

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. I X10 SIMA, 5TH MAR. DIV, X-10

SUBJECT

QMGMN 293  
GRS, Far East

MAR - 3 1950

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 30 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-6, X-10, X-12, X-25, X-41, X-51, X-63 and X-64, Fifth Marine Division Cemetery, Iwo Jima, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

CC: CINCPAC

QMGMN 293 Unk X-10 5th Mar Div Iwo Jima

HEADQUARTERS  
PHILSON 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- 10, Plot 2,  
Row 12, Grave 529, USMC 5th 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:

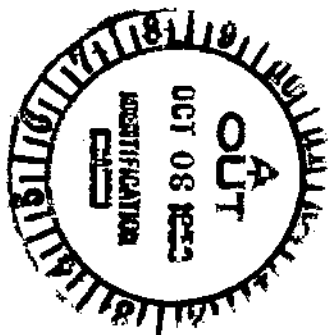


H. B. McNEZIAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

**APPROVED UNIDENTIFIABLE**

**FEB 15 1950**



Interred 9 March 1950  
N 4 86 Ft. McKinley

DISINTERMENT DIRECTIVE

1  
/bpm  
/CSV

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

DIRECTIVE NUMBER  
5532 81159

DATE  
28 02 50  
DAY MONTH YEAR

NAME UNKNOWN X - 10 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 5TH MARINE DIVISION, IWO JIMA PLOT 2 ROW 12 GRAVE 529 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 UNKNOWN X-10 SERIAL NUMBER GRADE DATE OF DEATH 3 March 50 DATE DISTINTERRED

IDENTIFICATION TAG ON 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 3 March 50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY SGT lc, 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 M/Sgt., RA SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RAF FILE RECORDS ANNOTATED DATE 28 APR 50 NAME [Signature]

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl R. Mark</i>	DATE <b>MAR 9 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

# DISINTERMENT DIRECTIVE

3

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5532 81159

28 02 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 10				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
5TH MARINE DIVISION, IWO JIMA	2	12	529	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. W. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			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	EMBALMER (Signature)
DATE	BY	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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

✓

RECORDS ANNOTATED  
DATE 27 Apr 50  
NAME [Signature]

Incl # 519

# 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



DISINTERMENT DIRECTIVE

H803  
R/B  
F/22

H8  
R  
7-79

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5532 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000010 RANK: 0 ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: IWO JIMA 5TH MARINE DIV CEM DISPOSITION OF REMAINS: 0 0391 63 CODE DIST. PT.

PLOT: 2 ROW: 12 GRAVE: 529 COUNTRY: KAZAN RETTO CAUSE OF DEATH: 6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN: [Blank]

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN SERIAL NUMBER: X-000010 RANK: Unk DATE OF DEATH: Unk DATE DISTINTERRED: 24 Nov 47

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: UNKNOWN RELIGION: Unk 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: H E CONNELL, Emb

CASKET SEALED BY: H E CONNELL, Emb EMBALMER (Signature): B G MELTON BGMelton

CASKET BOXED AND MARKED DATE: 13 Aug '48 BY: E KELLY SHIPPING ADDRESS VERIFIED BY: F W COLEMAN, Clerk

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

HERSCHELL G GUY, 1Lt INF  
SIGNATURE OF GRS INSPECTOR

SEP 1 1949

FILE

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H Lott</i> JOHN H LOTT, Maj 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 AGRS PORT (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>Waf Nordmann</i> WAF NORDMANN, 1st Lt, U.S.	DATE 6 Oct 48

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (SUBSISTENCE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER SOUTH NATIONAL CEMETERY	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 DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-10</b>				2. DATE OF REPORT <b>22 Jan '50</b>		
3. NAME OF CEMETERY <b>5th Mar Div Cem Iwo Jima</b>		4. PLOT <b>2</b>	5. ROW <b>12</b>	6. GRAVE <b>529</b>	7. DATE OF DISINTERMENT REINTERMENT	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 8"</b>	10. COLOR OF HAIR <b>Blonde</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

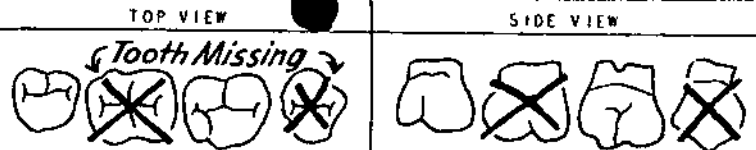
**N O N E**

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)

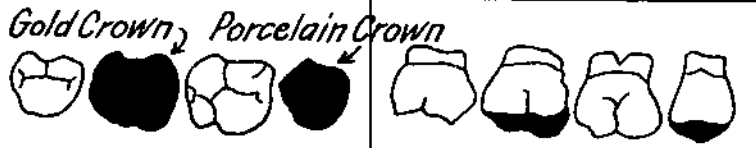
**N O N E**

"BY REASON OF THE NATURE OF THE REMAINS...  
 NO FURTHER INFORMATION IS AVAILABLE...  
 THIS CASE IS BEING CLOSED...  
 JAN 25 1950...  
 IWO JIMA...

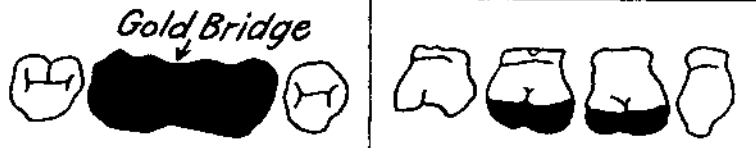
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



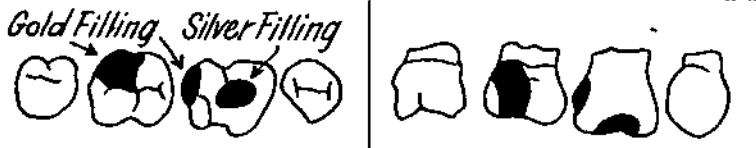
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



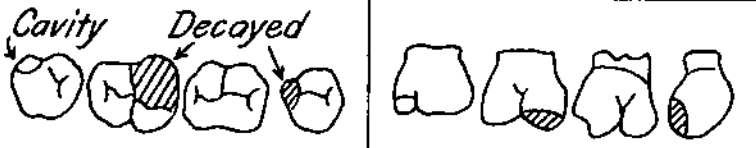
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



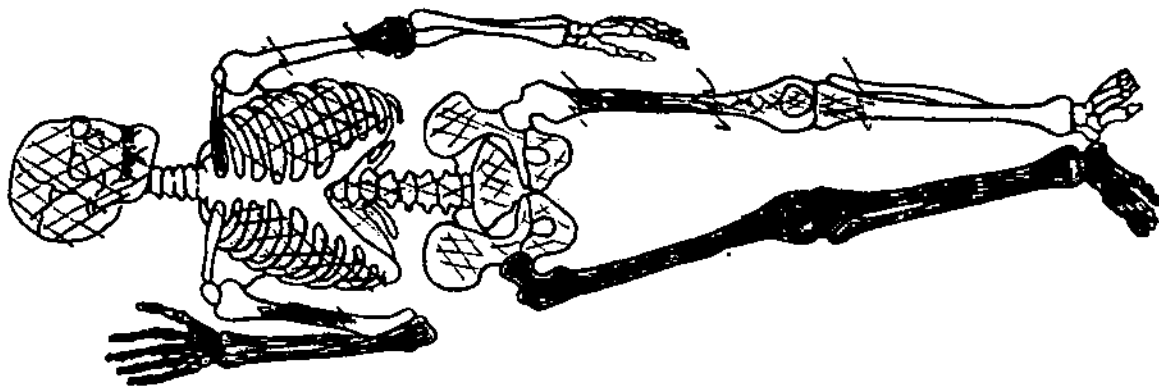
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
			A					S	S			A		A			
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
			A	A									A	A			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

**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."

Maxilla broken and missing from 5 right through 8 right.

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 \_\_\_\_\_ DECEASEDS 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 SEARCH OF RECORDS"

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*

DISINTERMENT DIRECTIVE

DIRECTIVE NO.

A. NAME AND BURIAL LOCATION OF DECEASED

NAME <i>Unknown X</i>	RANK <i>10</i>	SERIAL NUMBER <i>10-8</i>	DATE OF DEATH OR DISPOSTION <i></i>	U.S. DISTRIBUTION POINT <i></i>
--------------------------	-------------------	------------------------------	--	------------------------------------

CEMETERY <i>5<sup>th</sup> Maine</i>	CAUSE OF DEATH <i></i>	U.S. DISTRIBUTION POINT <i></i>
---	---------------------------	------------------------------------

PLCT <i>2</i>	ROW <i>12</i>	GRAVE <i>529</i>	COUNTRY <i>Guo Jima</i>
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B. NEXT OF KIN AND CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN <i></i>	NAME AND ADDRESS OF CONSIGNEE 2/ <i></i>
--	---

C. DISINTERMENT AND IDENTIFICATION

NAME <i></i>	RANK <i></i>	SERIAL NUMBER <i></i>	DATE OF DEATH <i></i>	DATE DISINTERMENT <i>8-13-47</i>
IDENTIFICATION TAG OF ORGANIZATION ( ) REMAINS ( ) MARKER		RELIGION <i></i>	IDENTIFICATION VERIFIED BY <i></i>	

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <i></i>	CONDITION OF REMAINS <i>complete body fragmentary part maxilla &amp; mandible missing</i>
OTHER MEANS OF IDENTIFICATION <i></i>	
MINOR DISCREPANCIES 1/ <i></i>	

REMAINS PACKED AND PLACED IN CASNET

DATE <i></i>	BY <i></i>	EMBALMER (signature) <i></i>
-----------------	---------------	---------------------------------

CASNET BOXED AND MARKED <i></i>	SHIPPING ADDRESS VERIFIED BY (signature) <i></i>
------------------------------------	---

DATE <i></i>	BY <i></i>
-----------------	---------------

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 *[Signature]*

STATION *449*

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



Vnk - X 1  
(Name)

5th Mar Cew  
(rank)

Two Juna  
(Br of Sv)



Portions of Maxilla &  
Mandible missing  
Fractured Mandible  
2 vertebrae missing  
Multiple fracture of ribs

Skeletal Remains  
Incomplete

Corrected  
SKELETAL CHART

13 Aug 1948



X-10 5th Marine Div. #1 Cem. Iwo Jima Island

2

12

529

REPORT OF INTERMENT

CASUALTY STATE  
NOTED ✓  
FILE ✓

57

Plotted

UNIDENTIFIED #10

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

IWO JIMA

5th Div. No. 1

147-J

(Place of death)

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

529

12

2

(Grave Number)

(Row Number) (Plot Number) (Religion, if known)

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

(If no identification tags, what means of identification are buried with body?)  
BEYOND ALL MEANS OF IDENTIFICATION, HAD BEEN IN WATER FOR SOME TIME.

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

BODY BURIED ON RIGHT HADDAD 90299 530  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

APPROVED UNIDENTIFIABLE

FEB 15 1950

BODY BURIED ON LEFT STAMM 532350 USMCR 528  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

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

4

IF DECEASED UNIDENTIFIED

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

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

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

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

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

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

THUMB

(Signature of officer or person reporting burial.)

THUMB

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

2

3

4

REPORT OF INTERMENT

CASUALTY STATE  
NOTED.....

FILE *2*

*st* UNIDENTIFIED #

10

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)  
IWO JIMA 5th Div No. 1 147-J

(Place of death) (Name of Cemetery) (Name or coordinates of location)  
529 12 2

(Grave Number) (Row Number) (Plot Number) (Religion, if known)

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

(If no identification tags, what means of identification are buried with body)  
BEYOND ALL MEANS OF IDENTIFICATION  
HAD BEEN IN WATER FOR SOME TIME

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

BODY BURIED ON RIGHT HADDAD 902990 USMCR 530  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)  
STAMM 532350 USMCR 528

BODY BURIED ON LEFT  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

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

FILE  
NAVY SECTION  
C. J. MOYER

1950

SEP 7

IF DECEASED UNIDENTIFIED

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

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE


IS TOOTH CHART ATTACHED?

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

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

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

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

  
(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

# CERTIFICATE OF DEATH

From: ~~COMMANDING GENERAL, FIFTH MARINE DIVISION, F.P.O., SAN FRANCISCO, CALIF.~~

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*  
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNIDENTIFIED #10 Rank or rate \_\_\_\_\_

2. Born: Place \_\_\_\_\_ Date \_\_\_\_\_

3. Nationality \_\_\_\_\_ Religion \_\_\_\_\_  
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

5. Marks, scars, etc. (noted in health record) \_\_\_\_\_

FINGERPRINT

**UNOBTAINABLE**

State which finger \_\_\_\_\_  
(Right index preferred)

6. Relation, name and address of next of kin or friend \_\_\_\_\_

7. Original admission: Place \_\_\_\_\_ Date \_\_\_\_\_  
(Ship or station to which attached when first admitted to sick list)

8. Died: Place \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

9. Cause of death { Principal \_\_\_\_\_ Key Letter \_\_\_\_\_  
Contributory \_\_\_\_\_

10. Death \_\_\_\_\_ the result of own misconduct and \_\_\_\_\_ in the line of duty.  
(Is or is not) (Is or is not)

11. Disposition of remains Plot 2 Row 12 Grave 529

Fifth Marine Division Cemetery, Iwo Jima Island, Volcanic Group

Buried 22 February 1945

12. Summary of facts relative to the death:

1. Body floated in to beach.

2. Fingerprints and H-4's unobtainable due to immersion and multiple wounds.

3. The deceased was killed while in operation against an organized enemy on Iwo Jima Island, Volcanic Group.

C. W. O'Leary

C. W. O'Leary  
(Medical officer)

Comdr (Rank)

M. O., U. S. Navy

R.

Approved: Court of inquiry or board of investigation \_\_\_\_\_ to be held.

J. W. Searles

(Commanding officer)

Col (Rank)

U. S. Navy

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(By direction)