



Interred 30 March 1950
L 10 67 Ft. McKinley

Checkmark

DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent

PREPARED BY PHILCOM

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81215

DATE

29 03 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 95				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
293 4TH MARINE DIVISION CEMETERY, IWO JIMA	1	38	1863	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-95				30 Mar 50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

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

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

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

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

REMARKS AND SPECIAL INSTRUCTIONS

✓

FILE
25 APR 1950
REPATRIATION
BRANCH

Jams

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>Carl Frank</i>	DATE MAR 30TH 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 (misc) 4th Marine Div

QMCMM 293
ONS Far East

~~X-1 X-17 X-18 X-20 X-22 X-24~~
~~X-25 X-29 X-90~~
~~X-95~~

APR 3 1950

SUBJECT: Unidentifiable Remains

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

QMCMM 293 X-95, 4th Marine Division, Iwo Jima

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 MBORS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New QMC Forms 10hh (Resolution of Cases of Unidentified Decensed) and were approved per 1st Indorsement, this Office, file QMCMT 293, dated 6 December 1948 and 1st Indorsement, file QMCMM 293 ONS 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 FFA Unit Roster #9, Page 1.

FOR THE QUARTERMASTER GENERAL:

- 1h 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. WATZ
Lt Colonel, OMC
Memorial Division

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5521 81215

29 03 50
DAY MONTH YEAR

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

CEMETERY: 4TH MARINE DIVISION CEMETERY, TWO JINA PLOT: 1 ROW: 38 GRAVE: 1863 DISPOSITION OF REMAINS: 7701 CODE 80 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. W. MCINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS: OTHER MEANS OF IDENTIFICATION:

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:

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

SIGNATURE OF AGRS INSPECTOR: n An file 5-25-50 Kurbans Report

REMARKS AND SPECIAL INSTRUCTIONS:

Handwritten scribbles and numbers at the bottom of the page.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
2. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
3. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
4. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
5. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
6. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
7. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
8. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
9. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
10. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE

PAKED BY THE DATE

DISINTERMENT DIRECTIVE

H803 H10
R16 R3
F13 F61

1

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
8

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 38 1863 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-000095 ~~Unknown~~ Unknown

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unknown

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uncasketed,
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 16 July 48

BY V. R. WILLIAMS, Embalmer

CASKET SEALED BY

C. L. MATTHEWS, Embalmer

EMBALMER (Signature)

J. E. SPEER

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 16 July 48 BY P. MABAZZA

J. E. MORRIS, 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., CMP

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. MAUSOLEUM (SAIPAN, M. I.)		TO PORT STORAGE OFFICER (SAIPAN, M. I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj., CMP	DATE 20 July 48	SIGNATURE OF RECEIVER <i>Robert C. Snowden</i> ROBERT C. SNOWDEN, 1st Lt INF	DATE 20 Jul 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 C. Snowden</i> ROBERT C. SNOWDEN, 1st Lt INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Ed Newman</i> EDWARD H. NEWMAN, Jr., Capt., FA	DATE 6 Oct 48

3. SHIPPED

FROM USAT DALTON VICTORY		TO PORT STORAGE OFFICER AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Ed Newman</i> EDWARD H. NEWMAN, Jr., Capt., FA	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>Robert C. Snowden</i> ROBERT C. SNOWDEN, 1st Lt INF	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 (CIVILIAN VEHICLE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Ed Newman</i> EDWARD H. NEWMAN, Jr., Capt., FA	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

RPH 1947

6

DISINTERMENT DIRECTIVE

293 unk Iwo Jima (misc) 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-95

RANK

ARM 8 DATE OF DEATH

CEMETERY IWO JIMA 4TH MARINE DIV CEM

DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.

PLOT 1 ROW 30 GRAVE 1863 COUNTRY 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)

DATE BY 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.

1. This case Unknown X-95 has been reviewed and the recommendation of the Field as unidentifiable due to lack of sufficient identifying data is approved.

2. These remains were ^{buried} (~~transferred~~)
at 4th Max Civ. Cem. Div. Lima

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-95 4th Marine - Iwo Jima				2. DATE OF REPORT 28 Feb 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	38	1863	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION				AGE: 20 - 25 years	
8. ESTIMATED WEIGHT 132 - 156 lbs.	9. ESTIMATED HEIGHT 5' 7$\frac{1}{2}$"	10. COLOR OF HAIR U T D		11. RACE White	

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

U T D - Skeletal

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Basal portion of skull and right humerus
---	--

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

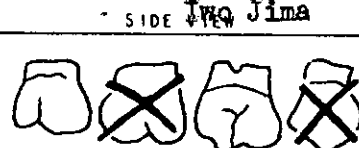
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

Small 102

Tro Jima

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:



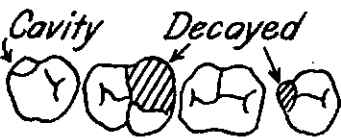
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
	o		⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			⊗
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
M A N D I B L E								M I S S I N G							
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."

No loose mandibular teeth present with remains.

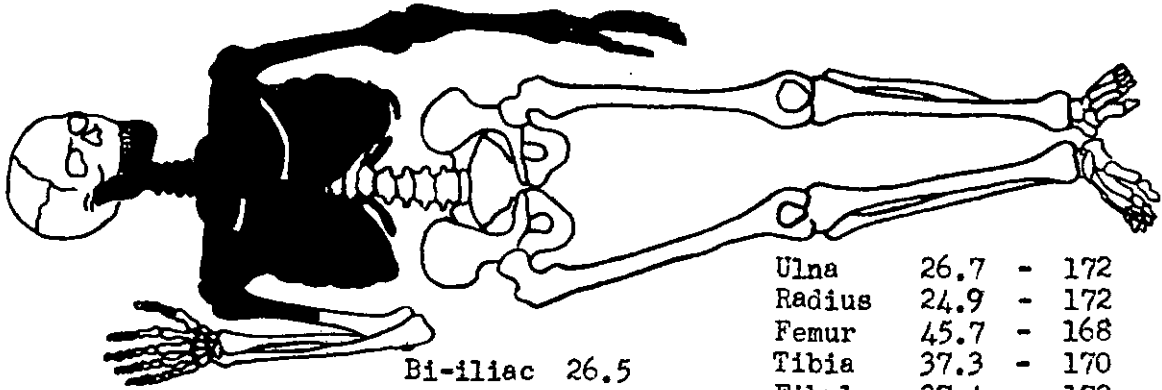
Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

Inul 103

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-95 4th Marine
Iwo Jima



Bi-iliac 26.5

Estimated height - 5' 7 $\frac{1}{4}$ "

Ulna	26.7	-	172
Radius	24.9	-	172
Femur	45.7	-	168
Tibia	37.3	-	170
Fibula	37.4	-	172

5/	854	
	170-4/5	

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.

Circumference of skull - 20 $\frac{1}{4}$ inches.

Estimated weight of remains - 8 $\frac{1}{2}$ 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

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-95				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 4th Mar. Div., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	38	1863	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6-7/8"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	---	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate:
P-1, R-38, G-1863**

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

None

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

**1 Pr. of G.I. shoes - Size 7½ E
Pieces of blanket (no markings)**

Unidentifiable by reason of lack of sufficient identifying data.

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

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

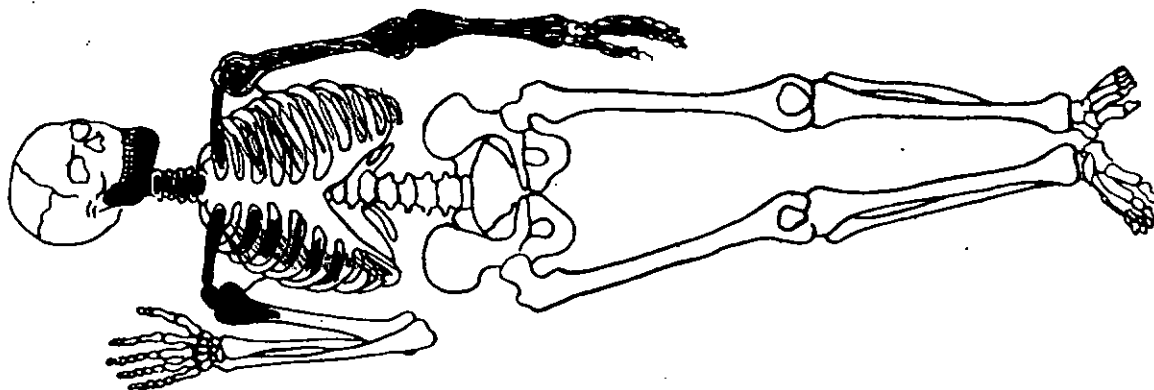
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				X		X	X	X	X	X	X	X	X			X
Side View																
Top View																
Side View																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

No Mandible.

Gary D. Pugh
 Gary D. Pugh

19. BLACK OUT PARTS OF BODY NOT RECORDED

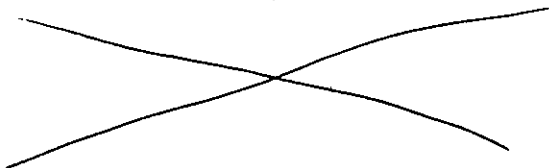


Est. Ht.: 5'6-7/8"
Skull: 21"

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

Color of hair - UTD

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

[Handwritten Signature]
Capt

IDENTIFICATION CHECKLIST

Unknown X-95
Cemetery 4th Mar. Iwo Jima
Plot 1 Row 38 Grave 1863

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I
Physical Description

1. Estimated weight UTD
2. Estimated height 5' 6-7/8"
3. Color of hair UTD
4. Race UTD
5. Tattoos or scars on the body (give description) No
(Information obtained from other sources)
6. Was tooth chart taken? Yes If not, explain
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent?
10. Are any parts of the body missing or severed? See chart
11. Is there any evidence of first-aid or other medical treatment? No
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects.
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.)

Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: _____

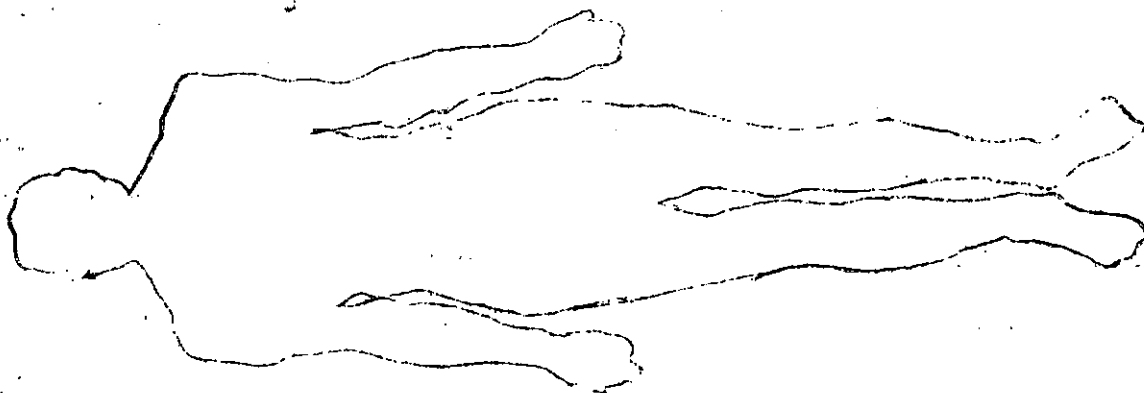
1 Pr. Shoes - Size 7½ E

Pieces of blanket

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination _____

16. Evidence of healed fractures No

17. Black out parts of body not received at cemetery.



18. REMARKS: _____

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

R. H. Oestreich
R. H. OESTREICH

Officer's name

Capt.
Rank

Inf.
Service

Organization

A. NAME AND BURIAL LOCATION OF DECEASED

NAME		RANK	SERIAL NUMBER	DATE OF DEATH	ARM OR SERVICE	DISPOSITION
Unknown X95						
CITY				CAUSE OF DEATH	U.S. DISTRIBUTION POINT	
4th Marine						
LOT	ROW	GRAVE	COUNTRY			
1	38	1863	Iwo Jima			

B. NEXT OF KIN AND CONSIGNEE

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

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED
				9-3-47
IDENTIFICATION TAG ON ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MURKIN				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	mandible, left humerus, radius & ulna missing. rt humerus broken.

OTHER MEANS OF IDENTIFICATION

issue per of shoes & some rags of blanket w/ remains

REMAINS PREPARED AND PLACED IN CASKET

BY	BY
CASKET SEALED BY	EMBALMER (Signature)

CASKET ROBED AND MARKED

SHIPPING ADDRESS VERIFIED BY (Signature)


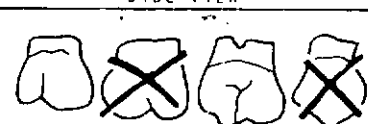






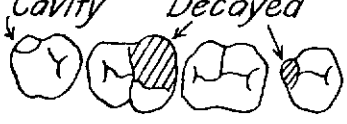

DATE BY


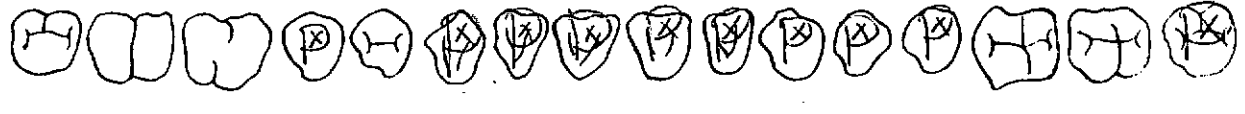


I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

[Signature] *926* *mw*

SIGNATURE OF GRS INSPECTOR

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

<p>MISSING TEETH: 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>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			X		X	X	X	X	X	X	X	X			X
<p>Side Views</p>  <p>Side Views</p>															
<p>Top Views</p>  <p>Top Views</p>															
<p>Side Views</p>  <p>Side Views</p>															
<p>Top Views</p>  <p>Top Views</p>															
<p>Missing</p>															
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 missing

Speer

F J De Groodt Capt USMC

PROCESSING CENTER

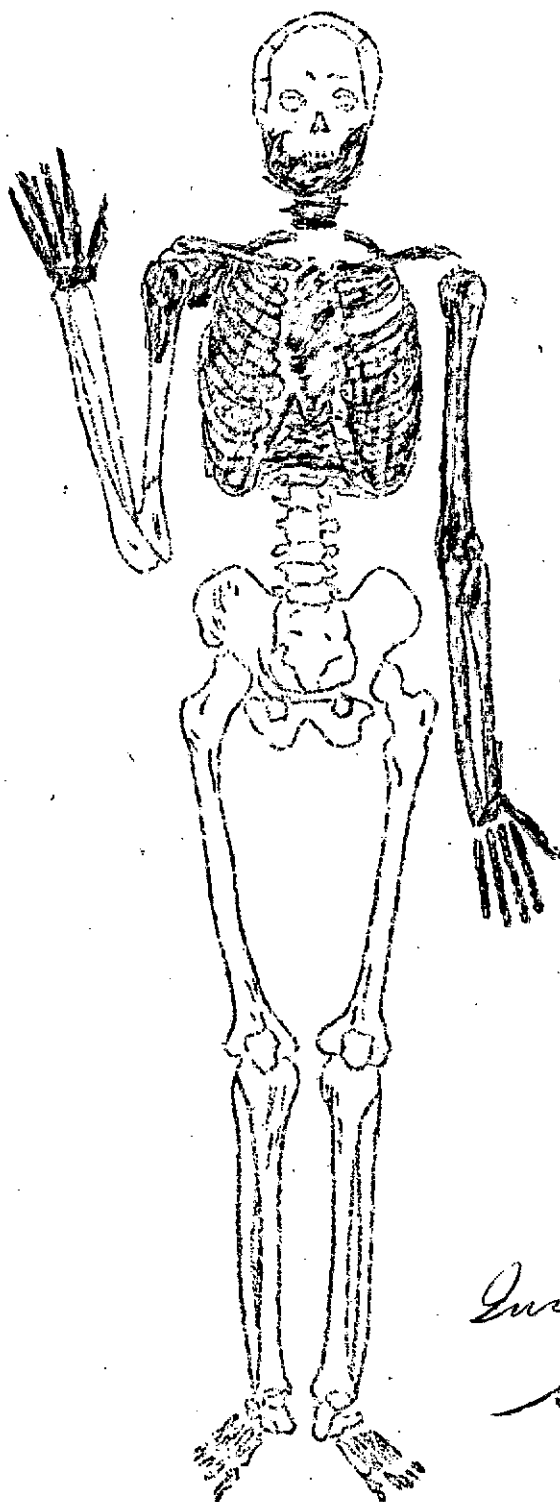
UNKNOWN - X-95

(Name)

(Rank)

(Ser No.)

(Br of Sv)



*Incomplete
Skeleton*

SKELETAL CHART

IDENTIFICATION SECTION
REPLICATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1816)

UNKNOWN - 95

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

4th Marine Division Cemetery, Iwo Jima

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

1863

(Grave number)

38

(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)

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

A TRUE COPY

E. A. Miller Jr.
1st Lt., QM3

3075

65A

4

3

2

1

THUMB

RIGHT HAND