

QMGMN 293
GRS, War East

SEP 24 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-1, X-14, X-15 and X-16, 3rd Marine Division Cemetery, Iwo Jima, and Unknowns X-3 and X-4, American Cemetery, Tinian, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

F. H. MEIZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

QMGMN 293 Unk X-1, 3rd Mar Div. Iwo Jima

MAIL

1

Interred 27 Feb 1950
C 3 46 Ft McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5530 00945

DATE
15 10 48
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X-000001 0 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
IWO JIMA 3RD KAZAN RETTO 1 11 273 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
UNK X-1 13 June 1949

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS MARKER UNKNOWN C. W. HOBBS
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 13 June 1949 by C. W. HOBBS

CASKET SEALED BY CASKET BOXED AND MARKED
C. W. HOBBS EMBALMER (Signature) C. W. HOBBS *C. W. Hobbs*

DATE 13 June 49 by WEYMAN L McGUIRE, Sgt, MC SHIPPING ADDRESS VERIFIED BY J. J. McDERMOTT

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

J. J. McDermott
J. J. McDERMOTT

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILE
25 APR 1950
REPATRIATION
BRANCH
MSEA, DV
Janus

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U. S. MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE FEB 27 1960

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 <i>U.S. MILITARY CEMETERY</i>		TO <i>(U.S. MILITARY CEMETERY)</i>	
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

Handwritten notes and stamps at the bottom of the page, including a date stamp 'FEB 27 1960'.

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

23 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 1 , Plot 1 ,
Row 11 , Grave 273 , USMC 3rd 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

16 FEB 1950

L. J. 2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1				2. DATE OF REPORT 23 January 1950	
3. NAME OF CEMETERY 3rd Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	11	273	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 6'1"	10. COLOR OF HAIR Dark Brown	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

NONE

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

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

APPROVED UNIDENTIFIABLE
16 FEB 1950

18.

TOOTH CHART

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

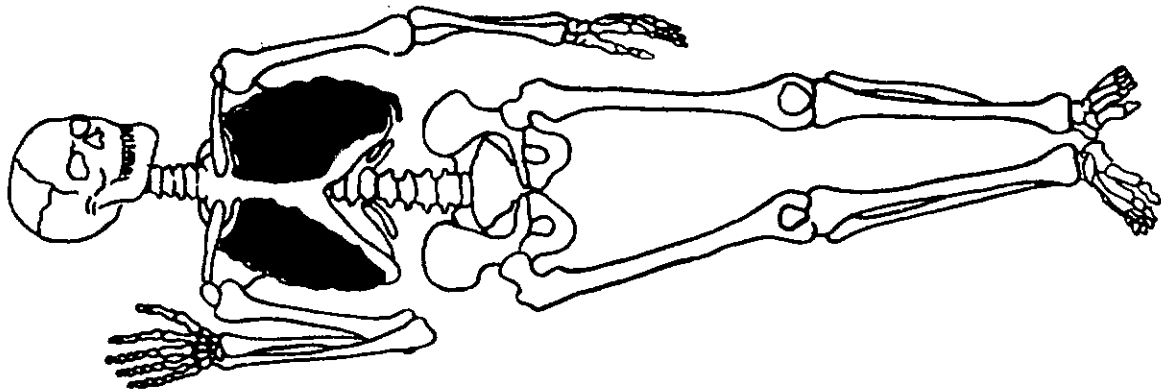
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X	X	A	X			S	S	S			A			X	X
Side Views																
Top Views																
Side Views																
	S	X	A	A	A							A	A	X	A	A
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

APPROVED UNIDENTIFIABLE
16 FEB 1950

Paul R. Nichols
PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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 ID Tags, burial bottle, personal effects, or other means of identification found with remains.

APPROVED UNIDENTIFIABLE

16 FEB 1950

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

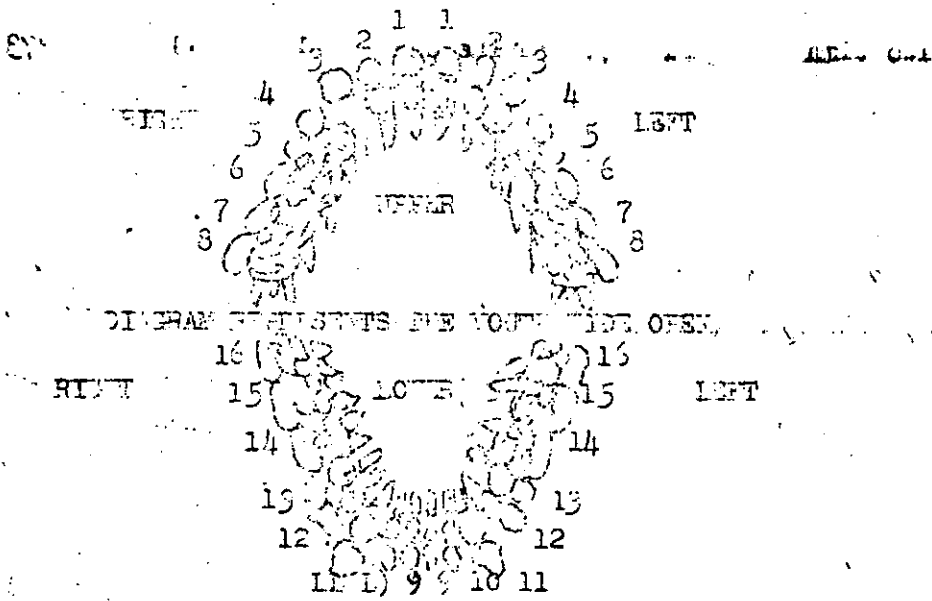
INSTRUCTIONS:

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

2. NOTE SPECIALLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGEWORK ARE TO BE ENGRAVED IN WHITE PASTE; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE ENGRAVED IN DIFFERENT KIND OF PASTE AND SYMBOLS INDICATING TYPE OF FILLING ARE TO BE ENGRAVED IN ANOTHER KIND OF PASTE.

3. ANY ANOMALOUSITIES SUCH AS MALOCCLUSION, MALPOSITION OF DISLOCATED TEETH, ETC. SHOULD BE NOTED. MATERIAL NOT COVERED ABOVE WILL BE INDICATED, e.g., FORCE-TAIN CROWNS, GOLD CROWN (FILL OF 3/4, 3/4 GOLD CROWN WITH SILICATE WINDOW).

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



REMARKS:

R-16 occlusal mesial filling fractured.

[Signature]
SIGNATURE OF PERSON WHO PREPARED CHART

[Signature]
CERTIFIED BY DENTIST OFFICER

FROM THE OFFICE, 1st Lt., D. C.
NAME AND RANK TYPED OR PRINTED

JOHN H. HAYNES, 2nd Lt., Inf.
NAME AND RANK TYPED OR PRINTED

100-1100
PLACE OR NO. WHEN THIS FORM ACCOMPLISHED

19 August 47
DATE

REPORT OF INTERMENT

APPROVED UNIDENTIFIABLE

16 FEB 1950

UNKNOWN # 1

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

planted
Iwo Jima

3rd Mar Div

Iwo Jima

(Place of death)

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

273

(Grave Number)

11

(Row Number)

1

(Plot Number)

(Religion, if known)

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

APPROVED UNIDENTIFIABLE

16 FEB 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

(Name)

(Ser. No.)

(Rank)

(Org)

(Grave No.)

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.

(Signature of officer person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4

RESTRICTED

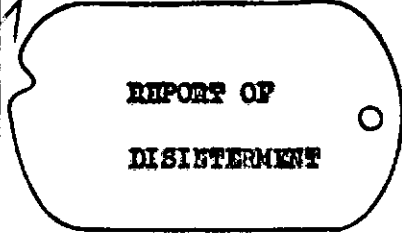
3 F 77

WD GMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
19 August 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1		SERIAL No.
GRADE		ORGANIZATION 3rd Marine
BRANCH OF SERVICE		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Iwo Jima	CAUSE OF DEATH Unk	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

APPROVED UNIDENTIFIABLE
16 FEB 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

DATE OF BURIAL 2 Mar 45	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 1	ROW No. 11	GRAVE No. 273
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WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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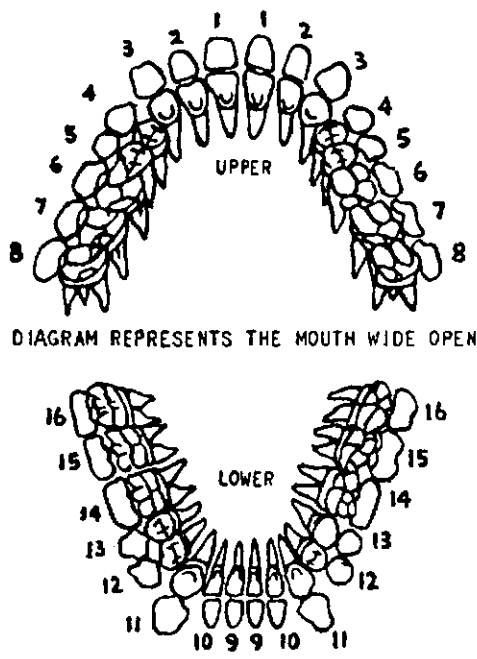




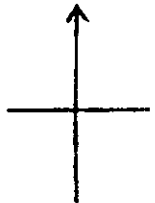
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown X-2	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 274
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Kerr, Robert S.	RANK 1st Sgt	SERIAL No. 275410	ORGANIZATION USMC	GRAVE No. 273
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SIGNATURE OF PERSON PREPARING REPORT <i>Enlio D. Costales</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>TC. B. Lockshy</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

LEFT LITTLE FINGER	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 RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS: Remarks in Card: Dental chart taken body badly burned, no prints etc.					