

CMGMN 293  
GRS, Far East

FEB 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:

T. H. METZ  
Lt Colonel, QMC  
Memorial Division

CC: CINCPAC

CMGMN 293 Unk X-15 3rd Mar Div Iwo Jima

MAIL

2158

/bpm

Interred 27 Feb 1950  
C 1 46 Ft. McKinley

DISINTERMENT DIRECTIVE

1

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

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5530 00949

DATE  
15 10 48  
DAY MONTH YEAR

NAME: *UNKNOWN* SERIAL NUMBER: *X-000015* GRADE: *0* ARM: *0* RACE: *0* RELIGION: *6*

CEMETERY: *IWO JIMA 3RD KAZAN BETTO* PLOT: *1* ROW: *29* GRAVE: *715* DISPOSITION OF REMAINS: *7701* CODE: *80* 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: *UNK X-15* SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISINTERRED: *13 June 1949*

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: *UNKNOWN* RELIGION: IDENTIFICATION VERIFIED BY: *C. W. HOBBS* NAME AND TITLE: *Embalmer*

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: *Shelter Half* CONDITION OF REMAINS: *Skeletal*

OTHER MEANS OF IDENTIFICATION: *34*

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: *C. W. HOBBS* EMBALMER (Signature): *C. W. HOBBS*

CASKET BOXED AND MARKED: 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: *11-2-138* RECORDED: *X-15* DATE: *19 May 50* NAME: *J. J. McDermott*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

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

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION OFFICE

22 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 15, Plot 1,  
Row 29, Grave 715, USMC 3d Mar Div Gem 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

Atch: Form 1044

**APPROVED UNIDENTIFIABLE**

**16 FEB 1950**

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-15			2. DATE OF REPORT 22 January 1950	
3. NAME OF CEMETERY  3d Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	1	29	715	DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9"	10. COLOR OF HAIR Black	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

**APPROVED UNIDENTIFIABLE**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <b>16 FEB 1950</b>
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE









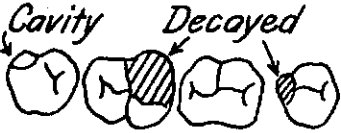

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

**UNIDENTIFIABLE**  
BY REASON OF LACK OF EVIDENCE

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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
Side Views																
Top Views																
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."

Mandible broken at right No. 1  
 Slight condition Aveola-Cleasure on Superior Maxillary.

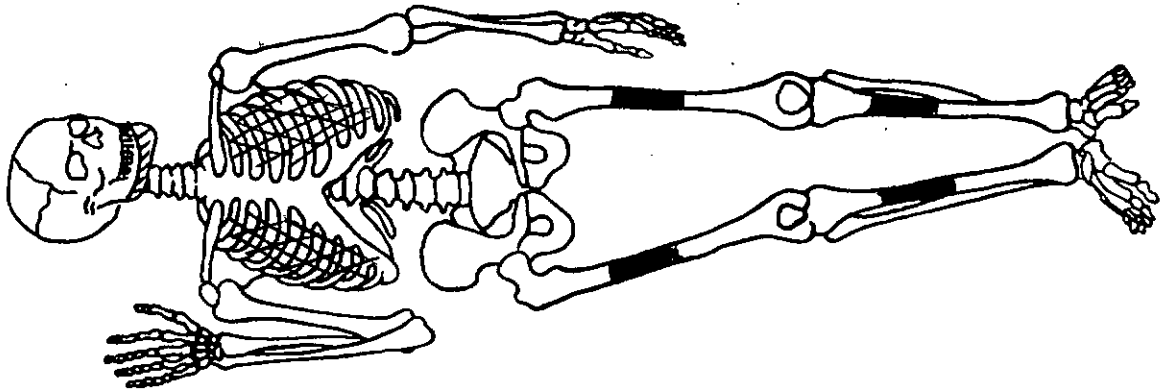
*Paul R. Nichols*

PAUL R. NICHOLS  
 Chief, Identification Section

**APPROVED UNIDENTIFIABLE**

16 FEB 1950

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

**UNIDENTIFIABLE**  
**"BY REASON OF MASS BURIAL"**

**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

12065  
2 JULY 1947

**IDENTIFICATION DENTAL CHART**  
To be used with ~~OS~~ forms Nos. 1042 and 1044 in place of chart ~~1042~~ and to be attached to and forwarded with these forms when accomplished.

**3 September 1947**

Date

UNKNOWN X-15


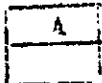
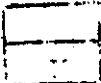

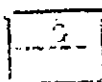
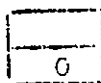
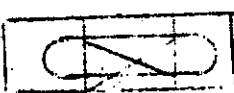
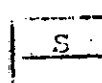
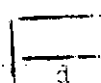
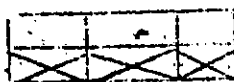

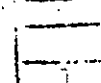
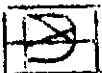
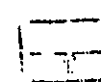
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
			3rd Marine	
UNIT			ORGANIZATION	

	1	29	715
PLACE OF DEATH	PLOT	ROW	GRAVE NO.

	RIGHT				UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	(X)															
LOCATION																

	RIGHT				LOWER TEETH				LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE								(P)								
LOCATION																

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (TOWARD E)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL SURFACE
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OF PORCELAIN	 DISTAL (TOWARD W)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD T)
 PROSTHOMOUSLY MISSING		 FACIAL (TOWARD F)



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, 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.

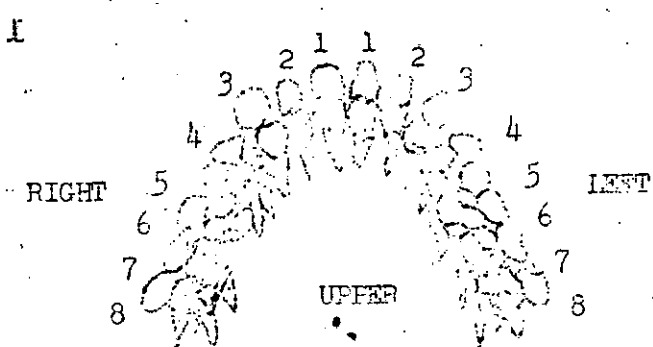
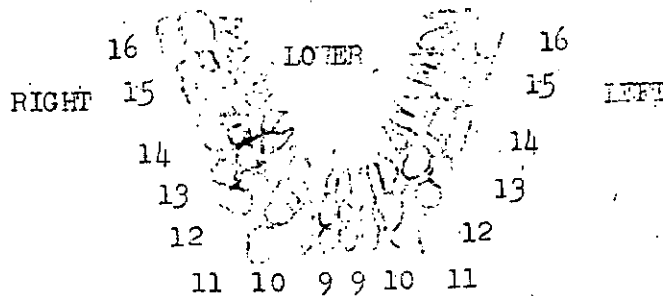


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

**Mandible fractured at R-9, at R-16, R-16 present.**

Signature  
SIGNATURE OF PERSON WHO PREPARED CHART

**KOON INY YEE 1st Lt., D.C.**

NAME AND RANK TYPED OR PRINTED

**Ivo Jima**

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Signature  
VERIFIED BY GDS OFFICER

**JOHN H. HAILES 2nd Lt., Inf**

NAME AND RANK TYPED OR PRINTED

**3 September 1947**

DATE

APPROVED UNIDENTIFIABLE

RESTRICTED

26 FEB 1950

WD OMC FORM 1042  
(Rev. 1 Apr. 45)

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

DATE OF REPORT  
**3 Sept 1947**

44

Imprint Identification Tags  
If Possible.

Section 1. - IDENTIFICATION.

REPORT OF  
DISINTERMENT  
  
DO NOT TYPE

NAME (Last, first, middle initial)  
**UNKNOWN X-15 Box No. 964**

SERIAL NO.

GRADE

ORGANIZATION  
**3rd Mar Div**

BR. OF SERVICE

RACE

RELIGION

IF OTHER THAN US DEL.  
GIVE NAME OF COUNTRY

PLACE OF DEATH  
**Iwo Jima**

CAUSE OF DEATH  
**Unk**

DEATH OF DEATH  
**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 sec-  
tion 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?  
(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**One(1) pair of shoes, pieces of cover-all and one(1) canteen  
cup with papers too wet to get it out.**

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	HOUR	BURIED IN (Shroud, Blanket, or name of other)	TYPE OF MARKER	PLOT#	ROW NO.	GR NO.
<b>16 Mar 45</b>				<b>1</b>	<b>29</b>	<b>715</b>

WAS THIS A REBURIAL? (Yes or No)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT#	ROW NO.	GR NO.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG W/ BODY (Yes or No)

ID ATTACHED TO MKR (Yes or No)

BODY BURIED ON DECEASED LEFT, NAME (Last, 1st, middle initial)  
**Dougherty, Frank E.**

RANK  
**Sgt**

SERIAL NO.  
**491676**

ORG.  
**USMCR**

GR NO.  
**716**

BODY BURIED ON DECEASED RIGHT, NAME (Last, 1st, middle initial)  
**Fitzgerald, Herbert J.**

RANK  
**Pvt**

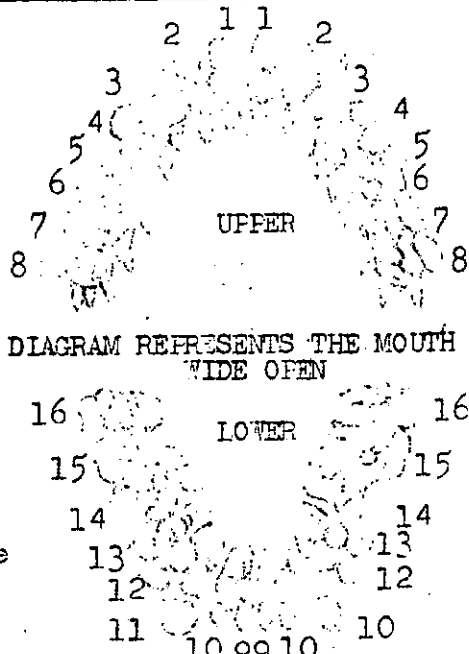

SERIAL NO.  
**547177**

ORG.  
**USMCR**

GR NO.  
**714**

SIGNATURE OF PERSON PREPARING REPORT  
**JOSE L. [Signature]**

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
**Felix G. Albay [Signature]**

LEFT LITTLE FINGER	Section 3. - UNIDENTIFIED REMAINS.				
LEFT RING FINGER	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 MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
LEFT INDEX 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				
RIGHT THUMB	CAVITIES Cavity Decayed				
RIGHT INDEX FINGER	MISSING TEETH Tooth missing	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN			
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.				
					
RIGHT LITTLE FINGER	REMARKS: Condition of Remains: Mandible and both femur broken. One patella missing. Card Index reads: FNP P40 Form No. 9 buried with body.				

REPORT OF INTERMENT

UNKNOWN X-15

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

Iwo Jima

3rd Mar. Div.

Iwo Jima

(Place of death)

(Name of Cemetery)

(Name or coordinates of location)

715

29

1

(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?)

16 FEB 1950

(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