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ARED BY PHILCOM DIRECTIVE NUMBER DATE SECTION A-28 NAME AND BURIAL LOCATION OF DECEASED 81166 MONTH DAY YEAR NAME SERIAL NUMBER GRADE ARM RACE RELIGION CEMETERY DISPOSITION OF REMAINS GRAVE PLOT ROW ATH MARINE DIVISION, INC JIMA DIST. CTR. CODE SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. (BY ADMINISTRATIVE DECISION) SECTION C - DISINTERMENT AND IDENTIFICATION DATE DISTINTERRED NAME SERIAL NUMBER GRADE DATE OF DEATH CHU DE COM. 18 MICE MANE OF CONVOVER IDENTIFICATION VERIFIED BY IDENTIFICATION TAG ON ORGANIZATION RELIGION REMAINS NAME AND TITLE MARKER SECTION D - PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITION OF REMAINS KIND OF CONTENTACE DEWN OF CORNOLES OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NOME OF BRIDER CHEMYLAND OF RECEIVER OVIE GRO CIE COMPENNIOS MAINE OF COMPONER REMAINS PREPARED AND PLACED IN CASKET DATE CASKET SEALED BY EMBALMER (Signature) STEWN WISE ON THIS BY A DWIE SHIPPING ADDRESS VERIFIED BY CASKET BOXED AND MARKED HAME OF COMMONER KIND OF CONVEYANCE I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. SIGNAL OF SHIPPIE SIGNATURE OF AGRS INSPECTOR REMARKS AND SPECIAL INSTRUCTIONS LAW SOF GOMAGAES WAT

J. HUBBET

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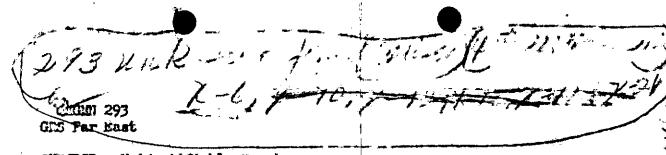
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GMC FORM 1194

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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 23 January 1950, Subject: Unidentifiable Remains.
- 2. This Office concurs in the classification of Unknowns x-6, x-10, x-12, x-13, x-19 and x-21, 4th Marine Division, Iwo Jima, as unidentifiable.

FOR THE QUARTERASTER GENERAL:

T. H. ETT Lt Colonel, CMC Memorial Division 3 Clar 1-12,46 1120

CC: CIMUMS

HEADQUARTERS FHILCOM ZONE AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950

SUBJECT: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-12, Plot 1, Row 2, Grave 70, USMC 4th 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:

M. B. MCNEMAR Captain, QMC

Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

* 8 FEB 1950

Line 31

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Chief, Identification Section

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X-12 19. BLACK OUT PARTS OF BODY NOT RECOVERED MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 -(Wherein segregation in whole or parts is impossible) 1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21- REMARKS AND ADDITIONAL INFORMATION No ID tags, burial bottle, personal effects, or other means of identification found with remains.

THEY READOR OF LINEARY OF THE WAY TO A PROPERTY.

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

Laul R. Nichola

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I hereby certify that all the foregoing operation and that the report above is correct.	D. ons were con-	A. PALIJO, ducted and acco	complished und		mediate :	supervision
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	maior		E OF GRS INSPEC	CIOR	· 	<u> </u>
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GMC FORM REV 15 MAR 46

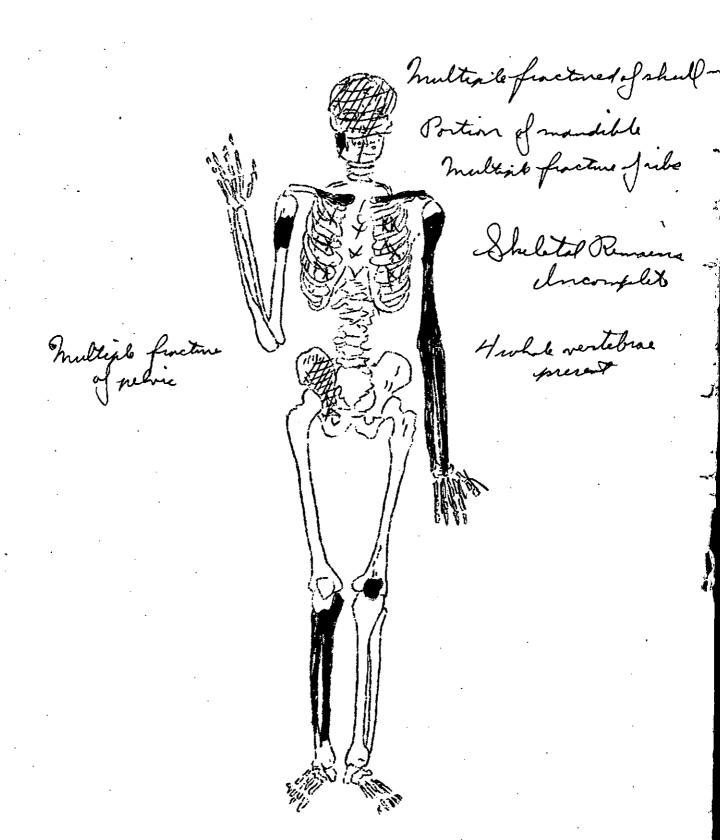
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RS 1/2 GROWTH PEGTOOFH, - 1-19 MAXILLA AND MANDIBLE FI	PIGETUR	ED IN TOND	FFERENT PLACES,
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SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL C	HART VERIF	IED BY GRO OFFICER	
John Quioli.		Melec	end

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE DISOLETE.

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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 Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.	ISTRIBUTION OF REPORT			ULDRIC	E. OHEAT	Y. Cant.	T. C.

RESTRICTED

	RESTRICTED	_
	Section 3 NIDENTIFIED REMAINS.	
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most in mains. Fill in anatomical characteristics below, and social security number; position of body found in airp planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable.	lanes, vehicles, and tanks; and serial numbers of air-
LEFT RING FINGER	accomplished if one or more fingerprints are secured. HEIGHT WEIGHT COLOR OF EYES COLOR OF	HAIR BIRTHMARKS, SCARS, OR TATTOOS
		OWN Nove.
MIDDLE FINGER	None None	- OWO VIMA
GER .	NONE, Noclothings,	or egoipments
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RIGHT RING FINGER	MARKS:	
RIGHT LITTLE FINGER	Above ground storage	•
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Graves Regi Form No. 1 (Revised Ma				ORT OF 10-680 AN					·	when	min.
Hil	UNKNOWN X-12						<u> </u>	مبر ن			.3.
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4	(Place of death)			(Date o	(death)			(Cat	use of dea	th)	
	·		4th	Marine	Divisi	on Ceme	tery,	Iwo Jim	а		
(Time and date of buri	al)		(Name of	cemetery)	,	(Name or coo	rdinates	of location	n)
	70	2			٦						
(Grav	'e number)	(Row 1	number)		Plot numb	er)	(Type of r	narker—Re	rulation \	V-shaped	or other)
Dispositio	on of identification	on tags:	Buried with	h body	Yes 🗌	No 🗆	Attache	d to ma	rker :	Yes 🔲	No 🗆
	APPI	OAED		FASI	. 8	FEB 1956	ង				
		If no identifi	cation tags, whe	t means of	identificati	ion are buri	ed with the l	oody?)			
		(If no identi	fication tags, bu	t identity d	efinitely es	tablish ed, g	lve particuls	urs)		***********	•
Body bur	ied on RIGHT										

(Serial number)

(Rank)

(Rank)

(Name and address of LEGAL NEXT OF KIN)

(Organization)

(Organization)

(Grave number)

SEA

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

(Name and address of EMERGENCY ADDRESSEE)

(Name)

	IF DECEASI	ED UNIDENTIFIED	, ·
4	3/19/43). If unable to obta	BOTH HANDS (W. D. Cir. No. 79; ain a complete set of fingerprints, d fill in as many of the following as	4
¢e .	Height: Weight: Color of eyes: Color of hair: Race:	Apparent nationality: Laundry marks: Number of rifle: Wear glasses? Is tooth chart attached?	en en
	(If possible, have medic	eal personnel take a tooth chart)	
100	In space below, locate and de deformities, etc.:	scribe any scars, birthmarks, moles,	~
	Note below any identifying graphs, probable organizat	clues found, such as letters, photo- ion of deceased, etc.:	
-	THE LOCATION, ORIEN	BURIAL, ATTACH A SKETCH OF TED WITH PERMANENT LAND-	-
A TRUE COPAY	MARKS.	•	
THEIMB	- (Signature	of officer or other person reporting burial)	