

1
/drs
/add

Interred 20 June 1949
L 1 47 Ft. McKinley

DISINTERMENT DIRECTIVE

Carroll Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5530 00946

DATE
15 10 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWNX-000002		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
IWO JIMA 3RD KAZAN RETTO	1	11	274	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
UNKNOWN X - 2				27 June 49

IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY RICHARD HOYT Embalmer	NAME AND TITLE
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SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
1 - 11 - 274

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 June 49 BY RICHARD HOYT

CASKET SEALED BY RICHARD HOYT	EMBALMER (Signature) <i>Richard Hoyt</i> RICHARD HOYT
----------------------------------	---

CASKET BOXED AND MARKED DATE 27 June 49 BY WEYMAN L McGUIRE Sgt., MC	SHIPPING ADDRESS VERIFIED BY GERARD A BRICK
--	--

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

Gerard A Brick
GERARD A BRICK

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILE
9 AUG 1949
REPAIRATION BRANCH
MEM DIV
Now time

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>Robert Mark</i>	DATE 20 JUL 1949

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

REPAIR RECORDS BRANCH
 3 SEP 49

AIR MAIL

GEOR 293
GRS Far East

SUBJECT: Unidentifiable Remains

SEP 30 1949

TO: Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
Attention: AGRS Philcom Zone

1. Reference is made to your letter, your Headquarters, file GEOR 293.9 dated 19 July 1949, SUBJECT: Unidentifiable Remains.

2. This office concurs in the classification of the following Unknowns, now stored AGRS Mausoleum, Manila, P. I., as unidentifiable: X-2 and X-7, Third Marine Division Cemetery, Iwo Jima; X-14, Fourth Marine Division Cemetery, Iwo Jima; X-14, Cemetery #1, Guam, H. I.; X-16, X-24, and X-26, Cemetery #3, Agaña Guam, H. I. and X-39, Second Marine Division Cemetery, Saipan.

FOR THE QUARTERMASTER GENERAL:

T. H. LETZ
Lt Colonel, CTD
Memorial Division

CC: CINCPAC

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PELICON ZONE
APO 900

25 June 1949.

Date


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 2, Plot 1,
Row 11, Grave 274, USMC 3rd Mar. Div. Cem., Iwo Jima have

been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


H. B. McNEMAR
Captain, GIC
Chief, Records Branch

Attch: Form 1044

Encl. #1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2				2. DATE OF REPORT 25 June 49	
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	11	274	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR Black	11. RACE Unknown
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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

U T D

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

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

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. #12

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
M A X I L L A								M I S S I N G							
Side Views								Side Views							
UPPER								UPPER							
Top Views								Top Views							
LOWER								LOWER							
Side Views								Side Views							
M A N D I B L E								M I S S I N G							
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."

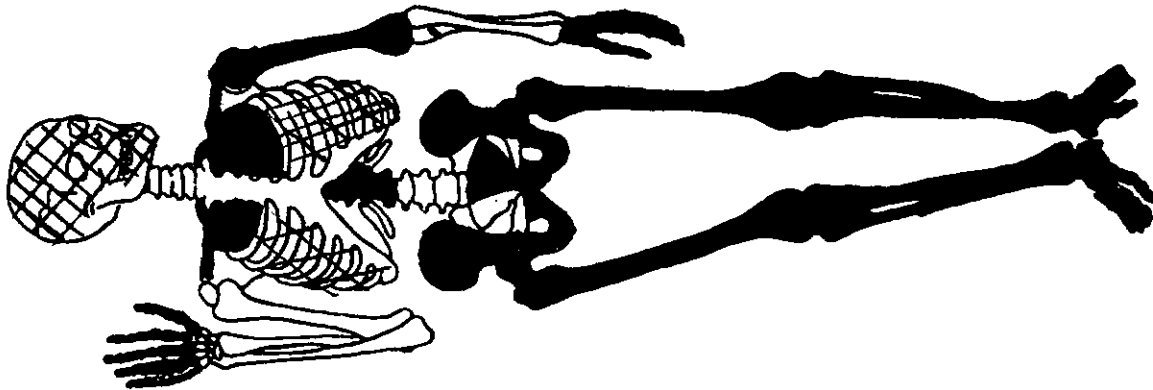
No loose teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
JAMES J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5' 10"

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 ROI, identification tags or personal effects found with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

James J. McDermott

1. This case Unknown X - 2 has been reviewed and the recommendation of the Field as unidentifiable due to lack of sufficient identifying data is approved.

2. These remains were (^{buried} ~~transferred~~) at
3rd Mar Div Cem IWO SIMA

Ind & Dild 7 Dec 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima		4. PLOT 1	5. ROW 11	6. GRAVE 274	7. DATE OF DISINTERMENT 19 Aug 47
				REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10"	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

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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


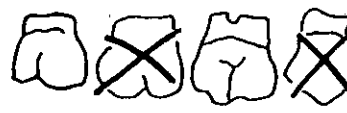
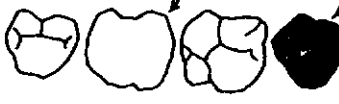

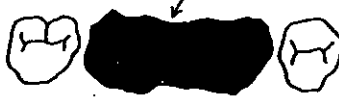





Unidentifiable by reason of lack of sufficient identifying data.

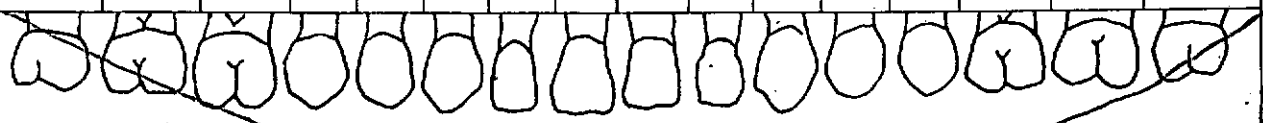



H. W. Harriman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbo Zone

JRO

X-2

TOOTH CHART

<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>TOP VIEW</p> <p>TOOTH MISSING</p> 	<p>SIDE VIEW</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> 	

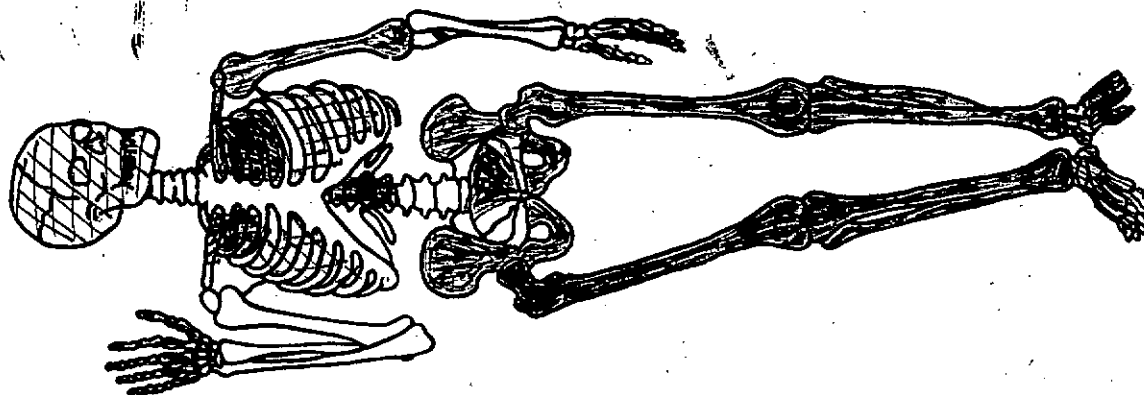
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
SIDE VIEWS	}																	SIDE VIEWS	
																		UPPER	
TOP VIEWS	}																	LOWER	
																		SIDE VIEWS	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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."

W. D. Marshall or Marshall present *Uldric E. Conerly*
 ULDRIC E. CONERLY, Capt. *1*

Mentelagus

19. BLACK OUT PARTS OF BODY NOT COVERED



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

Only 4 long bones complete. Right humerus, right ulna and radius and left ulna, skull completely missing.

JRO

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

SIGNATURE

ULDRIC E. COVERLY, Captain, CAC

Uldric E. Coverly

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 3rd Mar. Div. Cem., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	11	27A	DISINTERMENT	REINTERMENT
				19 Aug 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10"	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

14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input 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


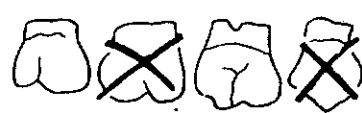






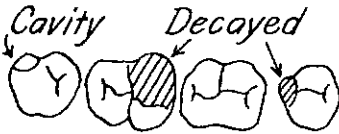

Unidentifiable by reason of lack of sufficient identifying data.

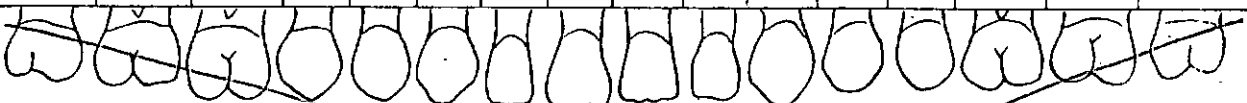


H. W. H.
H. W. HARRISAN
 Captain, QMC
 Operations Officer
 MRS, Marine Zone

JTO

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
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	
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
	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."

No mandible or maxilla present.

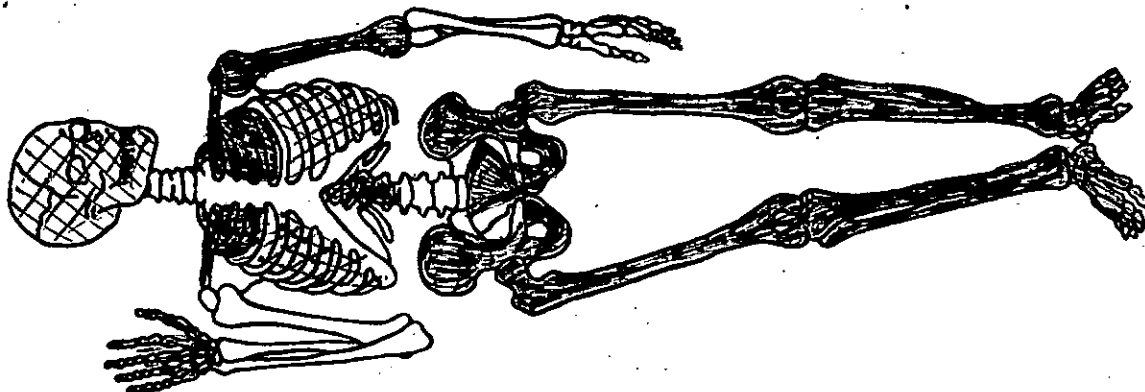
Certified true copy:

H. W. Harriman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer

M. C. Teague

/s/ Uldric E. Conerly, Capt., T.C.

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

Only 4 long bones complete. Right humerus, right ulna and radius and left ulna, skull completely missing.

JRO

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

SIGNATURE

ULDRIC E. COVERIZ, Captain, CAC

Uldric E. Coveriz

IDENTIFICATION DATA

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				DISINTERMENT 19 Aug 47	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U/D	9. ESTIMATED HEIGHT 5'10"	10. COLOR OF HAIR Black	11. RACE U/D
-----------------------------------	-------------------------------------	-----------------------------------	------------------------

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 type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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H. W. H.
H. W. HARRIMAN
 Captain, QMC
 Operations Officer
 AGRS, Warbe Zone

JRC

TOOTH CHART		
	TOP VIEW	SIDE VIEW
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<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	
Side Views																	Side Views
Top Views																	TOP
Side Views																	LOWER
	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."

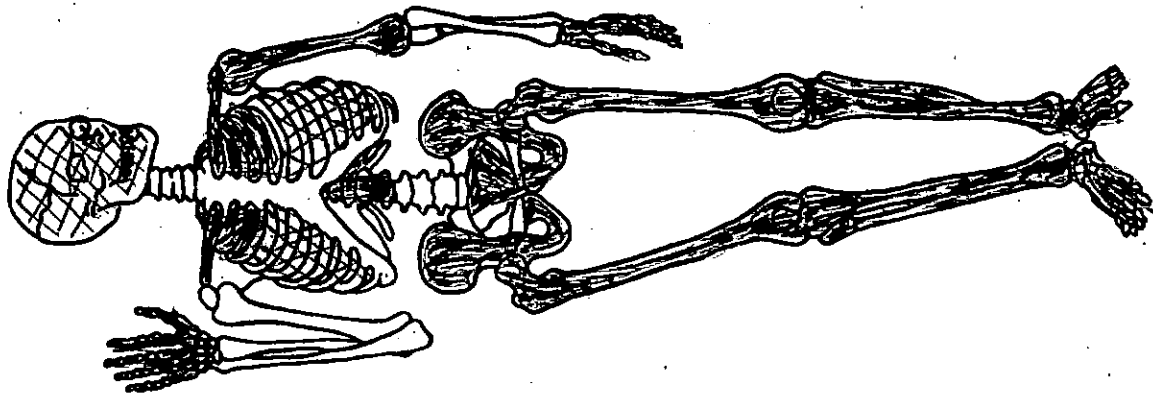
No mandible or maxilla present.

Certified true copy:
H. W. Harriman
 H. W. HARRIMAN
 Captain, QMC
 Operations Officer

M. C. Teague

/s/ Uldric E. Conerly, Capt., T.C.

19. BLACK OUT PARTS OF BODY NOT COVERED



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NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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JRO

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ULDRIC E. COVERLY, Captain, GAC

Uldric E. Coverly

SEA TRANSD RPT #

IDENTIFICATION DENTAL CHART

to be filled in with US Forms Nos. 1042 and 1044 in place
 of chart thereon, and to be attached to and forwarded
 with these forms when accomplished.

19 August 47
 Date

UNKNOWN X-2
 LAST NAME FIRST INITIAL NAME SERIAL NO.
 USMC 3rd Marine Division
 UNIT ORGANIZATION







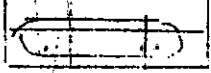


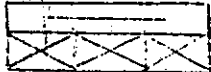





Iso Jima 3rd & 4th Mar Com 1 11 274
 PLACE OF DEATH PLACE OF BURIAL FLOT ROW GRAVE NO.

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

INSIDE -LOOKING OUT

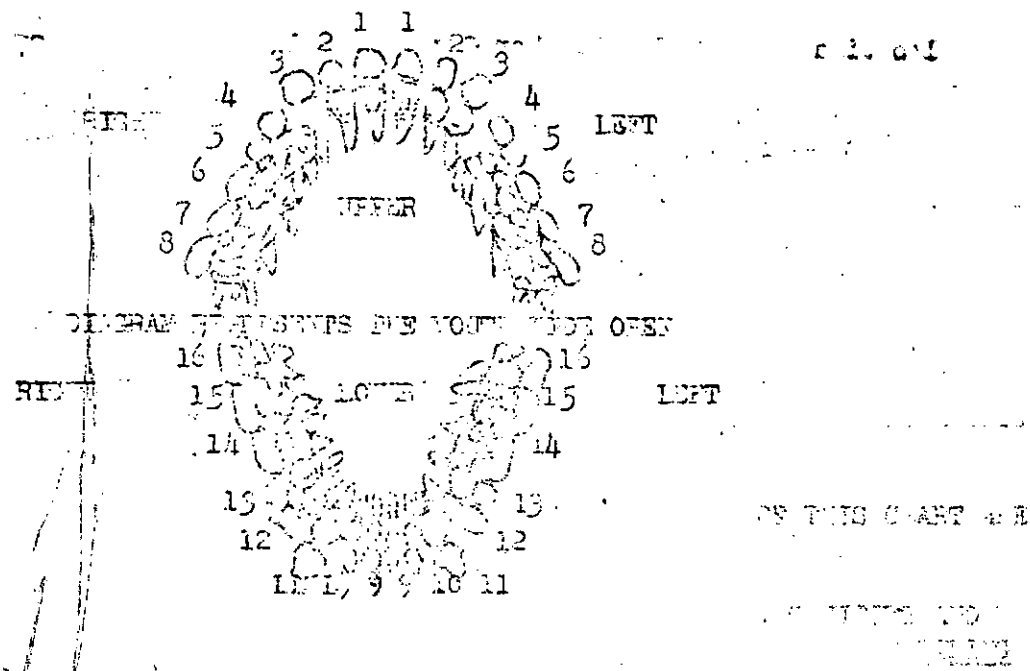
		RIGHT					LOWER TEETH					LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																		TYPE	
LOCATION																		LOCATION	

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 (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OF 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 PARAMOUNT IMPORTANCE, IN ORDER TO BE OF MAXIMUM VALUE.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND REPRODUCTION ARE TO BE INDICATED IN THEIR PROPER POSITIONS INDICATING TYPE OF FILING ARE TO BE INDICATED IN UPPER HALF OF TEETH. AND SYMBOLS INDICATING LOSS OF LINES ARE TO BE INDICATED IN LOWER HALF OF TEETH.
3. ANY ANOMALIES SUCH AS MALOCCLUSION, MALPOSITION OF DISLOCATED TEETH, ETC. SHOULD BE NOTED. DENTIAL NOT COVERED ABOVE WILL BE INDICATED AS A... FORCE-TAIN CHAINS, GOLD CROWN (FULL OF 3/4, 3/4 GOLD CROWN WITH SILICATE BONDING).
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Maxilla and mandible missing.

K. L. J. J.
SIGNATURE OF PERSON WHO PREPARED CHART

John H. Hines
VERIFIED BY SPS OFFICER

ROOM THE 222, 1st Fl., D. C.
NAME AND BANK TYPED OR PRINTED

ROOM 22, BAY 22, 2nd Fl., Int.
NAME AND BANK TYPED OR PRINTED

19 August 47
PLACE OR PRINT NAME AND DATE WHEN THIS FORM ACCOMPLISHED

19 August 47
DATE

REPORT OF INTERMENT

UNKNOWN # 2

(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)

274

(Grave Number)

11

(Row Number)

1

(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

(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

4

3

2

1

THUMB

4

3

2

1

THUMB

RESTRICTED

#3 F 76

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

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

DATE OF REPORT
29 August 1947

28

Imprint Identification Tag If Possible.
DO NOT TYPE

**REPORT OF
DISINTERMENT**

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN K-2		SERIAL No.
GRADE		BRANCH OF SERVICE
ORGANIZATION 3rd Marine		
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

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. 274
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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)
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Smith, Wallace E.	RANK Cpl	SERIAL No. 884896	ORGANIZATION USMC	GRAVE No. 275
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown - K-1	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 273
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SIGNATURE OF PERSON PREPARING REPORT <i>Enlie E. Costales</i> Enlie E. Costales	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L.C. Blackshon</i> L.C. Blackshon
--	---

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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 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	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

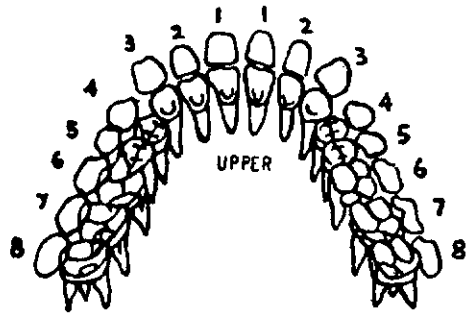
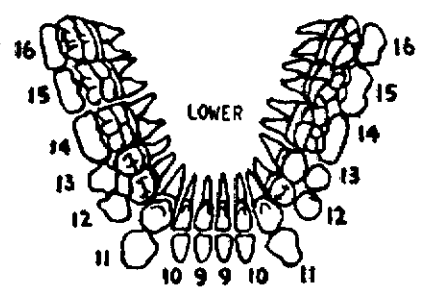
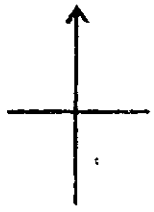


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS: Condition of remains: Right humerus and radius and both ulnarily complete long bones recovered. Legs and head missing and remainder in fragments some missing.