

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. IWO JIMA, 5TH MAR DIV, X-51

SUBJECT

QMGMM 293  
GRS, Far East

SUBJECT: Unidentifiable Remains

MAR - 3 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. H. METZ  
Lt Colonel, OMC  
Memorial Division

CG: GINCFB

QMGMM 293 Unk X-51 5th Mar Div Iwo Jima

/bpm

Interred 30 March 1950  
L 7 8 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

*Carl R. H. Mark*

CARL R. H. MARK

Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 81296

DATE

29 03 50  
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 51					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
5TH MARINE DIVISION CEMETERY, IWO JIMA	8	3	2005	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 - 51				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 30 Mar '50 BY 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
DATE 30 Mar '50 BY RAYMOND H TANGUAY, 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

## 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>Carol Ann</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

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5532 81296

DATE 29 03 50 DAY MONTH YEAR

NAME UNKNOWN I - 51

SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 5TH MARINE DIVISION CEMETERY, IWO JIMA

PLOT 8 ROW 3 GRAVE 2005 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. W. 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 5-5 SC Kirkland Report.

Incl #130

## 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

HEADQUARTERS  
FILCOM ZONE  
AMERICAN GRAVES REGISTRATION STATION

22 January 1950

Date

SUBJECT: Unidentifiable Remains

TO: The Quartermaster  
Washington 25, D. C.  
Attn: Memorial Division

The records pertaining to Unknown X- 51, Plot 8,  
Row 3, Grave 2005, 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. McNEELAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

**APPROVED UNIDENTIFIABLE**  
FEB 15 1950

*Ind*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-51</b>	2. DATE OF REPORT <b>22 January 1950</b>
--	---

3. NAME OF CEMETERY  <b>5th Mar Div Cem Iwo Jima</b>	4. PLOT <b>8</b>	5. ROW <b>3</b>	6. GRAVE <b>2005</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>Brown</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 checked="" type="checkbox"/> YES <input 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**

**UNIDENTIFIABLE**



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



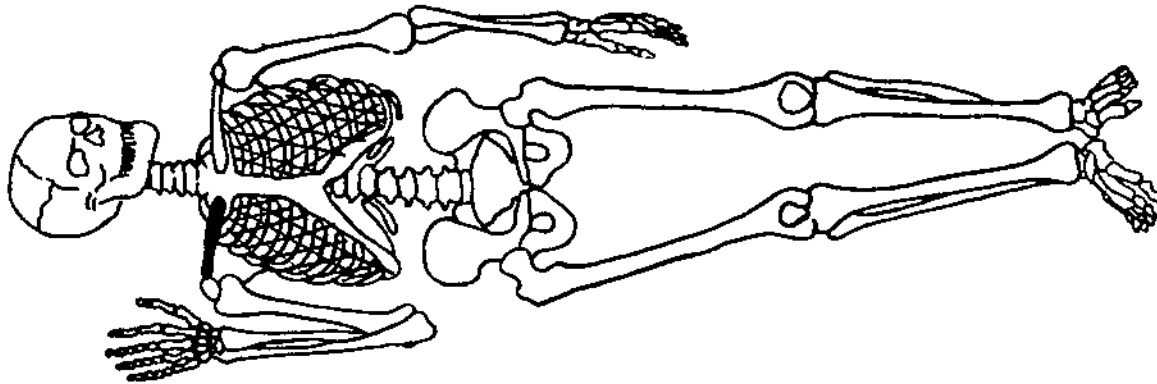
RIGHT								LEFT											
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
<i>Impacted</i>								<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>					<i>Impacted</i>			
Side Views								Side Views											
Top Views								Top Views											
UPPER								UPPER											
LOWER								LOWER											
Side Views								Side Views											
<i>Impacted</i>																<i>Impacted</i>			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				

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

*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 \_\_\_\_\_"

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*

1

H803 H803  
R/S R2  
F/50 F60

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5532 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
28 UNKNOWNX-000051

SERIAL NUMBER  
0

RANK  
0

ARM  
0

DATE OF DEATH  
0 0391 63  
DAY MONTH YEAR  
CODE DIST. PT.

CEMETERY  
IWO JIMA 5TH MARINE DIV CEM

PLOT ROW GRAVE COUNTRY  
8 3 2005 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNKNOWN

SERIAL NUMBER  
X-51

RANK  
Unk

DATE OF DEATH  
Unknown

DATE DISTINTERRED 25 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unknown

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 J. L. Sibley, Emb.

CASKET SEALED BY  
J. L. Sibley, Emb.

EMBALMER (Signature)  
R. V. WERST

CASKET BOXED AND MARKED  
DATE 13 Aug. 48 BY E. Kelly

SHIPPING ADDRESS VERIFIED BY  
G. D. Jacaba, 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, Lt. Col., Inf.  
SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>US MAUSOLEUM (SAIPAN, M.I.)</b>		TO <b>PORT STORAGE OFFICER (SAIPAN, M.I.)</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>EIFE</b>	
SIGNATURE OF SHIPPER <i>John H. Lott</i> <b>JOHN H. LOTT, Maj., SMP</b>	DATE <b>16 Aug. 48</b>	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> <b>ROBERT G. SNOWDEN, 1st Lt, Inf</b>	DATE <b>16 Aug 48</b>

### 2. SHIPPED

FROM <b>AGRS PORT (Saipan, M I)</b>		TO <b>Transport Commander USAT DALTON VICTORY</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> <b>ROBERT G SNOWDEN, 1st Lt, Inf</b>	DATE <b>6 Oct 48</b>	SIGNATURE OF RECEIVER <i>Wag Nordmann</i> <b>1ST LT. U.S.</b>	DATE <b>6 Oct 48</b>

### 3. SHIPPED

FROM <b>USAT DALTON VICTORY</b>		TO <b>AGRS MAUSOLEUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Wag Nordmann</i> <b>W. H. NORDMANN, 1ST LT. U.S.</b>	DATE <b>OCT 10 1948</b>	SIGNATURE OF RECEIVER <i>E. H. Newman</i> <b>E. H. NEWMAN, Jr., Capt, FA</b>	DATE <b>10 Oct 48</b>

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

# DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

*Unidentified # 51*

(Surname)

(Christian name(s))

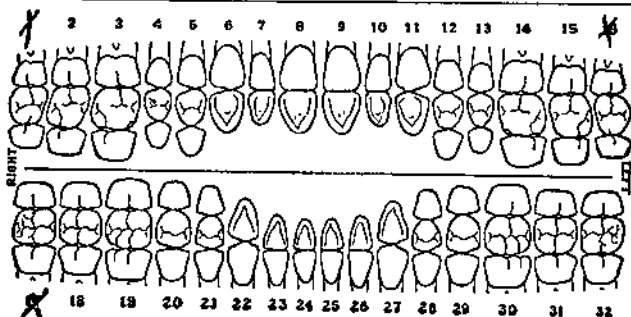
Born: Place

Date

## INSTRUCTIONS

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

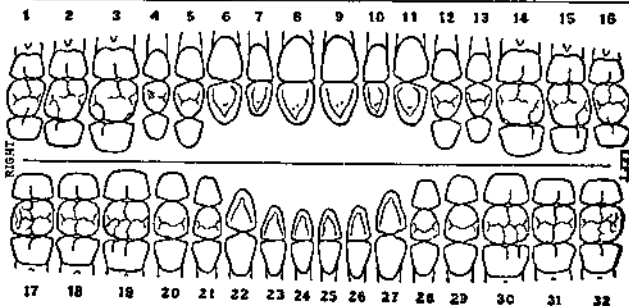
### RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

*Wesley R. Eklund PMS'c 3/22/75*  
(Date and signature of examining dental officer)

### RECORD OF SUBSEQUENT DENTAL OPERATIONS





# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

6 August 1947  
DATE

UNKNOWN X-51
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
			5th Marines	
UNIT		ORGANIZATION		
Two Jims	5th Mar Cem	8	3	2005
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE							(X)	(Y)	(V)	(X)							TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE								(Y)	(Y)								TYPE
LOCATION																	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

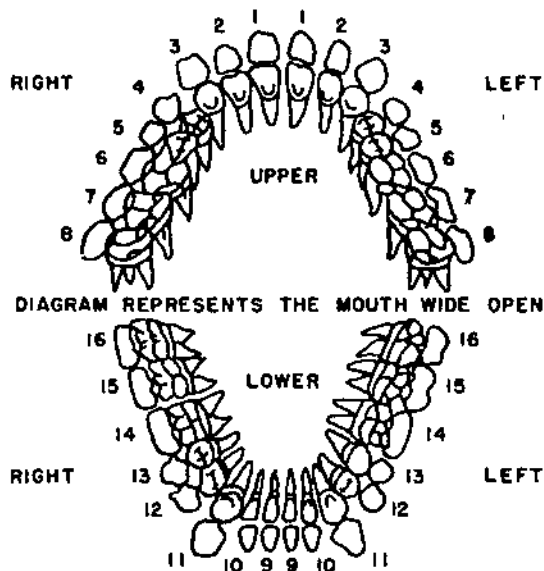
**INSTRUCTIONS:**

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

R=16 L=8 R=8 unerupted

*Pfc. James Goodson*  
SIGNATURE OF PERSON WHO PREPARED CHART

PFC JAMES GOODSON-15225520

NAME AND RANK TYPED OR PRINTED

Iwo Jimma

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*John H. Haines*  
VERIFIED BY GRS OFFICER

JOHN H. HAINES 2nd Lt., Inf

NAME AND RANK TYPED OR PRINTED

6 August 1947

DATE



A. NAME AND BURIAL LOCATION OF DECEASED

NAME		RANK	SERIAL NUMBER	DATE OF DEATH 1/ OR DISPOSITION SERVICE 2/
UNKNOWN, X 51 8				
CEMETERY			CAUSE OF DEATH	U.S. INTERBURIAL POINT
5th Marine				
PLCT	ROW	GRAVE	COUNTRY	
8	3	2005	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 DISINTERMENT
				9/6/47
IDENTIFICATION TAG OF ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKED				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	Both Boat shoes missing
OTHER MEANS OF IDENTIFICATION	
REMAINS DANCHO & BLANKET	
REMAINS CONTAIN <del>items</del>	
MINOR DISCREPANCIES 1/	

REMAINS PREPARED AND PLACED IN CASNET

DATE \_\_\_\_\_ BY \_\_\_\_\_  
 CASNET SEALED BY \_\_\_\_\_ EMBALMER (Signature) \_\_\_\_\_

CASNET 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.

*F.S.* *#192* \_\_\_\_\_  
 SIGNATURE OF GRS INSPECTOR *[Signature]*

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

UNKNOWN X-51

IDENTIFICATION DENTAL CHART

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

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

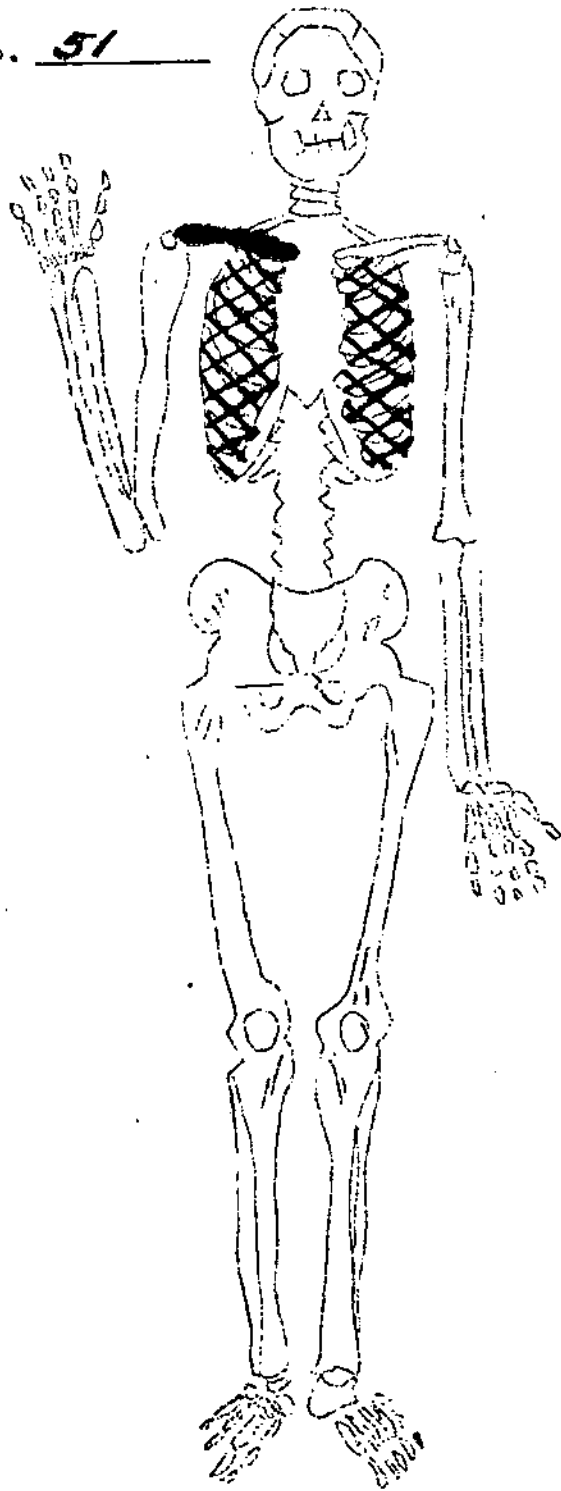
	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	IMPACTED																
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
SIDE VIEWS																	LOWER
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

**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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
<i>Charles W. Jones</i>	<i>Wendell W. Jones</i>

W# 1-D-8  
5th MARINE DIV. (100 JIMA)

Unknown "X" No. 51



SKELETAL CHART



X-51 5th Marine Div. #1 Cem. Iwo Jima Island

8

3

2005

RESTRICTED

01 D-8

W FORM 1042 1 Apr. 1948 (Replaces GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>6 August 1947</b>	
Imprint Identification Tag If Possible. DO NOT TYPE  <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;">             REPORT OF DISINTERMENT           </div>		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial) <b>UNKNOWN X51</b>				Box No. 192	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		<b>5th Mar Div</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)		<b>APPROVED UNIDENTIFIABLE</b> <b>FEB 15 1950</b>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>Canteen, poncho and blanket found and enclosed with remains.</b>							
Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>IWO JIMA 5TH MARINE DIV. No. 1</b>							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.	
				<b>8</b>	<b>3</b>	<b>2005</b>	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
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.	
<b>Hinton, Charles L., Jr.</b>			<b>Pvt</b>	<b>993735</b>	<b>USMC</b>	<b>2004</b>	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)			RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.	
<b>Unknown X52 - 8</b>						<b>2006</b>	
SIGNATURE OF PERSON PREPARING REPORT <i>Jose A. Bluea</i>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>W. C. Coy / Sgt Wt</i>				
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 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.

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

**Both shoes missing.**

CERTIFICATE OF DEATH

MAR 10 1945  
BUREAU OF MEDICINE AND SURGERY  
SAN FRANCISCO, CALIF.

From COMMANDING GENERAL FIFTH MARINE DIVISION F. P. MORGAN 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 # 51 Race or race of parents

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

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

4. Eyes \_\_\_\_\_ Hair BROWN Complexion \_\_\_\_\_ Height 5'8" Weight 165

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 8 ROW 3 GRAVE 2005

FIFTH MARINE DIVISION CEMETERY IWO JIMA ISLAND, VOLCANIC GROUP

BURIED: 25 MARCH 1945

12. Summary of facts relative to the death:

1. WOUND, THIRD DEGREE BURNS.
2. FINGERPRINTS UNOBTAINABLE, DUE TO CHARRED CONDITION OF BODY.
3. H-4'S ENCLOSED.
4. 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. \_\_\_\_\_, M. C., U. S. Navy. R.  
(Rank)

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

(Will or will not)

*W. Beckett*  
W. BECKETT  
(Commanding officer)

COL. \_\_\_\_\_, U. S. Navy. USMC  
(Rank)

(BY DIRECTION)



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 # 51 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' 8 1/2" Weight 165
- 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 8 ROW 3 GRAVE 2005

FIFTH MARINE DIVISION CEMETERY IWO JIMA ISLAND, VOLCANIC GROUP

BURIED: 23 MARCH 1945

12. Summary of facts relative to the death:

- 1. WOUND, THIRD DEGREE BURNS.
- 2. FINGERPRINTS UNOBTAINABLE, DUE TO CHARRED CONDITION OF BODY.
- 3. H-4'S ENCLOSED.
- 4. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

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

COMDR., M. C., U. S. Navy-R.  
(Rank)

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

(Will or will not)

*J. N. Beckett*  
J. N. BECKETT  
(Commanding officer)  
XXXXXXXXXX

COL., U. S. Navy-USMC  
(Rank)

(BY DIRECTION)

REPORT OF INTERMENT

JANUARY 1950  
FORM 9

FILE

13

*Plotted*

UNIDENTIFIED #51

(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)

2006

3

8

(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 buried with body?)

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

**APPROVED UNIDENTIFIABLE**  
FEB 15 1950

BODY BURIED ON RIGHT UNIDENTIFIED #52 2006  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT UNIDENTIFIED #50 2004  
(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.



REPORT OF INTERMENT

FILE

UNIDENTIFIED # 81

(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)

2005

3

8

(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 particulars)

BODY BURIED ON RIGHT UNIDENTIFIED

# 52

(Name)

(Ser. No.) (Rank)

2006

(Org) (Grave No.)

BODY BURIED ON LEFT UNIDENTIFIED

# 50

(Name)

(Ser. No.) (Rank)

2004

(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: 5'8" APPARENT NATIONALITY: White  
WEIGHT: 155 LAUNDRY MARKS: Shoe size 8½  
COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: BROWN RACE

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a tooth chart) H4 enclosed with form N's  
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. W. Ireland*  
(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

1

2

3

4

4

3

2

1

THUMB