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293 Unk Iwo finalmicc/4th marine Bin CONTECT: Unidentifiable Homains Authority

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 GMPZ 293, dated 23 January 1950, Eubject: Unidentifiable memains.
- 2. This Office concurs in the classification of Unknowns x-6, x-10, x-13, x-19 and x-21, 4th Parine Division, Iwo Jima, as unidentifiable.

FOR THE QUARTIERASTER CENERAL:

T. H. IETZ It Colonel, CCC Femorial Division

CC: CILUPS

# HEADQUARTERS FHILCOL ZONE AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950 Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-13, Plot 1, Row 13, Grave 647, UShC 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:

H. B. McNEMAR Captain, QMC

Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

3 FEB 1950

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	certify that all the eport above is co		ns were condu	cted and accon	iplished under	my i	immediate supervision
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<u> </u>				SIGNATURE O	F GRS INSPECTO	R	
1 Prepare Disc	repancy Report ©	MC Form 1194a for n	najor discrepa	ncies.			
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RECORD	OF CUST	ODIAL TRANSFER	
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rom U.S. MAUSOLEUM (SAIPAN, M.I.)		PORT STORAGE OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
JOHN H. LOTT TAJ. 1011	DATE 16 Aug 48	ROBERT O. SNOWDEN, 1st Lt INT	DATE 16/8 Let
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13.GIVE DESCRIPTION OF TATTOC	S OR SCARS ON BODY AND/OR	SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	
	NO NI	Tr.	_			
14. WAS BODY BURNED? T	O WHAT EXTENT?	· · · · · ·				
TES NO	V WHA! EXICH!:					
	O WHAT EXTENT?	<del></del> -	<u> </u>	·		····
TES NO			•			
16. DESCRIBE EVIDENCE OF HEAL	ED FRACTURES AND BONE MALF	ORMAT IONS				
					•	
	N O M	TO:				
	NON	P				
17. LIST EVERY ITEM OF CLOTH	ING, EQUIPMENT AND PERSONAL	EFFECTS F	DUND, SHOW	FING THE TY	PE, COLOR, SI	E, MARKINGS.
SERVICE, EIC. (21 200NOS)	y marka are indistinct such when facilities are not sy	I MARGITAL I	INCOME DE	MEGA GUA 4	specimen forwa	rded through
Channels for elemination	Augu incliffed the life an	#11#D1# 1#	THE BICE	,		
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	<b>現界等等等等</b> 。 2007年		,	71		
	And Art Mark 1995 and 1995				* * · ·	
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QMC FORM TO 1044

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

		V-T)
18.	TOOTH CHART	
MISSING TEETH: ALL TEETH MISSING THROUGH TRACTION (NOT THOSE FRACTURED OR DISPLACED RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABE THUS:	BY WISSIN	SIDE VIEW
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND LAIN), THUS:	F TOOTH PORCE-	elain Grown
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDTHUS:	Gold Bridg	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURA AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILV CEMENT), THUS:	Gold Filling Silver File	Hing  (Hing)
CARIES (Cavities): OUTLINE LOCATION AND S OF CAVITY, SHADE IN THUS:	Cavity Decaye	
Side Views  Side Views  Side Views  A A A A A A A A A A A A A A A A A A A		Side Views  UPPER  LOWER  AT A B B
DENTURES (Plates): DRAW DIAGRAM OF RELATI	VF S17F AND SHAPE OF PLATE, BLOCK	IN TEETH ATTACHED AND INDICATE RETAIN-

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."

Left #2 is missing as result of a malfermation.

TRY BEASON DECLAR OF ALL Wilder for the

WARRED FOR FILE PORT

PAUL R. NICHOLS Chief, Identification Section

X-13 19. BLACK OUT PARTS OF BODY NOT RECOVERED 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: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION No ID tags, burial bottle, personal effects, or other means of identification found with remains.

MEINER ENTERING TO SUPPLIES THE

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

Paul R. Nichols

REMNODUCED AT 8246th FOS. ACRS. AFO 36. AUTH: MADIC CITE L C. GOE VALUE.

IDENTIFICATION DEDTAL CHERT
To be used with OMD Forms Now. 1/10 ear 1/44 in lace it of chart thereon, and to be used to see forms when occumplished.

				21 August	1947
unknoun				Lare	
Lant have	···FILT	- NITLIN	RAY		AL NO.
				h Nerines	3.4 A 0.6
Iwo Jim	UKTE	46	h Mar Cem	OFGANIZATION	647
PLACE OF DEATH		FLIGS OF BU	<u> </u>	Yr Rod	
9	RIGHT.	υν 3π π.	FTH: -2-3-4-5	LETT ( ) 7 8 (	
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-YMBOL. Ii√	ક ક	TYFE.CT		.* *	OF FILLING IN
WHOLE BO	OX	· · · UPPLR · ILATE	Y BOX	LOVER HA	LF OF BOX
	EXTRACTED	- 2	AMALGAM (.::LVER)		MAINTERN LAIN (TAINTERN CIAN
	CAVITY, L.DICAT. LOCATION		جيرون [	000	INCLE (SING) CACL PAGE THE
体均	FIXED BRIDGE (INCL. ABUTME	eta)	CILICATE OF TUPCULAIN		HAU(PUMINE ED BYZ)
	TEETH REPLACE BY DENTUPE	0 0	OXLFHO SPATE GEAENT		TUAS (TOWARD DICUE)
N/ 1	POSTHUNOUSLY MIS	GING	1	FAC	CEROTE (TOTAL)

#### INSTRUCTIONS:

- 1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO PE 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 Y I LAC FILING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TIETH, THO. SHOULD BE NOTED. DENTAL FORK NOT COVERED ABOVE WILL BE INDICATED, e.g., A BUT-LAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE MEADER.
  - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOY.

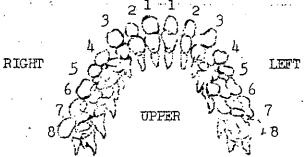
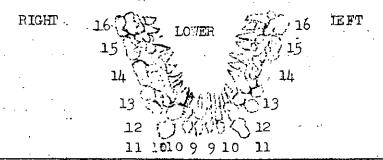


DIAGRAM REFRESENTS THE MOUTH VIDE OPEN



Maxilla fractured R-6, and L-6, R-6, L-6 entire crown fractured off. Mandible fractured between L-13 and L-14 L-13. E-12 rotated to lingual.

SIGNATURE OF PERSON THO PREPARED CHART

KOON INN YEE 1st Lt., C.C.

NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

21 August 1947

MERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

JOHN H. HAINES 2nd It. Inf

MC Form 1194	DATE
DISINTERM	ENT DIRECTIVE DIRECTIVE NO
A. NAME AND BURIAL LOC	
RANK S	ERIAL NUMBER DATE OF DEATH ARMY OR DISPOSI SERVICE TION
Untroun.	
TERY	CAUSE OF DEATH U.S. DISTRIBUTION POINT
4 to Marine	
OT ROW GRAVE  / /3 647	COUNTRY
B. NEXT OF KIN AND C	Hur Jima
ME AND ADDRESS OF NEXT OF KIN	NAME AND ADDRESS OF CONSIGNEE 2
	The second of th
	IDENTIFICATION
RANK S	ERIAL NUMBER DATE OF DEATH DATE DISIPTERES $S-2/-4/$
IDENTIFICATION TAG ON ORGANIZATION	RELIGION   IDENTIFICATION VERIFIED BY
( ) REVAINS :	
D. PREPARATION OF RENATURE OF BURIAL	MAINS FOR SHIPMENT
MATURE OF BURLAL	Skull broken. Parts of each
	majilla & mandible.
OTHER MEANS OF IDENTIFICATION	mayilla & mandible.
	broken Left radius o
MINOR DISCREPANCIES 1/	Ulnar missing.
RL INS PREPARED AND PLACED IN CASKET	
KET SEALED BY	EMBALMER (Signature)

ATE : BY

SHIPPING ADDRESS VERIFIED EY(Signature)

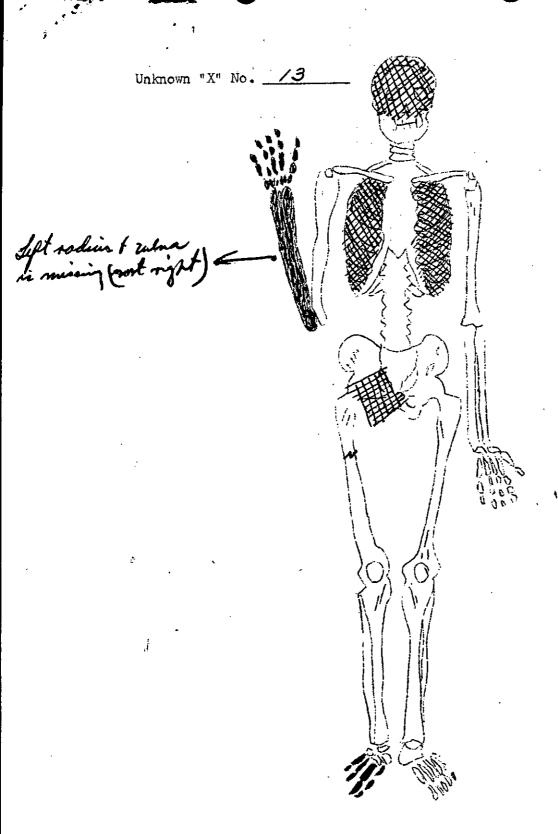
SKET BOXED AND MARKED

I hereby certify that all the foregoing operations were fonducted and accompulished under my immediate supervision and that the report above is correct

renkriour X-13 Ino	Juna 4th Ti	narine Cemeter
18.		<u> </u>
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	(Tooth Missing	SIDE VIEW
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain	Grown G
PRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORGELAIN 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 (Covition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed	
Side Views  Side Views  Side Views  Side Views  Side Views  Side Views  Top DOD  Side Views  Side Views  Top DOD  Side Views  Side Views	1 1 2 3 4 5 7 F	Side Viere  Side Viere  LOWER  1 15 16
		top

OD Campbell Enbalwer

ONC FORM 1044a



SKELETAL CHART

Sheletal remares in complete

#### RESTRICTED

#3 A-135

DATE OF REPORT IC FORM 1042 REPORT OF INTERMENT Apr. 1945) GRS Form 1) 21 August 1947 (AR 30-1810 and AR 30-1815) Saction 1.- IDENTIFICATION. Imprint Identification Tag If Possible. DO NOT TYPE SERIAL NO. NAME (Last, first, middle initial) Box No. 188 UNKNOWN X - 13 REPORT OF ORGANIZATION BRANCH OF SERVICE GRADE DISTRICTERMENT 4th Marine Div IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION DATE OF DEATH PLACE OF DEATH CAUSE OF DEATH Two Jima Unk EMERGENCY ADDRESSEE (Name, relationship, and address) IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) IDENTIFICATION TAGS FOUND ON BODY (1, 1, or none) WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME APPROVED UNIDENTIFIABLE **2** FEB 1950 Settlen 2-BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY ROW No. GRAVE No. TYPE OF GRAVE MARKER PLOT No. BURIED IN (Shroud, blanket, or name of other) HOUR DATE OF BURIAL 1 Mar 45 647 IF A REBURIAL, INDICATE NAME, NUMBER COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) GRAVE No. PLOT No. ROW No. IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES STATION FUE IDENTIFICATION TAG BURIED WITH BODY (Yes or see) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ORGANIZATION GRAVE No. SERIAL NO. RANK

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) 648 494699 Melson, Joseph C. Pfc USIC GRAVE No. ORGANIZATION SERIAL NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK Williams, Irving R. CPL 446246 **HSMC** 646

SIGNATURE OF PERSON PREPARING REPORT

dorice

SIGNATURE OF GRS-OFFICER VERIFYING REPORT

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

er g.≂		Section 3.—	MIDENTIFIED	REMAINS					49 -	•	
<u> </u>	LET DIE	mains. Fill social securi	eat care will I in anatomi ity number; cles, and tar	cal charac position o	teristics I I body for	pelow, and and in airp	minute clues I any other o I any other I clues I e of all clues Int or prints c I cordance with	clues und es, and ta	er ''Other nks; and s	r,''such a serial nun	s shoe size obers of air
TING CR	LEFT	HEIGHT	WEIGHT	COLOR O	F EYES	COLOR OF	F HAIR	BIRTHMA	RKS, SCARS	S, OR TATT	00S
MIDDLE FINGER	LEFT	WEAPON AND		JES	LAUNDRY	MARKS	<u>.</u>	WHERE B	ODY WAS B	URIED OR	FOUND
INDEX FINGER	LEFT	FILLINGS		SII GO	LVER FILL PLO FILLIN	ING IG		3, 2	٥٥/	2	
THUMB	LEFT	CAVITIES	3 - 4 2		CAVITY DECAY		5 6 7 8		1999 UPPER		5 ) 6 ) 7 ) 7
Тнимв	RIGHT	MISSING	{	Y RE	CELAIN C		DIAGRAM	REPRESE	NTS THE M	OUTH WILLOW	216
INDEX FINGER	RIGHT	BRIDGE W	ORK		GOLD 8	/N	15 \ 14 13	200	LOWER S		{ 15 4
MIDDLE FWGER	RIGHT	FURNISH SKET	TCH AND MAP	REFERENCE	E AND COOF	RDINATES F	OR BURIAL IN	OTHER TH	AN ESTABLI	SHED CEMI	ETERY
RING FINGER	RIGHT	DEMARKS.	112					•		-	
LITTLE RINGER	RIGHT	REMARKS:	and the					·			

•						•		
Graves Registration Form No. 1			F INTERMENT AND AR 30-1815	<u> </u>	, *	ميا	) eme	
(Rexised May 11, 1943)	,,,,,	(1111 10-000	A 10 10 10 10 10 10 10 10 10 10 10 10 10		, .	Ų.	•••	
UNKNOWN	<i>.</i>						],	
(Last narife)	. (First)	(Initial)	(Serial numbe	er) (R	ank) (	(Organization)	2	
(Place of de		(Dat	of death)		(Cause of d	eath)	******	
			Division	Iwe	o Jima .			
(Time and date of	(burial)	(Name	of cemetery)	(Name or coordinates of location)				
647	13		1	,	*			
· · · · · · · · · · · · · · · · · · ·	·		(Plot number)	(Type of me	arker—Regulati	on V-shaped or	other)	
(Grave number)  Disposition of identifi	(Row num		•			Yes 🔲 🛚		
Disposition of identifi	cation tags: Bu	uried with body	•			Yes 🔲 I		
	cation tags: Bu	uried with body	Yes   No	Attached	to marker	Yes 🔲 I		
	PROVED UNI	IFIED WITH BODY ON TAGS, What means	Yes	Attached	to marker	•••••		
Disposition of identifi	Cation tags: Bu	iried with body  On tags, what means	Yes No See No Se	Attached ed with the bod	to marker	•••••	4o 🗆	
	Cation tags: Bu  PROVED UNI  (If no identificati  (If no identificati	iried with body  On tags, what means	Yes No See No Se	Attached ed with the bod	to marker	•••••	No 🗆	
Disposition of identification AP  Body buried on RIGH	Cation tags: Bu  PROVED UNI  (If no identificati  (If no identificati  (N	TITE WITH BODY On tags, what means tion tags, but identity	Yes No September No Serial number)	Attached ed with the bod give particular	to marker  (y?)  (Organization		40 D	
Disposition of identifi	Cation tags: Bu  PROVED UNI  (If no identificati  (If no identificati  (N	on tags, what means	Yes No September No Serial number)	Attached ed with the bod give particular (Rank)	to marker	on) (Grave n	No [	

		- Marie Carlo Car		
	·	if deceased unidentified	<b>!</b>	1
	4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:		4
	ω	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached?  (If possible, have medical personnel take a tooth chart)		m
LEFT H	ю	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:		22 22 4 H
HAND		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	:	-   H
	<b>-</b>		,	-
		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.		
	A TRUE CO	<b>√</b>		<b>8</b>
	HUMM 1 E. AMI	(Signature of officer or other person reporting burish)  LER, JR.  (Verified by Army GRS Officer)		THUMB
	, -4,		-	•