

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. TWO SIMA, 5TH MAR. DIV., X-6

SUBJECT

1

Interred 11 April 1950
F 14 3 Ft. McKinley

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

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

DIRECTIVE NUMBER
5532 81333
DATE
29 03 50
DAY MONTH YEAR

NAME <i>MS</i> UNKNOWN X-6	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY 5TH MARINE DIVISION CEMETERY, IWO JIMA	PLOT 2-5	GRAVE 395	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.		

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME UNKNOWN X-6	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 5 April '50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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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	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
------------------------------------	---

CASKET BOXED AND MARKED DATE 5 Apr '50 BY RAYMOND H TANGUAY, Sgt 1c, RA	SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt, RA
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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

RECORDS
DATE 22 May 50
NAME Jarvis

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Marks</i>	DATE APR 11 1951

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

DATE

5532 61333

29 03 90
DAY MONTH YEAR

NAME: UNKNOWN I-6 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 5TH MARINE DIVISION CEMETERY, IWO JIMA PLOT: 2 ROW: 5 GRAVE: 395 DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

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

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: files 5-25 50 Kenton's Report

Inch \$ 167

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

QMGMN 293
GRS, Far East

MAR - 9 1950

SUBJECT: Unidentifiable Remains

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

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

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

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

QMGMN 293 Unk X-6, 5th Mar Div Iwo Jima

HEADQUARTERS
PHILCO 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- 6, Plot 2,
Row 5, Grave (396), USMC 5th Mar Div Cem, 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

Atch: Form 1044

APPROVED UNIDENTIFIABLE
FEB 15 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-6			2. DATE OF REPORT 22 Jan 1950		
3. NAME OF CEMETERY 5th Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2	5	396	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 4"	10. COLOR OF HAIR UTD	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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
"BY REASON OF LACK OF IDENTIFICATION"

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (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 PORCELAIN), 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
P	P	A	A	A	X	X	X	X	S	S		A	A	A	Impacted
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
X	⊖	A	A			A	⊖						X	A	Impacted
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."

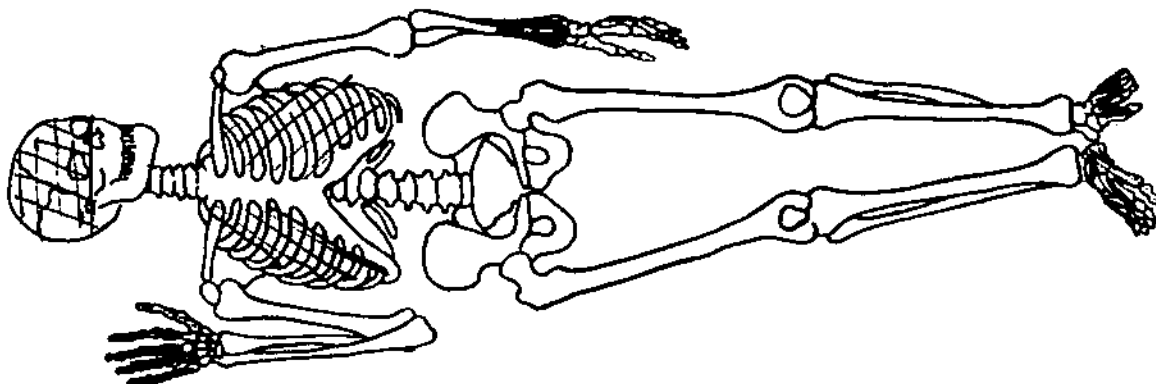
NOTE:- Maxilla fractured and missing back of right 6.

"UNIDENTIFIABLE"

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

16-127 RAS IRR

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

UNKNOWN X-000006

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

2 5 395 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-6

RANK

Unk

DATE OF DEATH

Unknown

DATE DISTINTERRED 22 Nov 47

22 Nov 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

U. E. Conerly, Capt., TC
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Individual grave, uncasketed,
Nature of shroud undetermined

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug. 48

BY

G. H. Hill, Emb.

CASKET SEALED BY

G. H. Hill, Emb.

EMBALMER (Signature)

O. D. Campbell
O. D. CAMPBELL

CASKET BOXED AND MARKED

DATE 13 Aug. 48 BY P. Sayan

SHIPPING ADDRESS VERIFIED BY

Max Chelofsky, Clerk

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

FILE
F. T. DE GROODT, Capt., CMP
SEP 1 1949
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>Clay Fordman</i> CLAY FORDMAN, 1st Lt, T.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>H. H. Newman</i> H. H. NEWMAN, 1st Lt, T.C.	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>H. H. Newman</i> H. H. 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 (NATIONAL CEMETERY)		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

A. NAME AND BURIAL LOCATION OF DECEASED

NAME <i>UNKNOWN X-6-8</i>		RANK	SERIAL NUMBER	DATE OF DEATH 1/1 OR DISPOSTION	U.S. POST-OFFICE SERVICE TICON
Cemetery <i>5th Marine</i>			CAUSE OF DEATH	U.S. DISTRIBUTION POINT	
PLCT <i>2</i>	ROW <i>5</i>	GRAVE <i>395</i>	COUNTRY <i>Sw Guinea</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 DISINTERMENT <i>8-13-67</i>
IDENTIFICATION TAG OR ORGANIZATION () REMAINS () MARKET		RELIGION	IDENTIFICATION VERIFIED BY	

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS <i>SHELTER CONTAINS everything found. Skull cracked, part of upper jaw missing</i>
OTHER MEANS OF IDENTIFICATION	
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 _____ **STATION FILE**

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

436 *REN*
 SIGNATURE OF OPS INSPECTOR _____

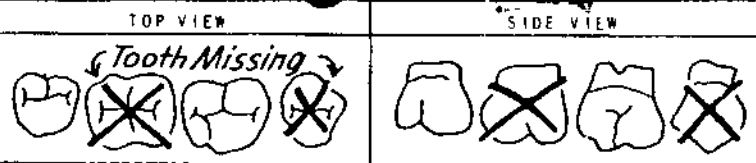
1/ Prepare discrepancy Report Form No. 1194a for major discrepancies.
 2/ Consignee may be same as next of kin; is 6 repeat name and address

Unknown X-6

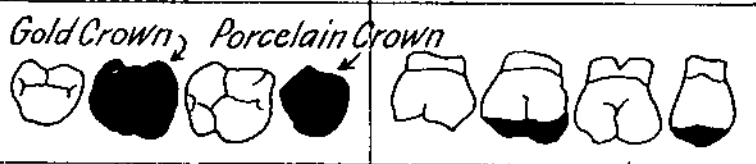
Joe Juma - 5th Mar. 1947

TOOTH CHART

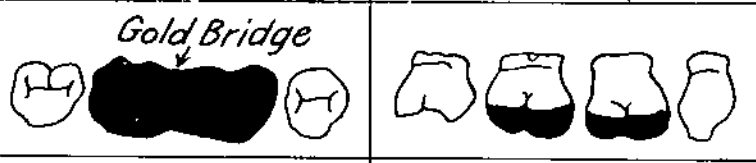
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THIS:



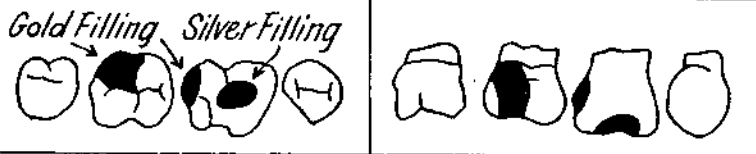
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THIS:



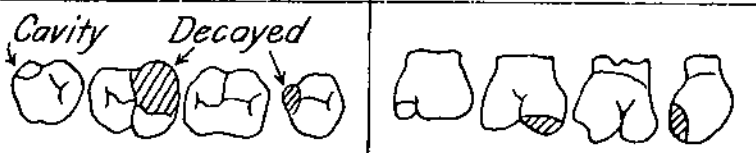
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THIS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THIS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THIS:

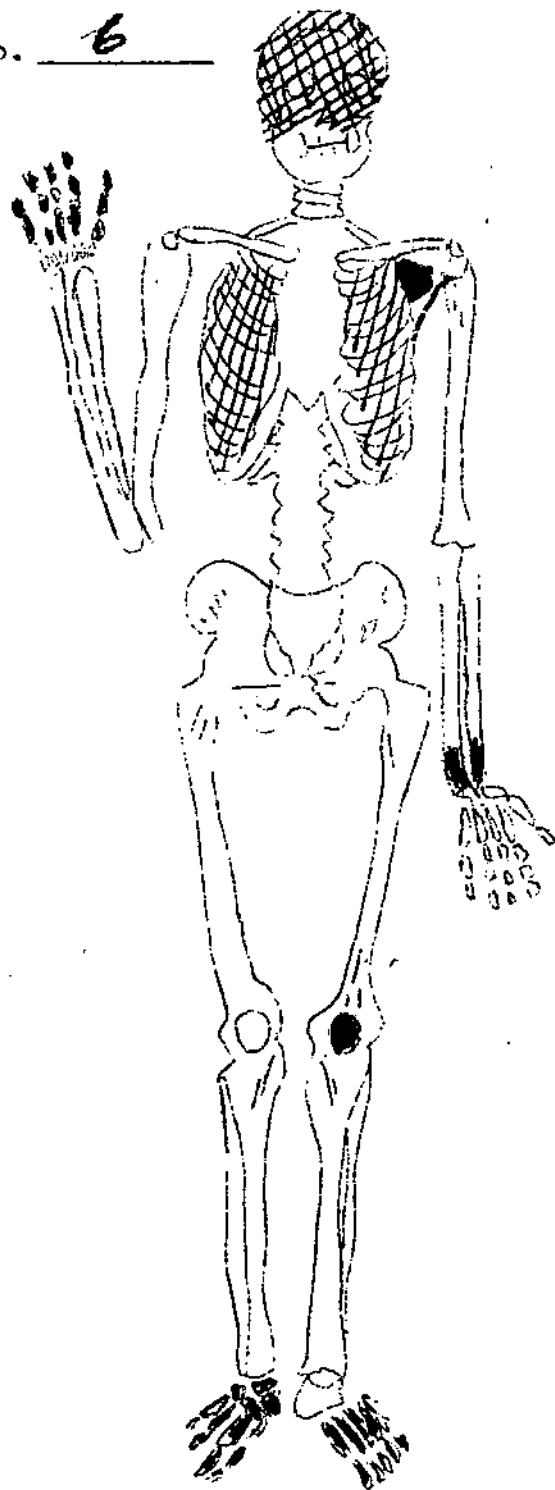


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	A	A	A	X	X	X		S			A	A	A	
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
	A	X	A			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 RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

O D Campbell Embalmer

Unknown "X" No. 6



SKELETAL CHART

REPORT OF INTERMENT

54

Plotted

UNIDENTIFIED #6

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

TWO JIMA

5th Div. No. 1

147-J

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

395

5

2

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

APPROVED UNIDENTIFIABLE

Disposition of identification tags:

One Buried with body Yes No
One Attached to marker Yes No

FEB 15 1950

(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 SORRELLS

843129

USMCR 396

(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT KAUFMAN

890639

USMCR 394

(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: 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

THUMB

1

2

3

4

THUMB

1

2

3

4

REPORT OF INTERMENT

CASUALTY STAR
NOTED

FILE

UNIDENTIFIED # 6

(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)

395

5

2

(Grave Number)

(Row Number)

(Plot Number)

(Religion, if known)

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

(If no identification tags, what means of identification are buried with body?)

NAVY SECTION

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

BODY BURIED ON RIGHT SORRELLS 843129 USMCR 396

(Name)

(Ser. No.)

(Rank)

(Org)

(Grave No.)

KAUFMAN

890639

USMCR

SEP 394

BODY BURIED ON LEFT

(Name)

(Ser. No.)

(Rank)

(Org)

(Grave No.)

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

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.

R. H. Ireland Jr.

(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4

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 #6** Rank or rate _____

2. Born: Place _____ Date _____

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

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

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

FINGERPRINT

UNOBTAINABLE

State which finger _____
(Right index preferred)

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

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

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

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

11. Disposition of remains **Plot 2 Row 5 Grave 395**

Fifth Marine Division Cemetery, Iwo Jima Island, Volcanic Group

Buried 29 February 1945

12. Summary of facts relative to the death:

1. **Body was received from aboard ship. Body was deteriorated.**
2. **Fingerprints or H-4's unobtainable.**
3. **The 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

Ccdr.

R.
M. O., U. S. Navy.

(Medical officer)

(Rank)

will not

Approved: Court of inquiry or board of investigation

be held.

(Will or will not)

Col.

U. S. N. C.
~~XXXXXXXX~~
U. S. Navy.

J. M. BROOKS
~~XXXXXXXX~~
(By *J. M. BROOKS*)

(Commanding officer)

(Rank)