

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. IWO JIMA, 5TH MAR. DIV, X-64

SUBJECT

CMGMN 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 GRPE 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: CINCPAC

CMGMN 293 Unk X-64 5th MAR DIV



1

Interred 30 March 1950
F 6 2 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 81306

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN X - 64 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 5TH MARINE DIVISION CEMETERY, IWO JIMA PLOT 8 ROW 9 GRAVE 2246 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 UNKNOWN X-64 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED 29 March 50

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER PAUL R NICHOLS
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET
DATE 29 March 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 SHIPPING ADDRESS VERIFIED BY
DATE 29 Mar 50 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
✓
RAT
FILE
RECORDS ASSOCIATED
DATE 27 Apr. 1950
NAME G. Hyles
Report Ft. McN. Div.

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>Caremark</i>	DATE MAR 30 1950

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 P. J. ...

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 81306

DATE

29 03 90
DAY MONTH YEAR

NAME: UNKNOWN I - 64
SERIAL NUMBER: [blank]
GRADE: [blank]
ARM: [blank]
RACE: [blank]
RELIGION: [blank]

CEMETERY: 5TH MARINE DIVISION CEMETERY, IWO JIMA
PLOT: 8
ROW: 9
GRAVE: 2246
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. MCINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: [blank]
SERIAL NUMBER: [blank]
GRADE: [blank]
DATE OF DEATH: [blank]
DATE DISINTERRED: [blank]

IDENTIFICATION TAG ON: [checkbox] REMAINS, [checkbox] MARKER
ORGANIZATION: [blank]
RELIGION: [blank]
IDENTIFICATION VERIFIED BY: [blank]
NAME AND TITLE: [blank]

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank]
CONDITION OF REMAINS: [blank]

OTHER MEANS OF IDENTIFICATION: [blank]

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: [blank] BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]

DATE: [blank] BY: [blank]
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

Serial # 140

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
PHILCOB 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- 64, Plot 8,
Row 9, Grave 2246, 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.

APPROVED UNIDENTIFIABLE
17 FEB 1950

FOR THE COMMANDING OFFICER:


H. E. McNEZAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Leaf 11'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-64			2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY 5th Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	8	9	2246	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6'	20. COLOR OF HAIR UTD	21. RACE Unkn
-------------------------------------	----------------------------------	---------------------------------	-------------------------

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

U T D

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

UNIDENTIFIED

RECEIVED

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



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

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

15 left rotated mesial.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

2H-43 RTR

IRR

1

HSPD HSPD
RX5 R2
F16 F27

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

293 UNKNOWN X-000064 0

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

IWO JIMA 5TH MARINE DIV CEM

DISPOSITION OF REMAINS

0 0391 63
CODE DIST. PT.

PLOT

8

ROW

9

GRAVE

2246

COUNTRY

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-000064

RANK

Unk

DATE OF DEATH

Unk

DATE DISINTERRED

24 Nov 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unk

IDENTIFICATION VERIFIED BY

U E CONERLY, Capt TC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Nature of shroud undetermined.

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug '48

BY

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

FILE
SEP 1 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> 1st Lt, U.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 TC	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt., FA.	DATE 10 Oct 48

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Nordmann</i>	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 #64
(Surname)

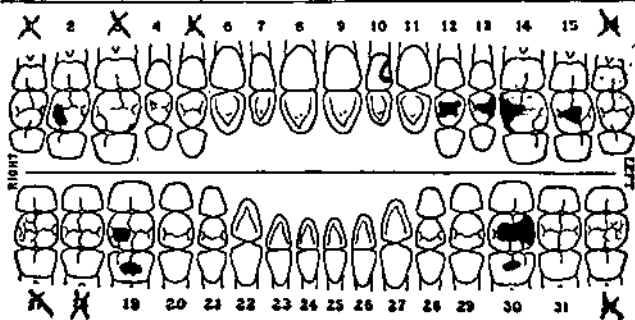
(Christian name(s))

Born: Place _____ Date _____

INSTRUCTIONS

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

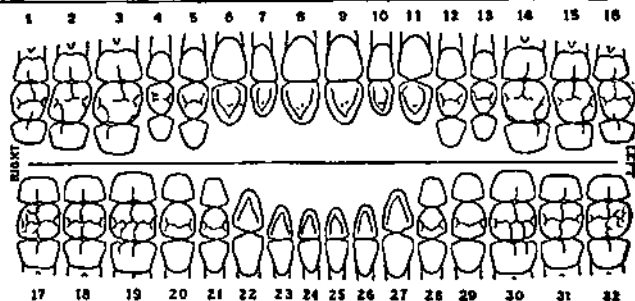
RECORD OF FIRST DENTAL EXAMINATION



REMARKS: _____

25 March 1945 Roy C. Blunt, D.M.S.
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



THIS FORM IS TO BE USED IN PLACE OF CHART FORMS NOS. 1042 & 1044 IN PLACE OF CHART TITLED, AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS, WHEN COMPLETED.

15 July 1947
 DATE

UNKNOWN X-640







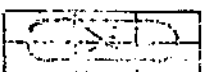


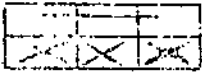





LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
USMC		5th Marines		
UNIT		ORGANIZATION		
Iwo Jima	5th Mar Cem	8	9	2246
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

	RIGHT							UPPER TEETH		LEFT								
	8	7	6	5	4	3	2	1	1	2	1	2	3	4	5	6	7	8
TYPE	(A)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(G)	(O)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	
LOCATION	(F)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(FD)	(D)	(OO)	(OO)	(MO)	(O)	(O)	(O)	(O)	

INSIDE -- LOOKING OUT

	RIGHT						LOWER TEETH					LEFT				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	(X)	(A)	(X)											(X)	(A)	(A)
LOCATION	(X)	(OF)	(X)											(X)	(D)	(O)

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

- | | | |
|---|---|---|
|  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 |  OXYPHOSPHATE (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.

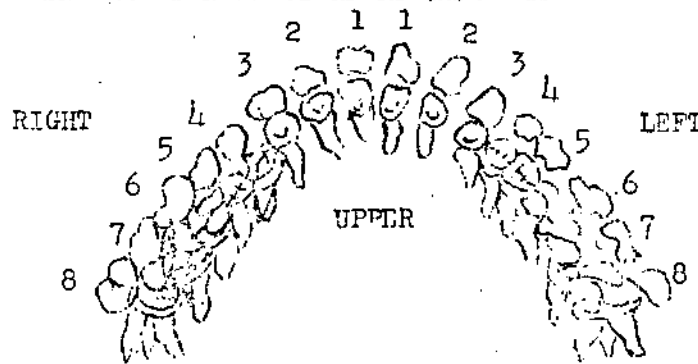


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

KOON IHN YEE 1st Lt., D.C.

NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRC OFFICER

JOHN H. HAINES 2nd Lt., Inf

NAME & RANK TYPED OR PRINTED

15 July 1947

DATE

TOOTH CHART

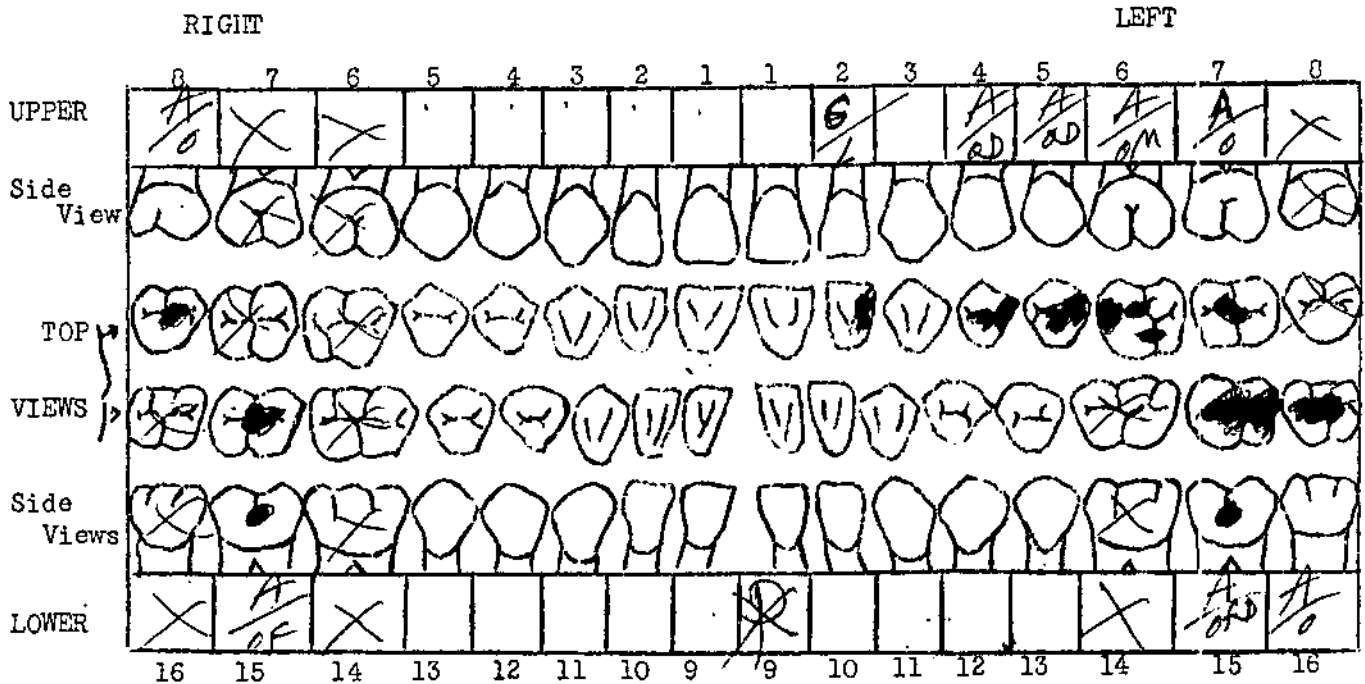
Date _____

UNKNOWN X-64

Last Name _____ First _____ Initial _____ Rank _____ Serial No. _____

Branch of Service _____ Cemetery _____

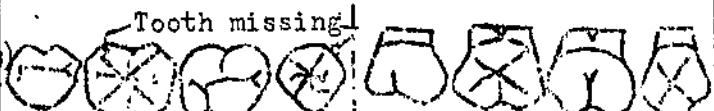


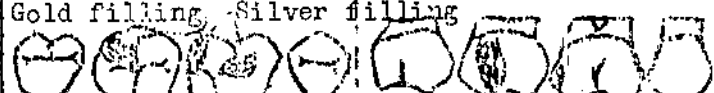

Cemetery _____ Date of Death _____ Date Disinterred _____



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. H. ...
Verified by G.R.S. Officer

<p>MISSING TEETH... All teeth missing through previous extraction(not those fractured or displaced by recent wound) should be "X"ed out and labeled, thus:</p>	<p style="text-align: center;">Tooth missing</p> 
<p>CROWNED TEETH ... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain) thus:</p>	<p style="text-align: center;">Gold crown Porcelain crown</p> 
<p>BRIDGE WORK ... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	<p style="text-align: center;">Gold bridge</p> 
<p>FILLINGS .. Draw filling on tooth as accurately as possible(block in and label gold, silver, cement), thus:</p>	<p style="text-align: center;">Gold filling Silver filling</p> 
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus:</p>	<p style="text-align: center;">Cavity & Decayed</p> 

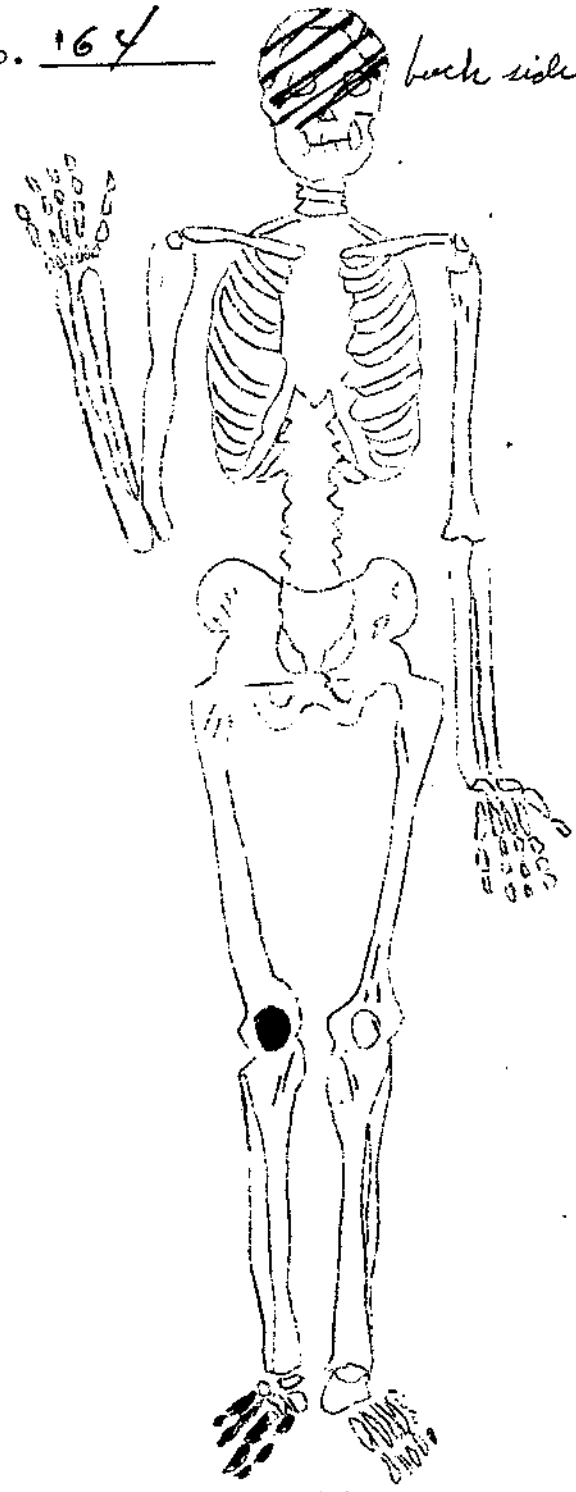
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Two Jaws 5th Marine Com.
Plot-8 - Box-9 Gr-2246

Unknown "X" No. 164

back side



SKELETAL CHART



X-64 5th Marine Div. Com. #1, Iwo Jima

8

9

2246

RESTRICTED

WD OMC FORM 1042
(Rev. 3 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
8 July 1947

*Imprint Identification Tag If Possible.
DO NOT TYPE*

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-64 ARMY Box No. 282		
GRADE	ORGANIZATION	BRANCH OF SERVICE
	5th Marines	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Iwo Jima	Unk	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
	APPROVED UNIDENTIFIABLE 17 FEB 1950
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Iwo Jima 5th Marine Div. No. 1

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				8	9	2246

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
		STATUS
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.
Thompson, Dean M.	Pvt	958106	USMCR	2245

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Bauknecht, Norman J.	Pfc	937912	USMC	2247

SIGNATURE OF PERSON PREPARING REPORT <i>Edo D. Costales</i> EEC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Edward L. Palmer</i>
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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 2. 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.

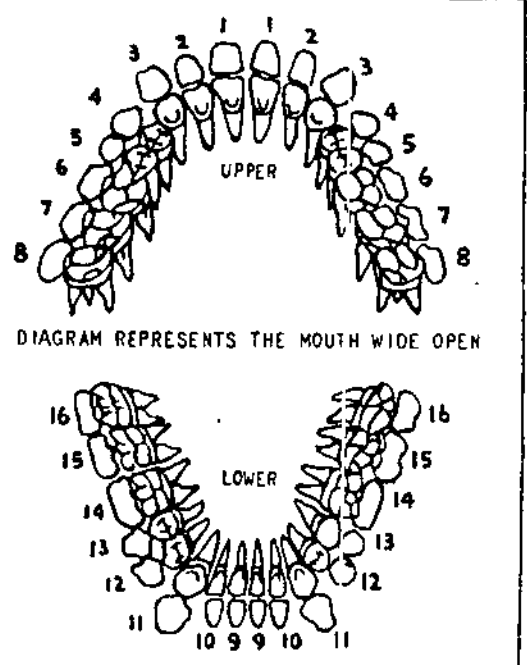
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



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



REMARKS: -

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

REPORT OF INTERMENT

FILED
SERIALIZED INDEXED
FILED

UNIDENTIFIED # 64

(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)

2246 9 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 # 65 2247
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT THOMPSON 958106 2245
(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: 6' APPARENT NATIONALITY: white

WEIGHT: 180 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.


(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 STATEMENT
 NOTED

Plotted
 UNIDENTIFIED #64

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

IWO JIMA

5th Div. No. 1

147-J

16

(Place of death)

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

2246

9

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

APPROVED UNIDENTIFIABLE

(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 UNIDENTIFIED #65 2247
 (Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT THOMPSON 958106 USMCR 2245
 (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

2

3

4

1

1

2

3

4

THUMB

1

2

3

4

CERTIFICATE OF DEATH

X

NAVY MEDICAL DEPARTMENT
SURFACE AND SUBS
MAY 10 1 24 PM '45

From: COMMANDING GENERAL FIFTH MARINE DIVISION F.P. 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 # 64 Rank rate
- 2. Born: Place Date
- 3. Nationality WHITE U. S. Religion (White—U. S., Colored, Samoan, etc.) (Denomination)
- 4. Eyes Hair BROWN Complexion Height 6' Weight 180
- 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 9 GRAVE 2246

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

[Faint, illegible text]

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. BECKETT
J. W. BECKETT

(Commanding officer)

COL.

(Rank)

~~U.S. NAVY~~ SMC

(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 # 64 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' Weight 100
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 9 GRAVE 2246

FIFTH MARINE DIVISION CEMETERY, IWO JIMA ISLAND, VOLCANIC GROUP

BURIED: 25 MARCH 1946

12. Summary of facts relative to the death:

1. FINGERPRINTS UNOBTAINABLE DUE TO ADVANCED STAGES OF DECOMPOSITION.
2. HQ'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 11. 11. 47 be held.
(Will or will not)

J. B. Baker
(Commanding officer)

COL. (Rank)

U. S. Navy.

XXXXXXXXXXEMC

(BY DIRECTION)