

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-4th <sup>th</sup> Marine Div IWO Jima X 13

SUBJECT

/drs

1

Interred 30 March 1950  
L 4 67 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81169

DATE

29 03 50

DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-13					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION, IWO JIMA	1	13	647	7701 80
				CODE DIST. CTR.

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. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-13				29 March 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS 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 29 March 1950	BY PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	PAUL R NICHOLS
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 29 Mar 50 BY RAYMOND H TANGUAY, Sgt., RA	L. W. RICHARDSON, M/Sgt., RA

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

L. W. Richardson  
L. W. RICHARDSON, M/Sgt., RA

SIGNATURE OF AGRS INSPECTOR

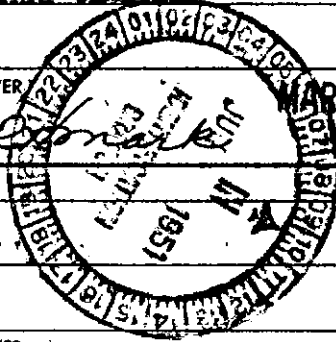
REMARKS AND SPECIAL INSTRUCTIONS

FILE  
RECORDS FOR  
DATE 29 Mar 50  
PAUL R NICHOLS  
L. W. RICHARDSON

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>30 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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5531 81169

DATE 29 08 90 DAY MONTH YEAR

NAME UNKNOWN I - 13 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 4TH MARINE DIVISION, IWO JIMA PLOT 1 ROW 13 GRAVE 647 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature) CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGRS INSPECTOR

files 5-29-50 10/1/50 Report

REMARKS AND SPECIAL INSTRUCTIONS

Incl # 3

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 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

293  
GMPZ 293  
GRS Far East

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 GMPZ 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 QUARTERMASTER GENERAL:

T. H. IETZ  
Lt Colonel, GRC  
Memorial Division

CC: CLEUPB

(293 unk Iwo Jima (misc) 4th Marine Div)  
~~X-6, X-10, X-12, X-13, X-19~~  
Aut

File # 7-13, 4th Marine Div, Iwo Jima

HEADQUARTERS  
PHILCOM 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 , USMC 4th 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

Attch: Form 1044

**APPROVED UNIDENTIFIABLE**

8 FEB 1950

*sent*

1

HPOB  
R/H  
F/10  
F16

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 00000

DATE

15 11 47  
DAY MONTH YEAR

NAME

UNKNOWN X-000013

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

IWO JIMA 4TH MARINE DIV CEM

0

DISPOSITION OF REMAINS

0391 63  
CODE DIST. PT.

PLOT

1

ROW

13

GRAVE

647

COUNTRY

KAZAN RETTO

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY  
GUAM, MARIANAS ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKN. C. 73

SERIAL NUMBER

X-000013

RANK

Unk

DATE OF DEATH

Unknown

DATE DISTINTERRED

18 Nov 47

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unknown

IDENTIFICATION VERIFIED BY

G. E. CONERLY, Capt., TC  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Individual grave, uncasketed,  
nature of shroud undetermined

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES ?

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 August 48

BY G. H. HILL, Emb

CASKET SEALED BY

G. H. HILL, Emb

EMBALMER (Signature)

*O. D. Campbell*  
O. D. CALPPELL

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 13 Aug 48 BY P. SAYAN

MAX CHELOFSKY, Clerk

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

*F. T. De Grodt*  
F. T. DE GROCDT, Capt.

SIGNATURE OF GRS INSPECTOR

SEP 1 1948

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM U. S. MAUSOLEUM (SAIPAN, M.I.)		TO PORT STORAGE OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Capt., CMP	DATE 16 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 16/8/48

## 2. SHIPPED

FROM PORT AGRS (SAIPAN, M.I.)		TO Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Clayton</i>	DATE 6 Oct 48

## 3. SHIPPED

FROM USAT DALTON VICTORY		TO PORT STORAGE OFFICER AGRS, MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt., FA	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i>	DATE 10 Oct 48

## 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

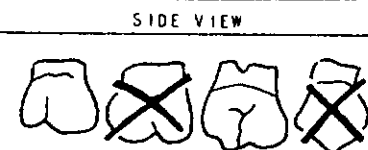
## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-13				2. DATE OF REPORT 21 January 1950			
3. NAME OF CEMETERY 4th Mar Div Cem Iwo Jima		4. PLOT 1	5. ROW 13	6. GRAVE 647	7. DATE OF DISINTERMENT REINTERMENT		
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6'1"		10. COLOR OF HAIR Brown		11. RACE UTD	
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  N O N E							
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  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  BY REASON OF LACK OF FACILITIES FOR EXAMINATION							

18.

TOOTH CHART

**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:



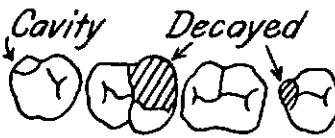
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
A OD	A OD	P	A D					X			A D	P		A D	A D
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
Lower								Lower							
Side Views								Side Views							
A OF	A OF	A OD										A OF	A D	A D	A D
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

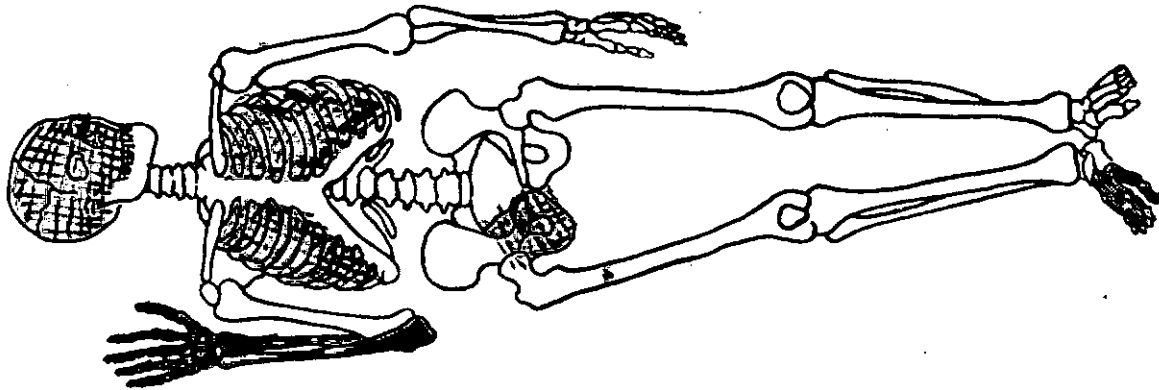
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Left #2 is missing as result of a malformation.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

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 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

**PAUL R. NICHOLS**  
 Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

12065 2 July 1947



**IDENTIFICATION DENTAL CHART**

to be used with **ONE FORM** (Rev. 12-1-44) and placed in place of chart thereon, and to be returned to and forwarded with those forms when accomplished.

21 August 1947

Date

**UNKNOWN**

LAST NAME	FIRST	MIDDLE	RANK	SERIAL NO.
			<b>4th Marines</b>	
UNIT			ORGANIZATION	
<b>Iwo Jima</b>			<b>4th Mar Cen</b>	<b>1 13 647</b>
PLACE OF DEATH	PLACE OF BURIAL	PLAT	ROW	GRAVE NO.

TYPE	RIGHT				UPPER TEETH				LEFT					
	8	7	6	5	3	2	1	2	3	4	5	6	7	8
	A	A				X			S			A		
LOCATION	M	Od				X			M			Od		

**INSIDE - LOOKING-OUT**

TYPE	RIGHT				LOWER TEETH				LEFT					
	16	15	14	13	12	11	10	9	8	7	6	5	4	
	A	A	A	A								A	A	A
LOCATION	OF	OF	Od	d								d	Od	Od

KEY OF SYMBOLS TO RETURN IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX	
		MEDIAL (TOWARD FRONT)	DISTAL (TOWARD BACK)
	EXTRACTED		MEDIAL (TOWARD FRONT)
	CAVITY, INDICATE LOCATION		DISTAL (TOWARD BACK)
	FIXED BRIDGE (INCL. ABUTMENTS)		AMALGAM (SILVER)
	TEETH REPLACED BY DENTURE		GOLD
	POSTHUMOUSLY MISSING		SILICATE OF LUPERCALIN
			ORTHOPHOSPHATE (GERMANT)
			LINGUAL (TOWARD TONGUE)
			FACIAL (TOWARD CHEEK)

Reverse side for instructions

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 FILING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., BROWN-LAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WELDING.

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

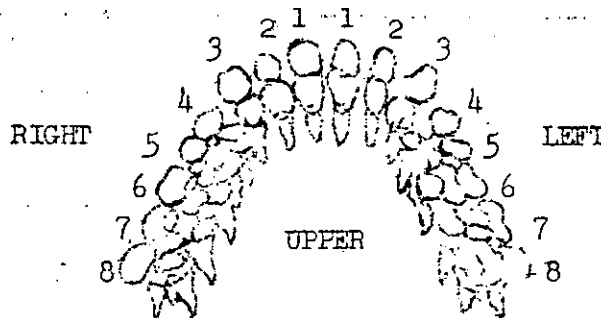
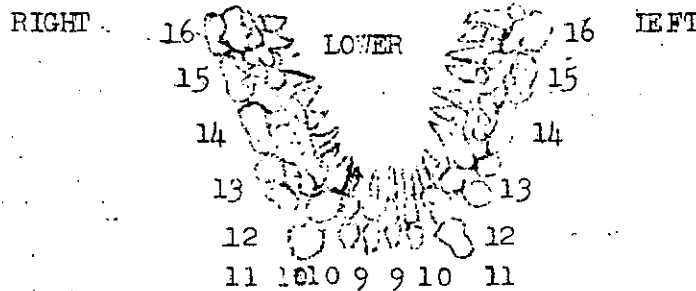


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

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.

Koon  
SIGNATURE OF PERSON WHO PREPARED CHART

KOON INN YEE 1st Lt., P.C.  
NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

John H. Haines  
VERIFIED BY GRS OFFICER

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

21 August 1947

DATE

DISINTERMENT DIRECTIVE

DATE

DIRECTIVE NO

A. NAME AND BURIAL LOCATION OF DECEASED

NAME		RANK	SERIAL NUMBER	DATE OF DEATH	ARMY OR SERVICE	DISPOSITION
Unknown						

REGIMENT		CAUSE OF DEATH	U.S. DISTRIBUTION POINT
4th Marine			

LOT	ROW	GRAVE	COUNTRY
1	13	647	Jawa Jawa

B. NEXT OF KIN AND CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN	NAME AND ADDRESS OF CONSIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED
				8-21-47
IDENTIFICATION TAG ON ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKET				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITIONS OF REMAINS
	Skull broken. Parts of each maxilla & mandible missing. Right femur broken. Left radius & ulna missing.
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1/	

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY (Signature)

DATE BY

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

Unknown X-13

Joe Anna Hill Marine Cemetery

18.

TOOTH CHART

<p><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:</p>	<p>TOP VIEW</p> <p>← Tooth Missing →</p>	<p>SIDE VIEW</p>
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

*Fractured*

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

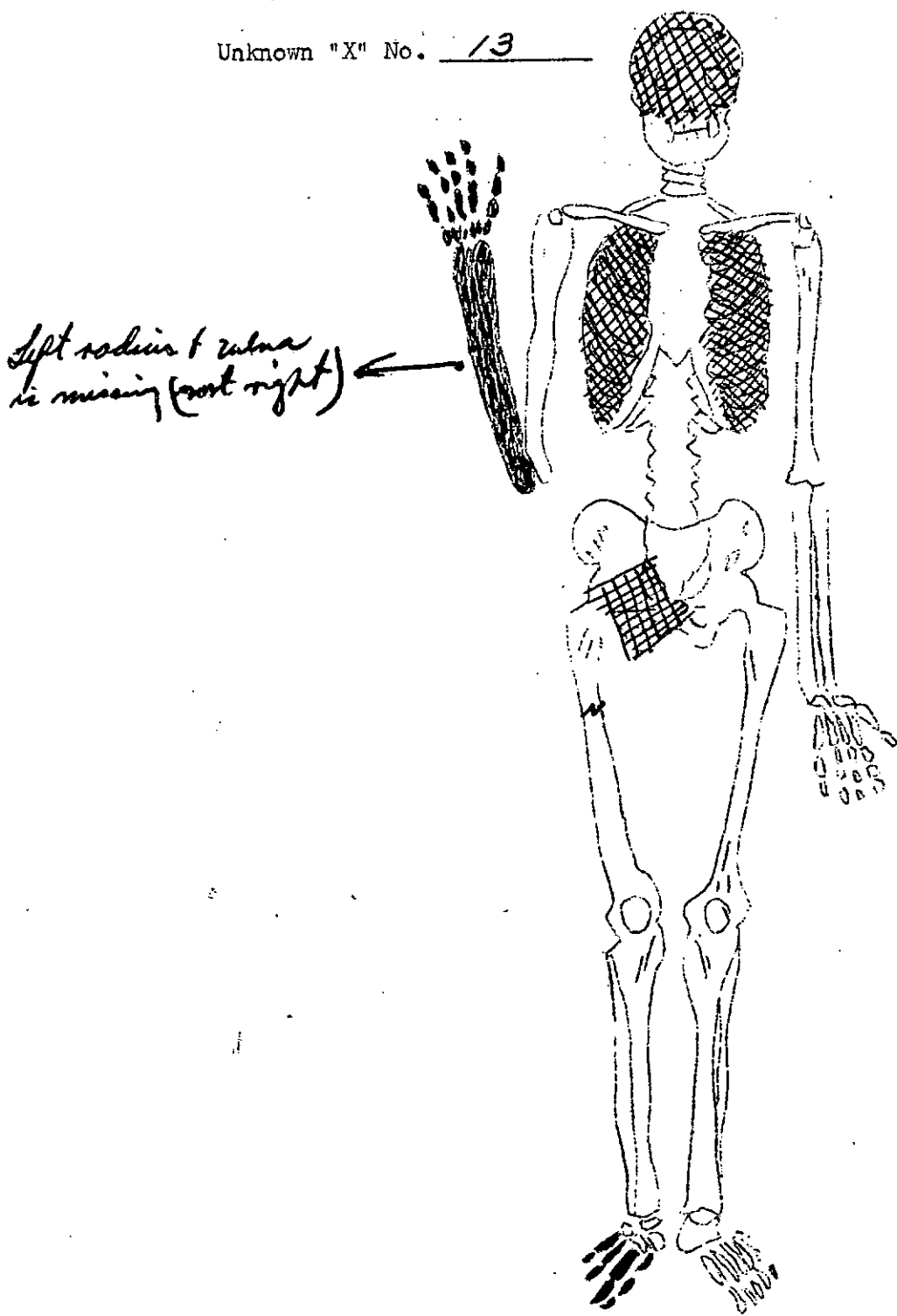
*Fractured*

**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."

*O.D. Campbell Embalmer*



Unknown "X" No. 13



SKELETAL CHART

*Skeletal remains incomplete*

RESTRICTED

#3 A-135

MC FORM 1042  
Apr 1945  
GRS Form 1

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

DATE OF REPORT

21 August 1947

Impression Identification Tag If Possible.  
DO NOT TYPE

REPORT OF  
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X - 13

Box No. 188

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

4th Marine Div

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Iwo Jima

CAUSE OF DEATH

Unk

DATE OF DEATH

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  
8 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
1 Mar 45				1	13	647

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
		STATION 1111

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
		Nelson, Joseph C.	Pfc	494699	USMC	648
		Williams, Irving R.	CPL	446246	USMC	646

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Indovico Epitafio</i>	<i>[Signature]</i>

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

**Section 3.—UNIDENTIFIED REMAINS.**


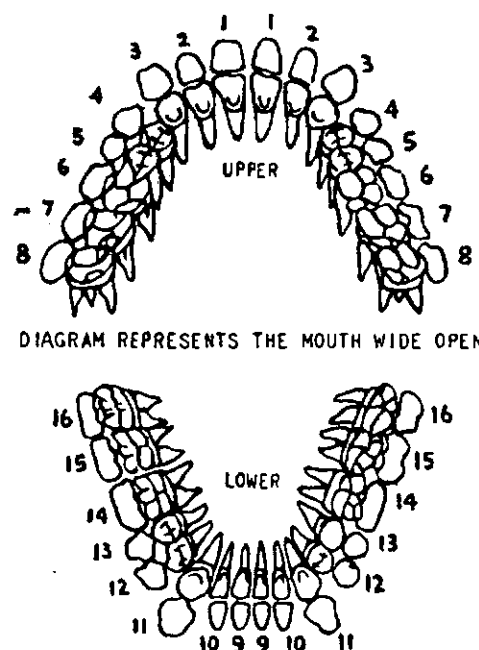




**INSTRUCTIONS:**

(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.

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**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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



REMARKS:

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

*Unknown*

*Placed*  
UNKNOWN # 13

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

24

(Place of death)

(Date of death)

(Cause of death)

4th Marine Division

Iwo Jima

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

647

13

1

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

**APPROVED UNIDENTIFIABLE - 9 FEB 1950**

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

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

IF DECEASED UNIDENTIFIED

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:

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)

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 THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

LEFT HAND

4

3

2

1

THUMB

A TRUE COPY

E. A. MILLER, JR.  
1st Lt., QMC 0076 SEA

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

4

3

2

1

THUMB

RIGHT HAND