

FILE IDENTIFICATION TOPPER

FILE NUMBER

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

SUBJECT

*293 unk Iwo Jima (misc) 5th Marine Div*

~~QIGMN 293  
GRS Far East~~

APR 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 that portion of letter, your Headquarters, file GRPZ 293, dated 7 March 1950, subject: Unidentifiable Remains, as pertains to X-5, X-11, and X-34, Fifth Marine Division, Iwo Jima.
2. The unknown remains listed above were recommended as unidentifiable per Marbo Zone letter, file 293 MEGRS, dated 12 November 1948, subject: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QIGMN 293 GRS Far East, dated 7 December 1948.
3. In view of the above previous action, Certificates of Unidentifiability are returned herewith for cancellation.
4. Referenced Unknowns are listed on MFA Unit 9 Roster, Page 1.

FOR THE QUARTERMASTER GENERAL:

- 5 Incls
- 1-3. Cert. of Unident.
  4. Marbo Zone ltr  
dtd 12 Nov 48
  5. 1st Ind dtd  
7 Dec 48

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

*CJM*  
WEM

APR 3 1 28 PM '50  
MAIL & RECORDS BRANCH  
D. O. H. G.

*X 293 unk Iwo Jima X-5 (5th Marine Div)*  
*X 293 " " " X-11 ( " )*  
*X 293 " " " X-34 ( " )*

**AIR MAIL**

MAR 3 1 1950

QMGRM 293  
GRS Far East

SUBJECT: Unidentifiable Remains

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

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2. The unknown remains listed above were recommended as unidentifiable per Warbo Zone letter, file 293 MBGRS, dated 12 November 1948, subject: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QMGRM 293 GRS Far East, dated 7 December 1948.

3. In view of the above previous action, Certificates of Unidentifiability are returned herewith for cancellation.

FOR THE QUARTERMASTER GENERAL:

5 Incls  
1-3. Cert. of Unident.  
4. Warbo Zone ltr  
dtd 12 Nov 48  
5. 1st Ind dtd  
7 Dec 48

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

CC: CINCPAC

**AIR MAIL**

C  
O  
P  
Y

AIR MAIL

QMGMN 293  
GRS Far East  
(Nonrecoverable)

1st Ind

Dept. of the Army, OQMG, Washington 25, D. C., 7 December 1948

TO: Commanding General, Marianas-Bonins Command, APO 246, c/o Postmaster, San Francisco, California ATTENTION: AGRS, MARBO ZONE

1. Reference is made to basic communication and inclosures, withdrawn.

2. Subject cases have been reviewed, and this office concurs in the classification of all unknowns as unidentifiables.

3. The original Burial Report for X-90, Plot 1, Row 10, Grave 469, Fourth Marine Division Cemetery, Iwo Jima, is not of record in this office.

FOR THE QUARTERMASTER GENERAL:

26 Incls: w/d

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

CC: CINCPA

AIR MAIL

C  
O  
P  
Y

AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE

293 MBGRS

APO 244  
12 November 1948

SUBJECT: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased)

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

1. In accordance with paragraphs 3b and 6, letter, DA, file QMGMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, QMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are herewith submitted for acknowledgment and decision:

3rd Marine Division Cemetery, Iwo Jima

<u>UNKNOWNNS</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
X-2	1	11	274
X-7	1	6	134

4th Marine Division Cemetery, Iwo Jima

<u>Unknownns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-18	1	8	399
X-20	1	7	330
X-22	1	15	738
X-23	1	15	722
X-24	1	18	890
X-25	1	25	1206
X-29	1	34	1661
X-68	1	42	2091
X-89	1	12	551
X-90	1	10	469

5th Marine Division Cemetery, Iwo Jima

<u>Unknownns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-5	1	8	146
X-11	2	7	431
X-34	5	25	1491

Ltr, AGRS, MARBO ZONE, APO 244, file 293 MBGRS, dtd 15 Oct 1948, Sub:  
Transmittal of New QMC Forms 1044 (Resolution of Cases Unidentified Deceased)

American Cemetery, Tinian

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-6	2	3	198
X-7	2	3	199

Cemetery #3, Agana, Guam

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-10	A	19	7
X-16	A	26	1
X-19	A	27	16
X-21	A	28	3
X-24	A	28	14
X-25	A	28	15
X-26	A	28	16
X-28	A	32	8
X-32	A	32	9

2. The unknown remains indicated above were shipped to Manila on the USAT Dalton Victory, 6 October 1948, with exception of Unknown X-7, Plot 2, Row 3, Grave 199, American Cemetery, Tinian. This unknown is presently stored in AGRS Mausoleum, Saipan.

FOR THE COMMANDING OFFICER:

26 Incls:

1-26 QMC Form 1044 (3)

D. A. BROWN  
Major AGD  
Adjutant

Mrs <b>1</b> /add	Interred 11 April 1950 F 13 3 Ft. McKinley <i>Carl R. Mark</i> <b>CARL R. H. MARK</b>		<b>DISINTERMENT DIRECTIVE</b>		<b>PREPARED BY PHILCOM</b>	
	SECTION A — Cemetery Superintendent NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>5532 81200</b>		DATE <b>29 03 50</b> DAY MONTH YEAR	

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<i>2/3</i> UNKNOWN X - 5					
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
5TH MARINE DIVISION CEMETERY, IWO JIMA	1	8	146	7701 CODE	80 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 DISTINTERRED
UNKNOWN X - 5				5 April '50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input 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 **5 April '50** BY **PAUL R NICHOLS**

CASKET SEALED BY **PAUL R NICHOLS** EMBALMER (Signature) *Paul R. Nichols*  
**PAUL R NICHOLS**

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

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

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

REMARKS AND SPECIAL INSTRUCTIONS

✓

DATE **22 May 1950**  
 NAME *Jarris*  
 FT. W. DIV.

## 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>Carroll Mark</i>	DATE <b>APR 1 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 82800

DATE

29 03 50  
DAY MONTH YEAR

NAME: UNKNOWN I-5 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 5TH MARINE DIVISION CEMETERY, IWO JIMA PLOT: 1 ROW: 8 GRAVE: 246 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: 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 6-6-50 Kirkland Report.

Incl # 34

# 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

76-17 RNS  
**DISINTERMENT DIRECTIVE**

H809  
 R/S  
 F/S

V-1  
 761

SECTION A —  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 00000

DATE

15 | 11 | 47  
 DAY | MONTH | YEAR

NAME

293 UNKNOWN X-000005 0

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

IWO JIMA 5TH MARINE DIV CEM

0

DISPOSITION OF REMAINS

0391 | 63  
 CODE | DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

1 | 8 | 146 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-000005

RANK

Unk

DATE OF DEATH

Unk

DATE DISINTERRED

12 Aug 47

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unk

IDENTIFICATION VERIFIED BY

T C BLACKSHEAR, 1Lt CE  
 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 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug '48

BY

G H HILL, Emb

CASKET SEALED BY

G H HILL, Emb

EMBALMER (Signature)

G H Campbell  
 G H CAMPBELL

CASKET BOXED AND MARKED

DATE 13 Aug '48 BY P SAYAN

SHIPPING ADDRESS VERIFIED BY

M CHELOFSKY, Clerk

FILE  
 SEP 1949

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  
 F T DE GROODT, Capt CMP

SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM US MAUSOLEUM (SAIPAN 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>Cliff Nordmann</i> CLIFF NORDMANN, 1st Lt, I.S.	DATE 6 Oct 48

### 3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Cliff Nordmann</i> CLIFF NORDMANN, 1st Lt, I.S.	DATE 10 1948	SIGNATURE OF RECEIVER <i>E. J. Newman, Jr.</i> E. J. NEWMAN, Jr., Capt., FA	DATE 10 Oct 48

### 4. SHIPPED

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

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (RELATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER (REVERSE ORDER)	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

1. This case Unknown X -5 has  
been reviewed and the recommendation of the field as  
unidentifiable due to lack of sufficient identifying  
data is approved.

2. These remains were (<sup>buried</sup>~~transferred~~) in  
54 Max Civ Cem 1WO SIMA

Drd & Dld

7 Dec 1948

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-5, 5th Marine Div., Iwo Jima</b>				2. DATE OF REPORT <b>21 Feb 1950</b>		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>U T D</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Right humerus, left femur and tibia.</b>
---	--

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

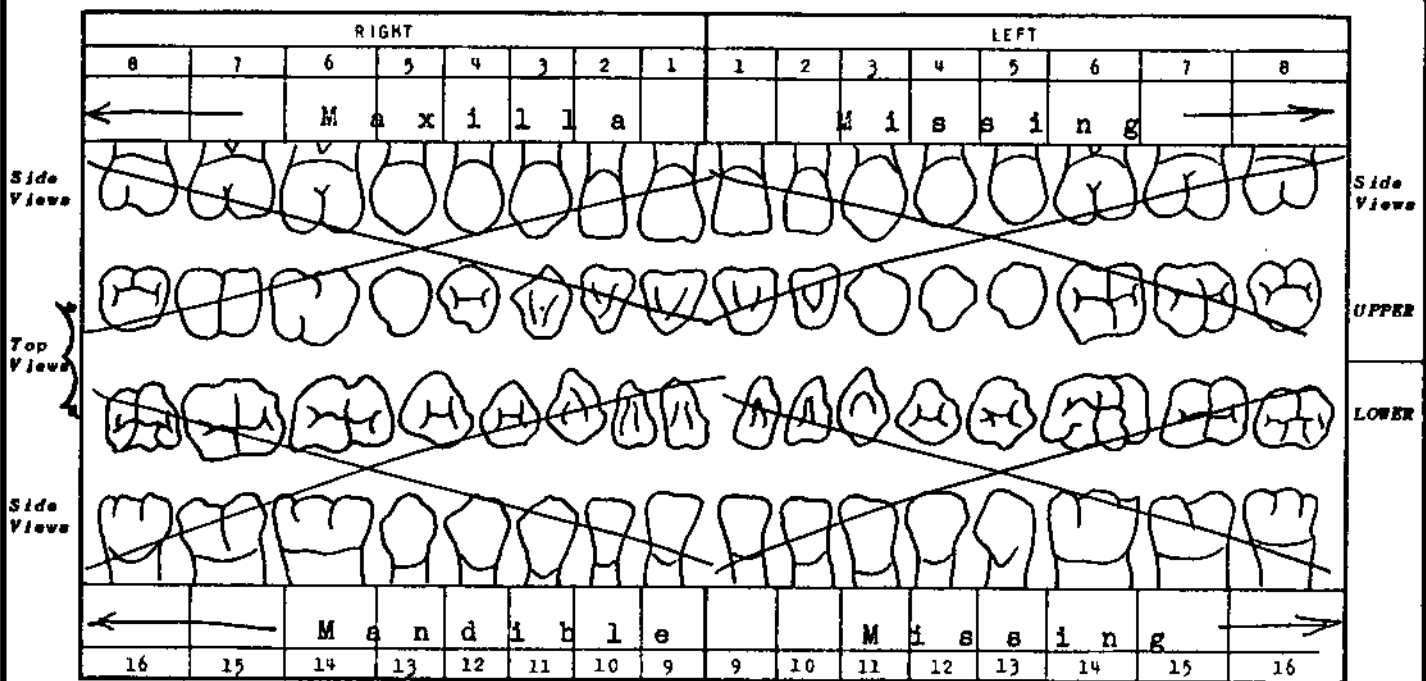
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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**

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



**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."

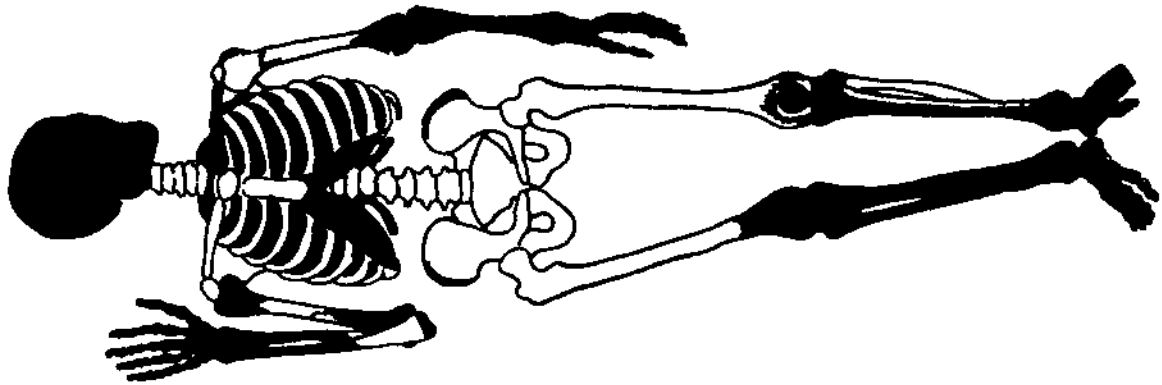
No loose maxillary and mandibular teeth present with remains.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

*dent 13*

19. BLACK-OUT-PARTS OF BODY NOT RECOVERED



Estimated height: UTD

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.

Estimated weight of remains - 7 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



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNIDENTIFIED X-5</b>				2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY <b>5th Mar. Div. Cem., Iwo Jima</b>		4. PLOT <b>1</b>	5. ROW <b>8</b>	6. GRAVE <b>146</b>	7. DATE OF DISINTERMENT <b>12 Aug 47</b>
					REINTERMENT

**PHYSICAL DESCRIPTION**

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

None

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

None

14. WAS BODY BURNED?  YES  NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  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)

None

**APPROVED UNIDENTIFIABLE**

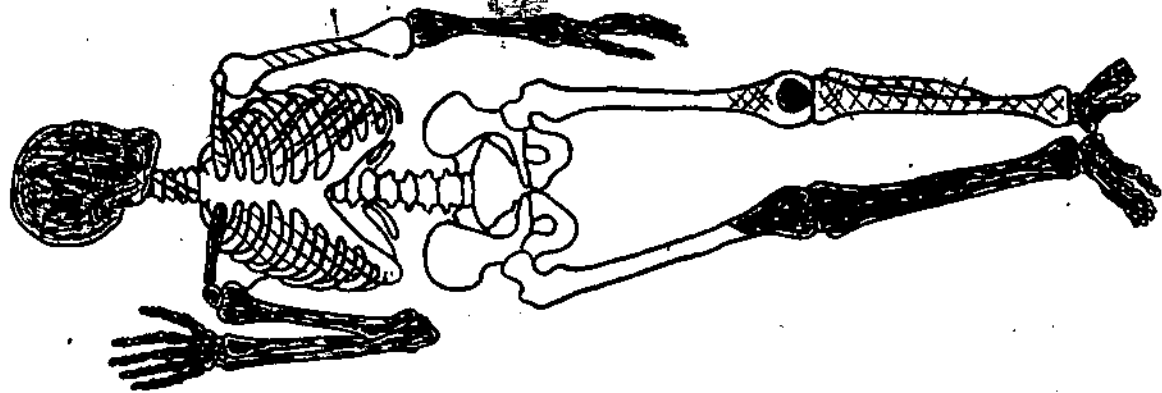
Unidentifiable by reason of lack of sufficient identifying data.

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

JRO



19. BLACK OUT PARTS OF BODY NOT COVERED



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 burial bottles found, height UTD.  
No complete long bones of either extremity and skull completely missing.

JRO

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  
**HILDRIC E. CONERLY, Captain, CAC**

SIGNATURE  
*Hildric E. Conerly*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-5</b>				2. DATE OF REPORT <b>11 Oct 48</b>			
3. NAME OF CEMETERY <b>5th Mar. Div. Cem., Iwo Jima</b>			4. PLOT <b>1</b>	5. ROW <b>8</b>	6. GRAVE <b>146</b>	7. DATE OF DISINTERMENT REINTERMENT <b>12 Aug 47</b>	

**PHYSICAL DESCRIPTION**

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

**None**

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 type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input 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)

**None**

**Unidentifiable by reason of lack of sufficient identifying data.**

**APPROVED UNIDENTIFIABLE**

*H. W. H.*  
**H. W. HARRISMAN**  
 Captain, GMC  
 Operations Officer  
 AGRS, Marine Zone

**JRO**

18.

TOOTH CHART

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
Side Views															
Top Views															
Side Views															
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."

NOTE: Mandible and Maxilla missing.

Certified true copy:

*H. W. Harriman*

H. W. HARRIMAN

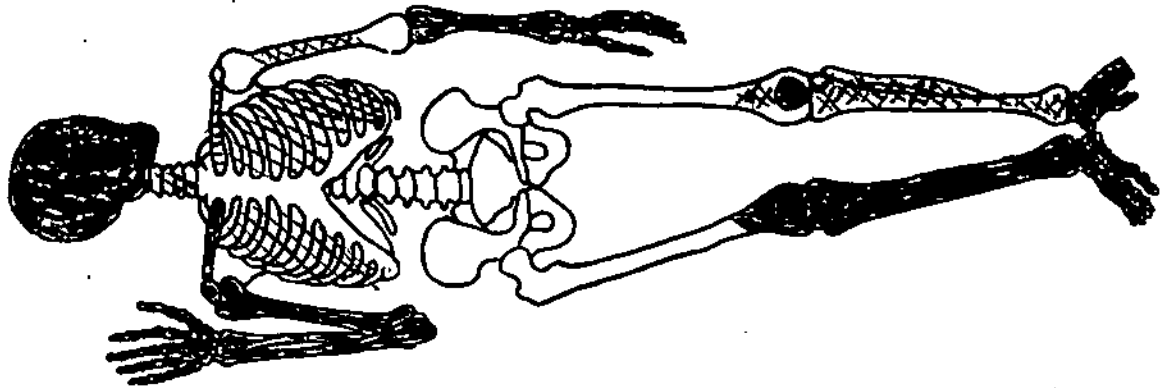
Captain, QMC

Operations Officer

M. C. Teague

/s/ Uldric E. Conerly, Capt., T.C.

19. BLACK OUT PARTS OF BODY NOT DISCOVERED



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 burial bottles found, height OTD.  
No complete long bones of either extremity and skull completely missing.**

JRO

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

**ULDRIC E. CONERLY, Captain, CAC**

*Uldric E. Conerly*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-5</b>				2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY <b>5th Mar. Div. Cem., Iwo Jima</b>		4. PLOT <b>1</b>	5. ROW <b>6</b>	6. GRAVE <b>146</b>	7. DATE OF DISINTERMENT <b>12 Aug 47</b>
					REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
-----------------------------------	-----------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

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

**None**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  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)











**None**

**Unidentifiable by reason of lack of sufficient identifying data.**

**APPROVED UNIDENTIFIABLE**

*H. W. H.*  
**H. W. HARRISMAN**  
Captain, OMC  
Operations Officer  
AGRS, Marine Corps

**JRO**

18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
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
<del>Side Views</del>															
<del>Top Views</del>															
<del>Side Views</del>															
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."

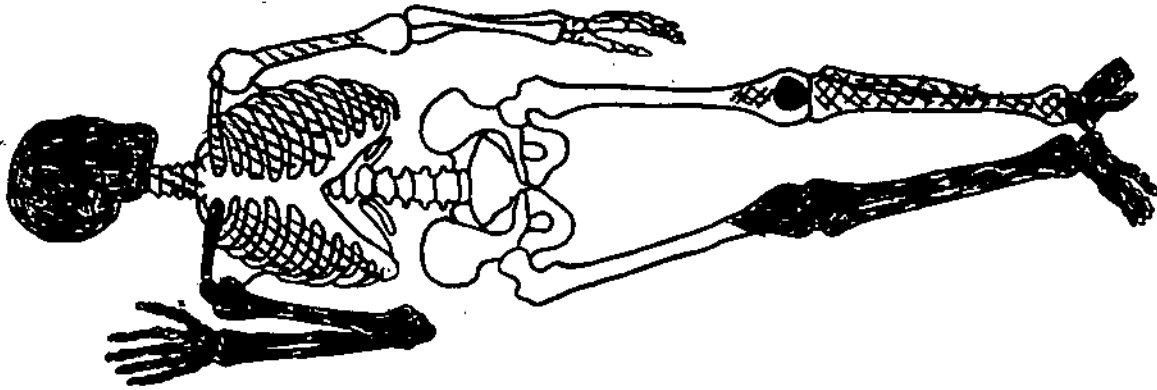
NOTE: Mandible and Maxilla missing.

Certified true copy:  
*H. W. Harriman*  
 H. W. HARRIMAN  
 Captain, QMC  
 Operations Officer

/s/ Uldric E. Conerly, Capt., T.C.



19. BLACK OUT PARTS OF BODY NOT COVERED



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 burial bottles found, height WTD.  
No complete long bones of either extremity and skull completely missing.

JRO

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

ULDRIC E. COCKERLY, Captain, CAC

*Uldric E. Cockerly*



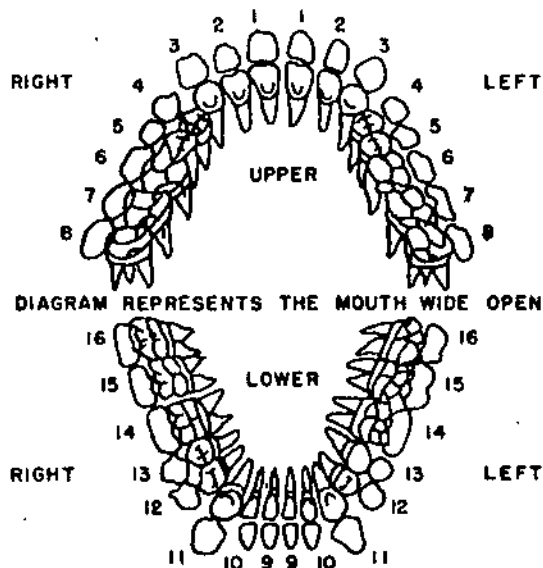
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

Entire mandible and maxilla missing.

SIGNATURE OF PERSON WHO PREPARED CHART

*Iwo Jima*

**MOON KAN YEE, 1st Lt., D.C.**

NAME AND RANK TYPED OR PRINTED

**Iwo Jima**

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

*John K. Haines*

**JOHN K. HAINES, 2nd Lt., Inf.**

NAME AND RANK TYPED OR PRINTED

**12 Aug 1947**

DATE

A. NAME AND BURIAL LOCATION OF DECEASED

NAME <i>Unknown - X, 5-8</i>	RANK	SERIAL NUMBER	DATE OF DEATH OR DISPOSITION SERVICE NUMBER
COUNTRY		CAUSE OF DEATH	U.S. DISTRIBUTION POINT

PLCT <i>1</i>	ROW <i>8</i>	GRAVE <i>146</i>	COUNTRY <i>Jawa Jima</i>
------------------	-----------------	---------------------	-----------------------------

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 <i>8-12-47</i>
IDENTIFICATION TAG OF ORGANIZATION ( ) REMAINS ( ) MARKER		RELIGION	IDENTIFICATION VERIFIED BY	

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS <i>skull mandible &amp; maxilla missing. fragment found wrap in bloodstained</i>
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1/	

REMAINS PREPARED AND PLACED IN CASKET

DATE \_\_\_\_\_ BY \_\_\_\_\_  
CASNET SEALED BY \_\_\_\_\_

**APPROVED UNIDENTIFIABLE**  
APPELLER (signature)

CASKET BOXED 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.

*#392*

*FWW*

SIGNATURE OF GPS INSPECTOR

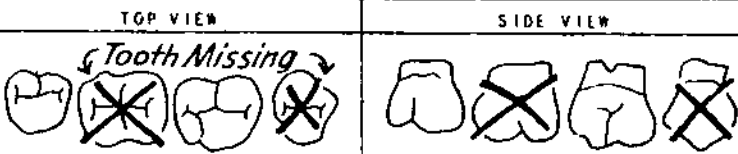
1/ Prepare discrepancy Report Form No. 1194a for major discrepancies.  
2/ Consignee may be same as next of kin; is to repeat name and address.

Unknown X-5 *Jim Gunn. 541 Mar No 64.*

18.

TOOTH CHART

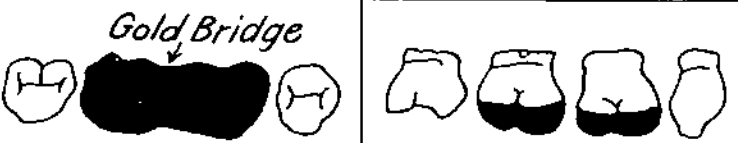
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



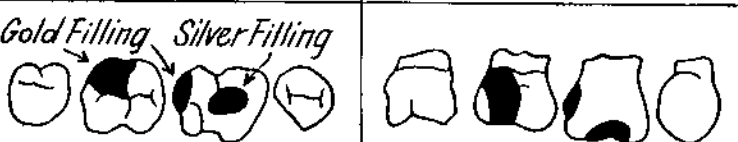
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



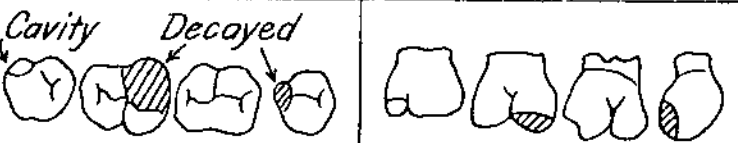
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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	
Side Views																		Side Views
Top View	UPPER																	UPPER
	LOWER																	LOWER
Side Views																		Side Views
		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 Maxilla or Mandible*

*OP Campbell Embalmer*

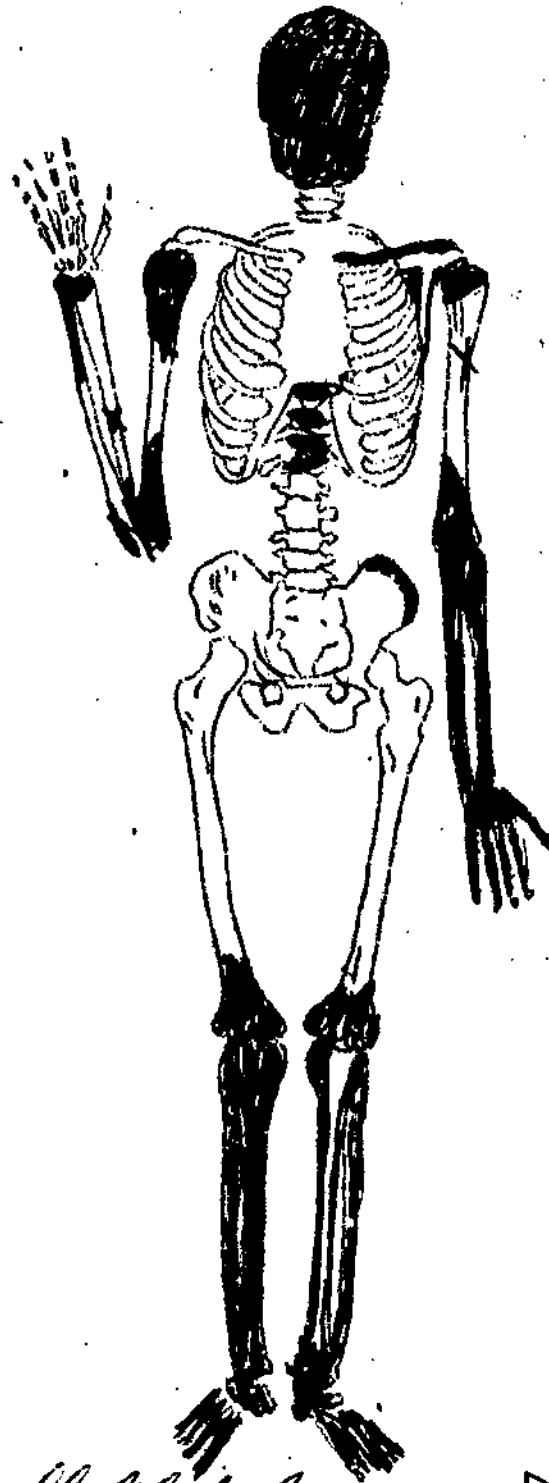
Unknown X-5  
(Name)

PROCESSING CENTER

5<sup>th</sup> Mar. Ar. Cem., San Juan  
(Rank)

(Ser No.)

(Br of Sv)



*Skeletal Remains Incomplete*

SKELETAL CHART

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 #5 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 APPROXIMATELY 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 1 Row 8 Grave 146

Fifth Marine Division Cemetery, Iwo Jima Island, Volcanic Group

Buried 27 February 1945

12. Summary of facts relative to the death:

1. This body burned beyond identity. Fingerprints and H-4's unobtainable.
2. Deceased was killed while in operation against an organized enemy on Iwo Jima Island, Volcanic Group.

Summary of facts—Continued

*G. F. Olcott*

**G. F. 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)

*S. W. Eckert*

**S. W. ECKERT**  
(Commanding officer)

**Col.**  
(Rank)

**U. S. Navy**

(By direction)



RESTRICTED

40# 6-17

WD GRC FORM (Rev. 1 Apr. 1947) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <b>12 August 1947</b>
--	---	---

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center;"> <p><b>REPORT OF DISINTERMENT</b></p> </div>	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>VIKOVIC I-S</b> <i>JK</i> <b>Box No. 392</b>		
	GRADE	ORGANIZATION <b>5th Marines</b>	BRANCH OF SERVICE <b>USMC</b>
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <b>Iwo Jima</b>	CAUSE OF DEATH <b>Unk</b>	DATE OF DEATH

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

**APPROVED UNIDENTIFIABLE**

**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 <b>27 Feb 45</b>	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. <b>1</b>	ROW No. <b>8</b>	GRAVE No. <b>246</b>
------------------------------------	------	---	----------------------	----------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	Previous Cemetery PLOT No. <b>1</b> ROW No. <b>8</b> GRAVE No. <b>116</b>

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		<b>STATION END</b>

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) <b>USK Rakitak, Peter P.</b>	RANK <b>Sgt</b> SERIAL No. <b>263481</b> ORGANIZATION <b>USMC</b> GRAVE No. <b>145</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Jorgansen, Mervin D.</b>	RANK <b>Pfc</b> SERIAL No. <b>510714</b> ORGANIZATION <b>USMC</b> GRAVE No. <b>147</b>

SIGNATURE OF PERSON PREPARING REPORT <i>Willie E. Costales</i> <b>Willie E. Costales</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Z.C. Blackthorn</i> <b>Z.C. Blackthorn</b>
--	---

**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 proscribed by theater commander.

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


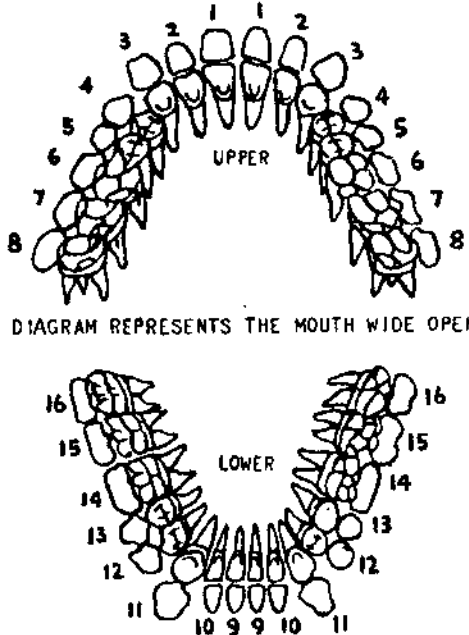




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

**OTHER IDENTIFICATION CLUES**

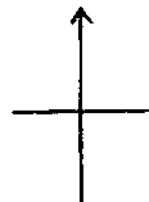
**SEE IDENTIFICATION CHECK LIST**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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

ABOVE GROUND STORAGE

W - 1 G - 17



REMARKS: **Condition of remains: Skull, mandible and maxilla missing. Fragment found wrap in shoulder hip.**

REPORT OF INTERMENT

QUALITY CHECK  
NOTED *CK*

FILE

53

UNIDENTIFIED # 5

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

TWO JTMA (Place of death) 5th Div No 1 (Name of Cemetery) 147-J (Name or coordinates of location)

146 (Grave Number) 8 (Row Number) 1 (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?)  
BODY IMPOSSIBLE TO IDENTIFY

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

BODY BURIED ON RIGHT UNIDENTIFIED NO. 2 - JORGENSEN-510714-USMCR 147  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT **APPROVED UNIDENTIFIABLE** USMC 145  
(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.

Unknown # 5

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: ~~SEM-910AJ-02775~~  
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.

*R. J. Ireland Jr.*

(Signature of officer or person reporting burial.)

*This body was buried beyond all possible means of identification*

LEFT HAND

RIGHT HAND

THUMB

THUMB

1

1

2

2

3

3

4

4

REPORT OF INTERMENT

CASUALTY STATE  
NOTED *ca*

FILE *✓*

UNIDENTIFIED #5

(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)

146

8

1

(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?)

Body Impossible to identify.

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

BODY BURIED ON RIGHT UNIDENTIFIED # 2---JORGENSEN-510714 USMCR 147

(Name)

(Ser. No.) (Rank)

(Org) (Grave No.)

BODY BURIED ON LEFT

RAKITAK

363481

USMC

145

(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  
MOVED

SEP 7 1950

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.

LEFT HAND

RIGHT HAND

THUMB

THUMB

(Signature of officer or person reporting burial.)