESTIGATION POINT  
AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE APO 2-4

293.

Date 24 Nov 48

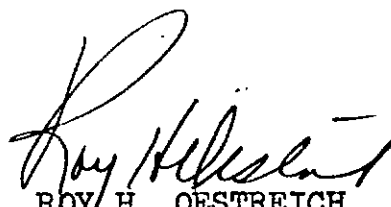
CASE SUMMARY OF

NAME: UNKNOWN X-93 RANK: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_  
CEMETERY: 4th Mar Iwo Jima Plot: 1 Row: 37 Grave: 1838

Remains disinterred from P-1, R-37, Gr-1838 as  
UNKNOWN X-93 were processed this date and no further  
clues to identity were found.

Remains placed in permanent type casket.

cc: 293 \_\_\_\_\_  
\_\_\_\_\_

  
ROY H. OESTREICH  
CAPT. INF

\_\_\_\_\_  
(Signature)



REPORT OF INTERMENT (AR 30-1310 and AR 30-1315)

DATE OF REPORT  
4 Sept 1947

Imprint Identification Tag if Possible.  
DO NOT TYPE

REPORT OF  
DISINTERMENT

SECTION 1. - IDENTIFICATION

NAME (Last, first, middle initial) SERIAL NO.  
UNKNOWN X-93 Box # 998

GRADE ORGANIZATION BRANCH SV.  
4th Marine Div

RACE RELIGION IN OR ON PLAIN US OF BIRTH

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

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  
Interment report found in bottle 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 TYPE OF GRAVE MARKER PLOT NO. ROW NO. GRAVE NO.  
21 Mar (Shroud, blanket, or name of other) 1 37 1838

WAS THIS A REBURIAL? 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 IDENTIFICATION TAGS ATTACHED TO BODY

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL NO. ORG. GRAVE NO.  
Luck, David H. C. Pvt 973651 USMC 1839

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. ORG. GRAVE NO.  
Eckhardt, Alvin M. Pvt 980400 USMC 1837

SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT  
Teodorico Espital T. Blackthorn

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 GRS Manual, GRS Form 1, 1 Aug 46. AUTH: RADIO CITE-CGRS-MARPO 12065

STATION FILE

RESERVED

Section 9 - UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identify 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  
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

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

OTHER IDENTIFICATION CLUES

|   |                                |                           |
|---|--------------------------------|---------------------------|
| FILLINGS                                      | Silver filling<br>Gold filling | <p>UPPER</p> <p>LOWER</p> |
| CAVITIES                                      | Cavity<br>Decayed              |                           |
| MISSING TEETH                                 | Tooth missing                  |                           |
| CROWNED TEETH                                 | Porcelain Crown<br>Gold crown  |                           |
| BRIDGE WORK                                   | Gold bridge                    |                           |
| <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |                                |                           |

Furnish sketch and map reference and coordinates for burial in other than established cemetery

REMARKS:

Condition of Remains: Left femur broken.

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

1-93

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

388  
UNIDENTIFIED  
(TENT PARKS, U.S.)

UNKNOWN

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

4th Marine Division Cemetery, Iwo Jima

1838

(Grave number)

37

(Row number)

1

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

(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)

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

File

FILE  
DEC 16 1946

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

A TRUE COPY

THUMB

E.A. Miller Jr.  
1st Lt., QMC

3075 65A

RIGHT HAND

4

3

2

1

THUMB

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

RESTRICTED

4

Unknown (Rakes, C.L., Laundry Marks)

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

Iwo Jima

(Place of death)

12 March 45

(Date of death)

ELT

(Cause of death)

G.I.

1510 21 March 45

(Time and date of burial)

ELT

4th Marine Div. Cem.

(Name of cemetery)

Iwo Jima

(Name or coordinates of location)

1838

(Grave number)

507

(Row number)

1

(Plot number)

Head Burial

(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: *Central*

1 CR/L Form

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

Rakes, C.L. found from laundry marks on clothing

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

5

Body buried on RIGHT Eckhart, J.W.

(Name)

980400

(Serial number)

(Rank)

USMC

(Organization)

1837

(Grave number)

Body buried on LEFT Luck, D.H.C.

(Name)

973651

(Serial number)

(Rank)

USMC

(Organization)

1838

(Grave number)

Unknown

(Name and address of EMERGENCY ADDRESSEE)

Unknown

(Name and address of LEGAL NEXT OF KIN)

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

None

RESTRICTED

Incl # 18

LEFT HAND

THUMB

1

2

3

4

PRINTS IMPOSSIBLE

## 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: 6'0"      Apparent nationality: —  
 Weight: 170#      Laundry marks: Rakes, C.L.  
 Color of eyes: —      Number of rifle: —  
 Color of hair: Brown      Wear glasses? No  
 Race: white      Is tooth chart attached? No

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

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

None

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

None

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

*Walter S. Herpin Sgt*  
 (Signature of officer or other person reporting burial)

*Edward Beard Lt*  
 (Verified by Army GRS Officer)

6013

PRINTS IMPOSSIBLE

THUMB

1

2

3

4

RIGHT HAND