

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. TWO SIMA, 5TH MAR. DIV, X-63

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, CMC  
Memorial Division

CC: CINGFE

QMGMM 293 Unk X-63 5th Mar Div Iwo Jima

/bpm

Interred 30 March 1950  
F 9 2 Ft. McKinley

1

*Carl R. H. Mark*

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 81304

DATE

29 03 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 63					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
5TH MARINE DIVISION CEMETERY, IWO JIMA	8	8	2231	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 DISTINTERRED
UNKNOWN X-63				29 March '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	BY	EMBALMER (Signature)
29 March '50	PAUL R NICHOLS	<i>Paul R. Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 29 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>Caremark</i>	DATE <b>MAR 30 1950</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5532 61304

29 03 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 63					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
5TH MARINE DIVISION CEMETERY, IWO JIMA	8	8	2231	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. DR. MCKINLEY, P. I.	(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	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
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 5-25-50  
Kirkland  
Report

encl # 135

## 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  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION DISTRICT 192

22 January 1950

Date


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 63, Plot 8,  
Row 8, Grave 2231, 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:

**APPROVED UNIDENTIFIABLE**  
**17 FEB 1950**

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

Attch: Form 1044

Jan 16'

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-63</b>			2. DATE OF REPORT <b>22 January 1950</b>		
3. NAME OF CEMETERY  <b>5th Mar Div Cem Iwo Jima</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>8</b>	<b>8</b>	<b>2231</b>	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'4 1/2"</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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

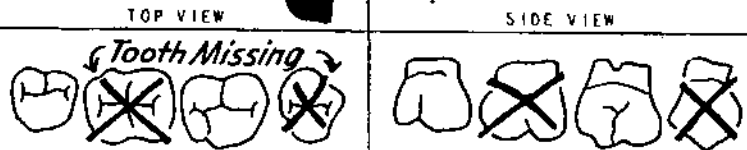
**N O N E**

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**



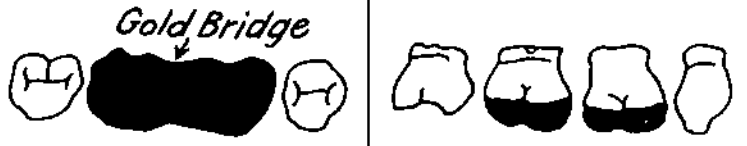
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



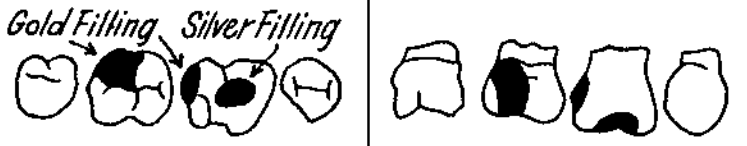
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



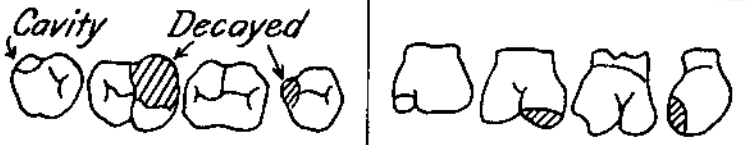
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



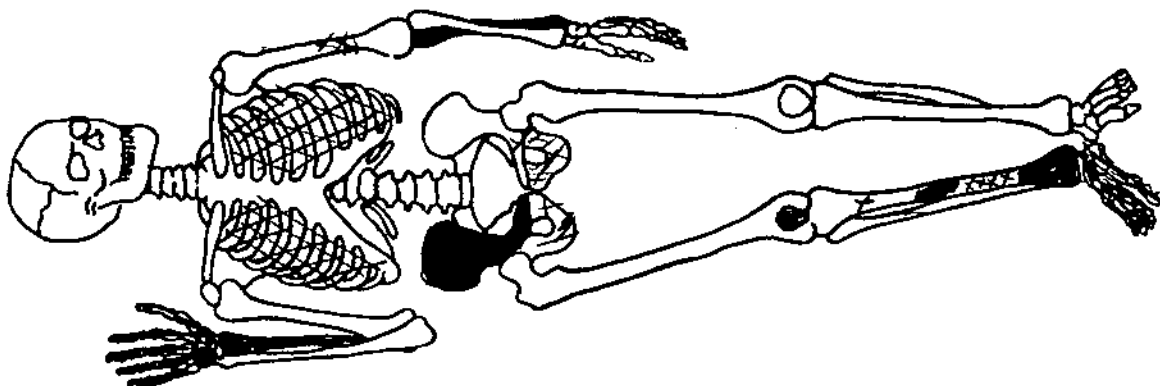
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Impacted		A	A				S	S				X	A		Impacted		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

**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."

*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.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN  
RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

DISINTERMENT DIRECTIVE

1

H80X  
R1  
F32  
H80X  
R1  
F32

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5532 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
293 UNKNOWNX-000063 0 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  
8 8 2231 (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-63	RANK	DATE OF DEATH Unknown	DATE DISTINTERRED 29 July 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unknown	IDENTIFICATION VERIFIED BY M. F. Clay, 1st Lt., Inf. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Nature of shroud undetermined	CONDITION OF REMAINS Skeletal remains, incomplete
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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, Clark.

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

F. I. De Groodt  
F. I. DE GROODT, Capt., GMP  
SIGNATURE OF GRS INSPECTOR

FILE  
SEP 7 - 1948

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

# RECORD OF CUSTODIAL TRANSFER

226

## 1. SHIPPED

LIFE

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	
SIGNATURE OF SHIPPER <i>John H. Lott</i> <b>JOHN H. LOTT, Maj., GMP</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>Clay Fordman</i> <b>1st Lt. T.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>Clay Fordman</i> <b>CLAY FORDMAN, 1st Lt. T.S.</b>	DATE <b>OCT 10 1948</b>	SIGNATURE OF RECEIVER <i>W. H. Newman, Jr.</i> <b>W. 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 #63*  
(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

X	1	2	3	4	5	6	7	8	9	10	11	12	X	13	14	15	X
RIGHT																	LEFT
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	X

REMARKS: .....

.....

.....

.....

.....

.....

*25 March 1945 Roy C. Blunt, LtM/c*  
(Date and signature of examining dental officer)

### RECORD OF SUBSEQUENT DENTAL OPERATIONS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
RIGHT																	LEFT
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	



A. NAME AND BURIAL LOCATION OF DECEASED

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	TRICOR	POST-SERVICE
<i>Unknown X 63 8</i>					

CEMETERY	CAUSE OF DEATH	U.S. DISTRIBUTION POINT
<i>Gift Marine</i>		

PLOT	ROW	GRAVE	COUNTRY
<i>8</i>	<i>8</i>	<i>2031</i>	<i>Iwo Jima</i>

B. NEXT OF KIN AND CO-SIGNEE

NAME AND ADDRESS OF NEXT OF KIN	NAME AND ADDRESS OF CO-SIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERMENT
				<i>7-29-47</i>
IDENTIFICATION TAG OF ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
( ) REMAINS				
( ) MARKER				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	<i>Left leg broken.</i>

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1/

REMAINS PACKED AND PLACED IN CASKET

DATE	BY	EMBALMER (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.

*Box #117*

**STATION 5114**

*W.P. G. V.*  
SIGNATURE OF GRS INSPECTOR

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

TOOTH CHART

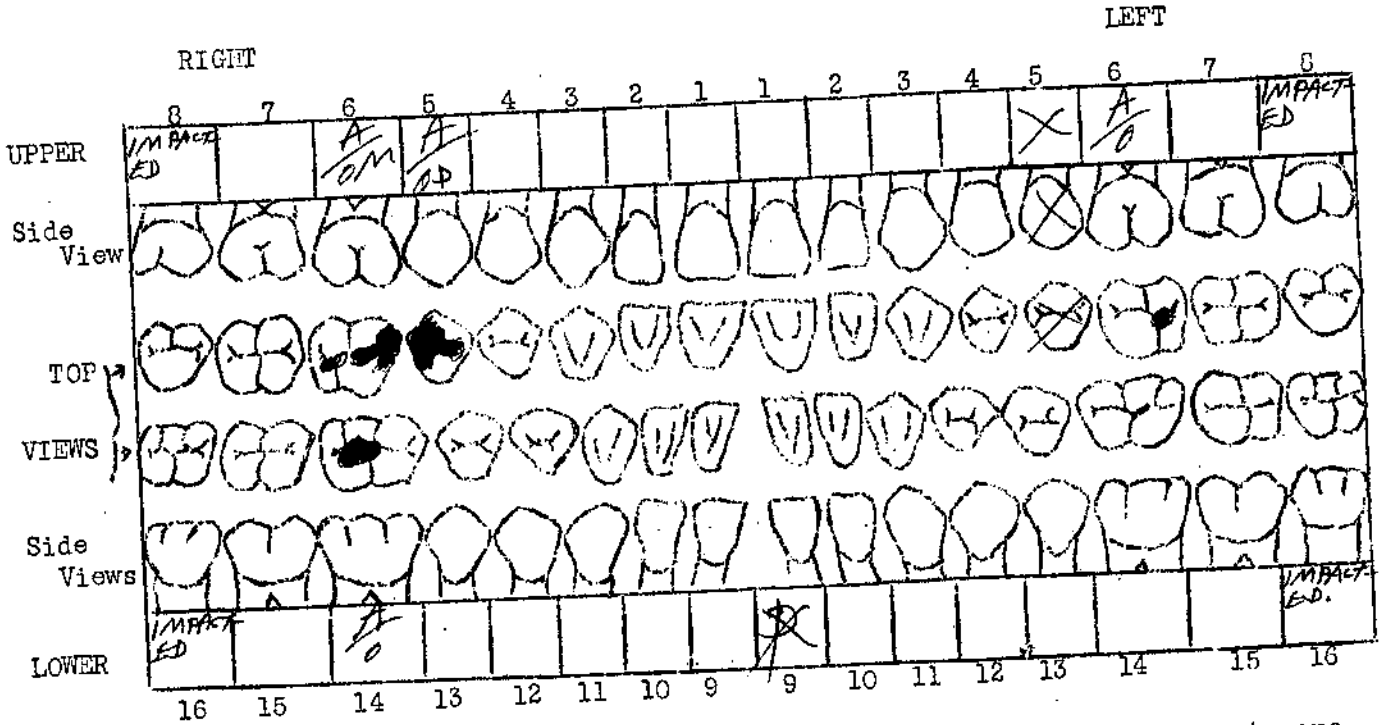
\_\_\_\_\_ Date

UNKNOWN X-63 \_\_\_\_\_  
 Last Name First Initial Rank Serial No.

\_\_\_\_\_ Cemetery

\_\_\_\_\_ Branch of Service

\_\_\_\_\_ Cemetery \_\_\_\_\_ Date of Death \_\_\_\_\_ Date Disinterred



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Charles W. Jones*  
 Signature of Officer or other person who prepared Tooth chart

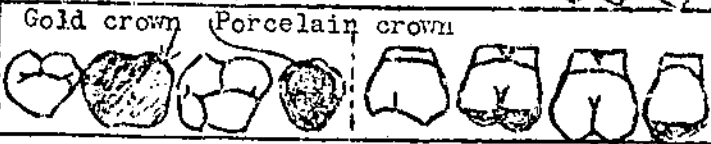
*W. D. Howard Capt M*  
 Verified by G.R.S. Officer



**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wound) should be "X"ed out and labeled, thus:



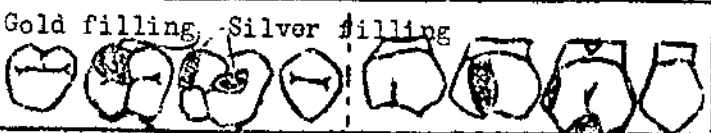
**CROWNED TEETH ...** Block in solid the crown of tooth (label gold, porcelain, silver or gold and porcelain) thus:



**BRIDGE WORK ...** Block in solid the 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:



**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"

ADDITIONAL SPACE FOR FURTHER REMARKS

PROCESSING CENTER

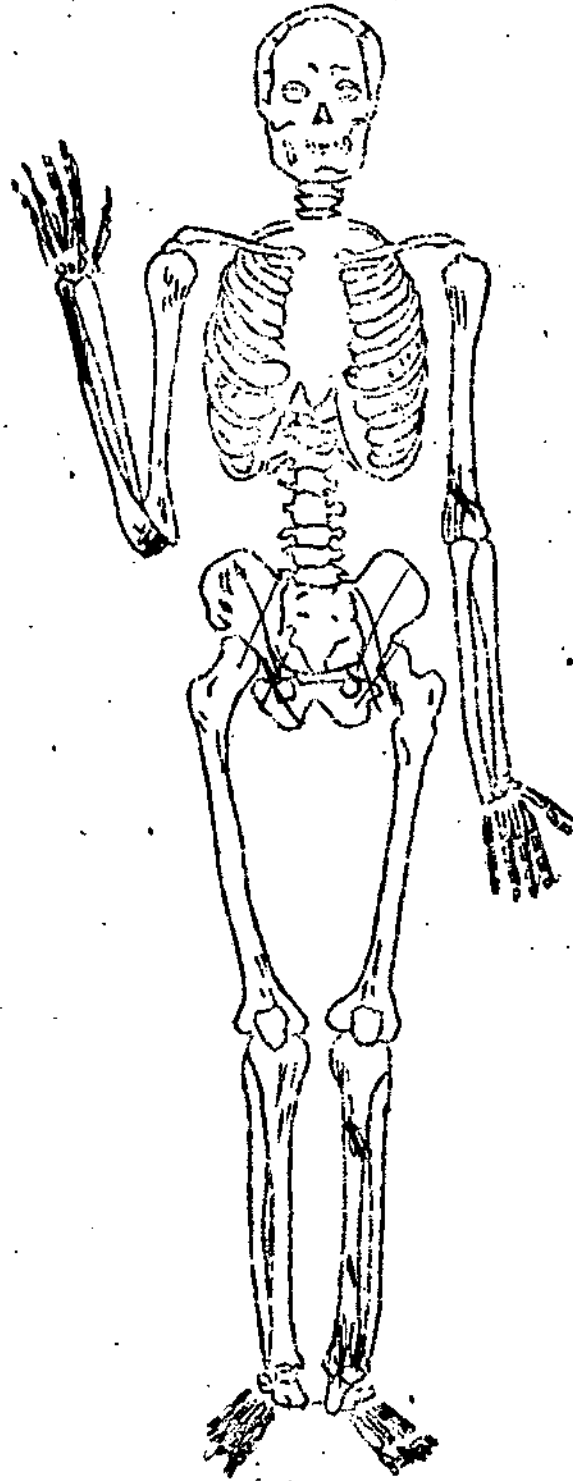
X-43

(Name)

(Rank)

(Ser No.)

(Br of Sv)



*Skeletal remains incomplete*  
SKELETAL CHART

X-63 5th Marine Div. Cem. Iwo Jima Island

8

8

2231

REPORT OF INTERMENT

PROPERTY STATE  
EX-100

UNIDENTIFIED #63

FILE

(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)

2231

8

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)

FILE  
NAVY SECTION  
C. J. MOYER

BODY BURIED ON RIGHT

BLANKENFIELD 888123

USMCR

2232

(Name)

(Ser. No.)

(Rank)

(Org)

(Grave No.)

BODY BURIED ON LEFT

SMITH

931152

USMCR

2230

(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

THUMB

1

2

3

4

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

UNIDENTIFIED #03

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

25 MAR-45

5 MAR-DIV-CEM-1WO JIMA

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

2231

8

8

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

APPROVED UNIDENTIFIABLE

17 FEB 1950

Body decomposed. Large pants unidentifiable

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

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

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

UNIDENTIFIED #63

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: 5'7"	Apparent nationality:
Weight: 145	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair: Brown	Wear glasses?
Race: W-O-S	Is tooth chart attached? <i>yes</i>

(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.:

*Interment Report Enveloped  
H's Enveloped*

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

.....  
(Signature of officer or other person reporting burial)

.....  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

**UNIDENTIFIED #63**

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

**APPROVED UNIDENTIFIABLE 17 FEB 1950**

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

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

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:



UNIDENTIFIED #63

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:

Apparent nationality:

Weight:

Laundry marks:

Color of eyes:

Number of rifle:

Color of hair:

Wear glasses?

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 THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

8075. GSA

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

**UNIDENTIFIED # 63**

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

**APPROVED UNIDENTIFIABLE 17 FEB 1950**

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

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

Body buried on **RIGHT** (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

84A

List only personal effects FOUND ON BODY and disposition of same:

UNIDENTIFIED #63

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

.....  
(Signature of officer or other person reporting burial)

.....  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

UNIDENTIFIED #63

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

APPROVED UNIDENTIFIABLE FEB 17 1950

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

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

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

Body buried on RIGHT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

642

List only personal effects FOUND ON BODY and disposition of same:

UNIDENTIFIED #63

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

.....  
(Signature of officer or other person reporting burial)

.....  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

UNIDENTIFIED #63

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

**APPROVED UNIDENTIFIABLE 17 FEB 1950**

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

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

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

4A

List only personal effects FOUND ON BODY and disposition of same:

UNIDENTIFIED #63

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

.....  
(Signature of officer or other person reporting burial)

.....  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

UNIDENTIFIED #63

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

**APPROVED UNIDENTIFIABLE 17 FEB 1950**

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

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

Body buried on RIGHT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

4A

List only personal effects FOUND ON BODY and disposition of same:



UNIDENTIFIED #63

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

.....  
(Signature of officer or other person reporting burial)

.....  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

FILE  
RECORDED

*Placed*

UNIDENTIFIED # 63

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

IWO JIMA 5th Div No. 1 147-J 52  
(Place of death) (Name of Cemetery) (Name or coordinates of location)

2231 8 8  
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

Disposition of identification tags: One Buried with body Yes  No

**APPROVED UNIDENTIFIABLE**

One Attached to marker Yes  No

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

17 FEB 1950

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

BODY BURIED ON RIGHT BLANKENFIELD 888123 USMCR 2232  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT SMITH 931152 USMCR 2230  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

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

IF DECEASED UNIDENTIFIED

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

HEIGHT: 5'7" APPARENT NATIONALITY: White

WEIGHT: 145 LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: Br. RACE

IS TOOTH CHART ATTACHED?

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

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

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

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

*A. H. Ireland Jr.*

(Signature of officer or person reporting burial)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

CERTIFICATE OF DEATH

BUREAU OF  
MEDICINE AND SURGERY

MAY 10 11 25 PM '45

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-C, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNIDENTIFIED # 63 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 5'7 1/2" Weight 145
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 8 GRAVE 2231

FIFTH MARINE DIVISION CEMETERY IWO JIMA ISLAND, VOLCANIC GROUP

BURIED: 25 MARCH 1945

12. Summary of facts relative to the death:

1. FINGERPRINTS UNOBTAINABLE DUE TO ADVANCED STAGES OF DECOMPOSITION.
2. H-4'S ENCLOSED
3. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

Summary of facts—Continued

*C. W. Olcott*  
C. W. OLCOTT

(Medical officer)

COMDR

(Rank)

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

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

(Will or will not)

*J. W. Beckett*  
J. W. BECKETT

(Commanding officer)

COL.

(Rank)

USMC  
U. S. Navy.

(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 # 63** 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 **5'7"** Weight **145**
- 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 8 GRAVE 2251**

**FIFTH MARINE DIVISION CEMETERY IWO JIMA ISLAND, VOLCANIC GROUP**

**BURIED: 26 MARCH 1946**

12. Summary of facts relative to the death:

- 1. **FINGERPRINTS UNOBTAINABLE DUE TO ADVANCED STAGES OF DECOMPOSITION.**
- 2. **R-4'S ENCLOSED**
- 3. **DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.**

Summary of facts—Continued

*C. W. Olcott*  
C. W. OLCOTT

(Medical officer)

COMDR

(Rank)

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

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

(Will or will not)

*J. W. Bennett*  
J. W. BENNETT

(Commanding officer)

COL

(Rank)

USMC  
U.S. Navy

(BY DEFECTION)