

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. IWO JIMA, 5TH MAR. DIV., X-25

SUBJECT

QMGAIN 293  
GRS, Far East

SUBJECT: Unidentifiable Remains

MAR - 8 1950

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. M. METZ  
Lt Colonel, QMG  
Memorial Division

CC: CINCPAC

QMGAIN 293 Unk X-25, 5th Mar Div Iwo Jima

HEADQUARTERS  
FILICON 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- 25, Plot 5,  
Row 12, Grave 1223, 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. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attn: Form 1044

**APPROVED UNIDENTIFIABLE** FEB 15 1950

*Level 5'*

# DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

UNIDENTIFIED #25  
(Surname)

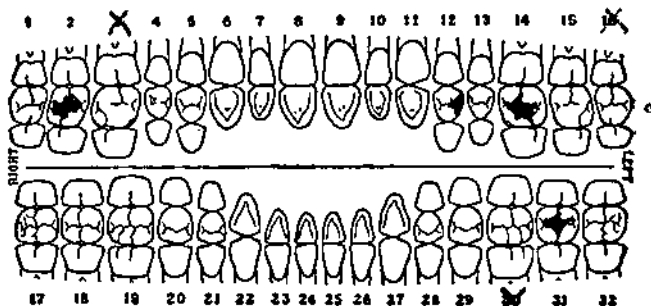
(Christian name(s))

Born: Place \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

### RECORD OF FIRST DENTAL EXAMINATION



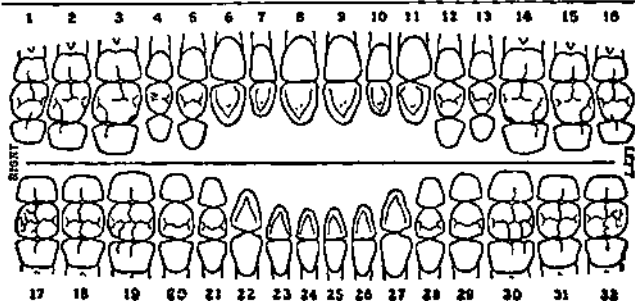
REMARKS: \_\_\_\_\_

MARCH 8 1945

W. R. Eblund D.D.M. 1/c

(Date and signature of examining dental officer)

### RECORD OF SUBSEQUENT DENTAL OPERATIONS





**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-25			2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY  5th Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	5	12	1223	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 11"	10. COLOR OF HAIR Brown	11. RACE UTD
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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?
---	-----------------

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

**UNIDENTIFIED**

DUE TO LACK OF IDENTIFICATION

**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), 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		
	A	X								P	P		A		X		
Side Views	[Side view drawings of teeth]																Side Views
Top Views	[Top view drawings of teeth]																
	UPPER																
Side Views	[Side view drawings of teeth]																
	LOWER																
	MO													MOD			
Imp		A											X	A			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

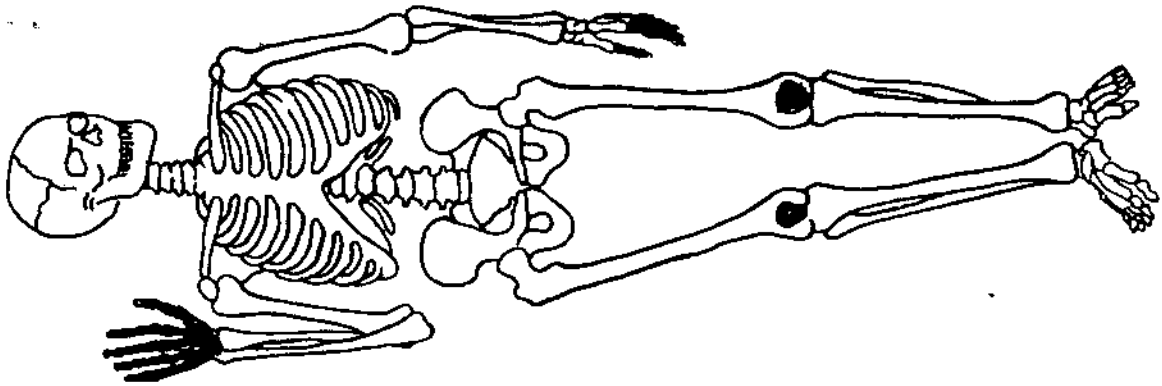
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

16 right slightly impacted rotating lingual.  
16 left rotates lingual.

*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.

**UNIDENTIFIABLE**  
BY REASON OF LACK OF SUFFICIENT 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*



/bpm  
**1**

Interred 30 March 1950  
L 3 8 Ft. McKinley

*Carl R. H. Mark*

**DISINTERMENT DIRECTIVE**

**PREPARED BY PHILCOM**

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

DIRECTIVE NUMBER  
**5532 81183**

DATE  
**29 03 50**  
DAY MONTH YEAR

NAME <b>UNKNOWN X-25</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
-----------------------------	---------------	-------	-----	------	----------

CEMETERY <b>5TH MARINE DIVISION CEMETERY, TWO JIMA</b>	PLOT <b>5</b>	ROW <b>12</b>	GRAVE <b>1223</b>	DISPOSITION OF REMAINS <b>7701 80</b>
				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 <b>UNKNOWN X-25</b>	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED <b>30 Mar 50</b>
-----------------------------	---------------	-------	---------------	--------------------------------------

IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS Embalmer</b>
			NAME AND TITLE

**SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
---	---

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **30 Mar 50** BY **PAUL R NICHOLS**

CASKET SEALED BY <b>PAUL R NICHOLS</b>	EMBALMER (Signature) <i>Paul R Nichols</i> <b>PAUL R NICHOLS</b>
---	--

CASKET BOXED AND MARKED DATE <b>30 Mar 50</b> <b>Sgt 1c, RA</b>	SHIPPING ADDRESS VERIFIED BY <b>L. W. RICHARDSON, M/Sgt., RA</b>
---	---

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

## 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>Edward H. Mark</i>	DATE <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

5532 81183

DATE

29 03 50  
DAY MONTH YEAR

NAME

UNKNOWN X - 25

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

5TH MARINE DIVISION CEMETERY, IWO JIMA

PLOT

5

ROW

12

GRAVE

1223

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. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- 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

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 524-50  
Kirkland  
Report*

*Incl #17*

# 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

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 00000

DATE

15 11 47  
DAY MONTH YEAR

NAME

UNKNOWN X-000025

SERIAL NUMBER

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 ROW GRAVE COUNTRY

5 12 1223 KAZAN RETTO

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY  
MARIANAS ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN

SERIAL NUMBER

X-000025

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

CASKET BOXED AND MARKED

DATE 13 Aug '48 BY E KELLY

SHIPPING ADDRESS VERIFIED BY

F W COLEMAN

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

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, MI)		TO MASTER FS-278	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Harold E. Fike</i> HAROLD E. FIKE, CAPTAIN INF.	DATE 12 Jan 49	SIGNATURE OF RECEIVER <i>Sebe L. Jameda</i>	DATE 12 Jan 49

### 3. SHIPPED

FROM MASTER FS-278		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Sebe L. Jameda</i>	DATE 24 Jan 49	SIGNATURE OF RECEIVER <i>E. W. Newman Jr.</i> E. W. NEWMAN JR., Capt., FA.	DATE 24 Jan 49

### 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

*Unknown X 25 - 5th Mar. Cem. Two Lima*

IDENTIFICATION DENTAL CHART			DATE
NAME (Last, First, Middle Initial)		RANK	SERIAL NUMBER
UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE

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

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
<i>Partially Erupted</i>	<i>A</i>	<i>X</i>								<i>P</i>	<i>P</i>		<i>X</i>	<i>A</i>		
<i>Side Views</i>															<i>Side Views</i>	
<i>Top Views</i>															<i>Upper</i>	
<i>Side Views</i>															<i>Lower</i>	
<i>Partially Erupted</i>		<i>A</i>											<i>X</i>	<i>A</i>		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**STATION FILE**

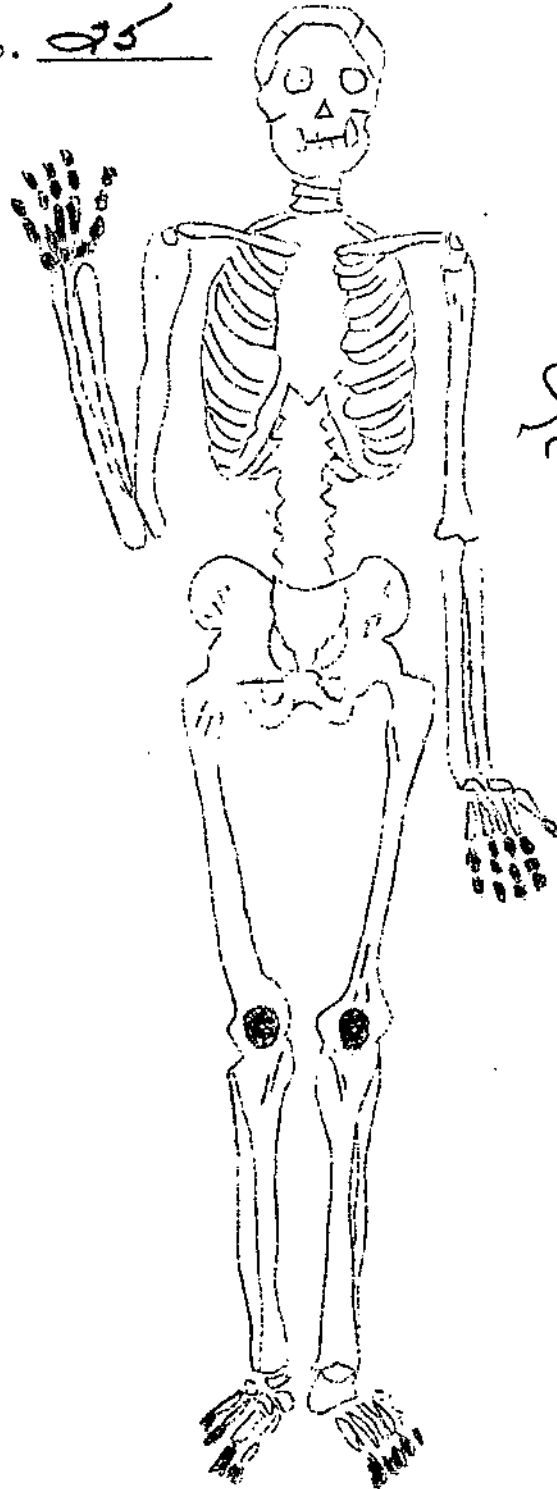
**DENTURES (Partial):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
<i>B. Melton, Emb. 13-8-48.</i>	

*Duo Jima*

*5<sup>th</sup> Marine*  
*Bn. 1223*

Unknown "X" No. 95



*Skeletal Remains  
Incomplete*

SKELETAL CHART





X-25 5th Marine Division Cem. #1 Iwo Jima Island

5

12

1223

RESTRICTED

WLB

GWD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 27 June 1947
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Imprint Identification Tag If Possible. DO NOT TYPE  <div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: 80%; margin: 0 auto;">                     REPORT OF                      DISINTERMENT                 </div>	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X25 - 6      Box No. 180		Unk
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unk	5th Marine Div	Unk	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
	Unk		
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
Iwo Jima	Unk	Unk	

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)	
APPROVED UNIDENTIFIABLE      FEB 15 1950	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

IWO JIMA 5TH MARINE DIV. No. 1

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 Mar 45				5	12	1223

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	
		PLOT No.

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Herold, William F.	Sgt	351831	USMCR	1222

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Ronan, James P.	2d Lt	032984	USMCR	1224

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Rose L. Elisee	Edward L. Johnson

**DISTRIBUTION OF REPORT:** Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

**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.

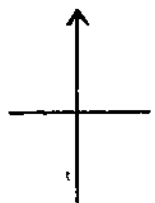
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

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

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



REMARKS:

CERTIFICATE OF DEATH

MAR 10 12 25 PM '45

From: COMMANDING GENERAL, 5TH MARINE DIVISION, F.P.O. MEDICINE AND SURGERY, SAN FRANCISCO, CALIF.

BUREAU OF

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 # 25 Rank or rate \_\_\_\_\_
- 2. Born: Place \_\_\_\_\_ Date \_\_\_\_\_
- 3. Nationality WHITE-U. S. Religion \_\_\_\_\_  
(White-U. S., Colored, Samoan, etc.) (Denomination)
- 4. Eyes \_\_\_\_\_ Hair BROWN Complexion \_\_\_\_\_ Height 5'10" Weight 150
- 5. Marks, scars, etc. (noted in health record) \_\_\_\_\_

FINGERPRINT  
FINGERPRINTS  
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 5 ROW 12 GRAVE 1223

5TH MARINE DIVISION CEMETERY, IWO JIMA ISLAND, VOLCANIC GROUP

BURIED 8 MARCH 1945

12. Summary of facts relative to the death:
- 1. Fingerprints unobtainable due to prolonged exposure and decomposition
  - 2. H-4's enclosed.
  - 3. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

Summary of facts—Continued

*C. W. Olcott*

C. W. OLCOTT

(Medical officer)

COMDR.

(Rank)

M. O., U. S. Navy. <sup>R.</sup>

Approved: Court of inquiry or board of investigation WILL NOT be held.

(Will or will not)

*J. W. Beckett*

J. W. BECKETT

(Commanding officer)

COL.

(Rank)

U. S. M. C.  
~~U. S. Navy.~~

(BY DIRECTION)

CERTIFICATE OF DEATH

From COMMANDING GENERAL, 5TH 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 # 25 Rank or rate \_\_\_\_\_

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

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

4. Eyes \_\_\_\_\_ Hair BROWN Complexion \_\_\_\_\_ Height 5'10" Weight 150

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

FINGERPRINT

**FINGERPRINTS 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 5 ROW 12 GRAVE 1225

5TH MARINE DIVISION CEMETERY, IWO JIMA ISLAND, VOLCANIC GROUP

BURIED 8 MARCH 1945

12. Summary of facts relative to the death:

1. Fingerprints unobtainable due to prolonged exposure and decomposition
2. H-4's enclosed.
3. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

Summary of facts—Continued

*C. W. Olcott*

**C. W. OLCOTT**  
(Medical officer)

**COMDR.**  
(Rank)

**M. C., U. S. Navy R.**

Approved: Court of inquiry or board of investigation **WILL NOT** be held.  
(Will or will not)

*J. W. Bennett*  
**C. W. BENNETT**  
(Commanding Officer)

**COL.**  
(Rank)

**U. S. Navy**

**(BY DIRECTION)**

REPORT OF INTERMENT

FILE *W*

48

*Plated*  
UNIDENTIFIED #25

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

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

1223 12 5  
(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?)

**APPROVED UNIDENTIFIABLE FEB 15 1950**

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

BODY BURIED ON RIGHT UNIDENTIFIED #26- RONAN 032984 USMCR 1224  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT HEROLD 354831 USMC 1222  
(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.



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: 5'10" APPARENT NATIONALITY: White  
WEIGHT: 150 LAUNDRY MARKS: Shoe Size 7 1/2  
COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: Brown 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.

*A. J. Ireland*

(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

THUMB

REPORT OF INTERMENT

CASUALTY STAT.  
NOTED.....

FILE

*ok*  
UNIDENTIFIED #25

(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)		
1223	12		5		
(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?)

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

BODY BURIED ON RIGHT	UNIDENTIFIED #26---RONAN	032984	USMC	1224
	(Name)	(Ser. No.) (Rank)	(Org)	(Grave No.)
BODY BURIED ON LEFT	HEROLD	354831	USMC	1225
	(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  
MAY 1950  
SEP 1950

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

THUMB