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	SECTION A —				EE 03	da odo		17	02	50
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		SECTION B — CO							1 2	
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FT. WM.	MCKINLEY, P. I	•		•						
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(L) MARKER		SECTION D — PREPARA	TION OF F	REMAII	IS FOR SH					
NATURE OF BURIAL			COND	TION	OF REMAIN	NS				
	Shelter Ha	lf			Ske	letal				
OTHER MEANS OF IDE	INTIFICATION						<del></del>			
]										
MINOR DISCREPANCIE	S (Prepare Discrepa	ncy Report QMC Form	n 1194a	for m	ajor dis	crepancies.)				
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REMAINS THE ARED A	AD PEACED IN CAUNTI			_	_					
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REMARKS AND SPECIA	AL INSTRUCTIONS							•	_	
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QMC FORM REV 11 FEB 48 119	4		••••					John	~	
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	RECORD OF CUS	TODIAL TRANSFER					
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	7. SH	IPPED		<u> </u>			
FROM		10 2221 - 1222					
KIND OF CONVEYANCE		NAME OF CONVOYER	<u> </u>	•			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER		DATE			
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DISINTERMENT DIRECTIVE BY PHILCON DIRECTIVE NUMBER SECTION A-DATE NAME AND BURIAL LOCATION OF DECEASED 17 50 83089 NAME DAY MONTH YEAR SERIAL NUMBER RACE RELIGION CEMETERY GRAVE ROW DISPOSITION OF REMAINS ORMETERY ATH MARINE DIV., THO JIMA 7701 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 CENETERY Cher (BY ADMINISTRATIVE DECISION) PT. W. HOKINLEY, P. I. SECTION C -- DISINTERMENT AND IDENTIFICATION NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED KEED OF COMPENSACE OR COMPOSER IDENTIFICATION TAG ON **ORGANIZATION** RELIGION IDENTIFICATION VERIFIED BY REMAINS MARKER NAME AND TITLE SECTION D - PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITION OF REMAINS IND OF COMVETANCE OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) JOHN URE OF SHIPPER MONATORS OF SECTIONS KIND OF COMMEXTINGS MANIE OF COMMONEY REMAINS PREPARED AND PLACED IN CASKET DATE TENTER ST CASKET SEALED BY EMBALMER (Signature) TOWN THE OF ANISER STORM THE OLD GEARS CASKET BOXED AND MARKED

REMARKS AND SPECIAL INSTRUCTIONS

and that the report above is correct.

THE SECTIONARY AND S

SLOW ALLD RS OF SHD 1988

DATE

SIGNATURE OF AGRS INSPECTOR

SHIPPING ADDRESS VERIFIED BY

THE PART OF BOILDING

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision

COMMON FILE RECORDS ABNOTATED NAME

record of edictional transfer

GMC FORM REV 11 FEB 48 1194

		STODIAL TRANSFER	
FROM		HIPPED to	
RIND OF CONVEYANCE		NAME OF CONVOYER	
	10.00		DATE
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	2	C3.4.11M	
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KND OF CONVEYANCE	<del></del>		· · · · · · · · · · · · · · · · · · ·
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SIGNATURE OF SHIPPER	DATÉ	SIGNATURE OF RECEIVER	DATE
		4	

## HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

25 June 1949 Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-14, Plot 1, Row 13, Grave 626, USMC 4th Marine 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:

Gaptain, QMC

Chief, Records Branch

Attch: Form 1044

Dus # # "

- ( - 1 × 1			•			
	IDENTIFIC	ATION D	ATA		er*s	•
REMAINS OF UNKNOWN		<del> </del>			2. DATE OF RE	PORT
UNKNOWN	X-14				25 Jur	ne 1949
NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		TE OF
					DISINTERMENT	REINTERMENT
4th Marine D	ivision Cem., Iwo Jima	1	13	626		
	PHYSICAL	DESCRIPTIO				
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11. RACE	
UTD	UTD 1 NY OFFICIAL IDENTIFICATION FOUND		UTD		Unkno	OWD
	NONE					
.GIVE DESCRIPTION OF T	ATTOOS OR SCARS ON BODY AND/OR	SUCH INFORM	IATION OBT	AINED FROM	OTHER SOURCES	
	NONE					
	• =					
. WAS BODY BURNED?	TO WHAT EXTENT?	· · · · · · -				
YES X NO	,					
. WAS BODY MANGLED?	TO WHAT EXTENT?	<u></u> _		····-	<del> </del>	
TES TES NO	) .					
. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE MALF	ORMAT TONS		·		
		•				
					•	
	NONE					
	,					
7. LIST EVERY ITEM OF C	LOTHING, EQUIPMENT AND PERSONAL	EFFECTS FO	DUND, SHOW	ING THE TY	PE, COLOR, SIZ	E, MARKINGS,
	sundry marke are indistinct such stion when facilities are not av				rpecimen forwa	rded through
Channels for examina	IT TOO WARN THE TITLES AND NOT AV	#11#01# 1n	ine area,	,		
	,					
	NONE					
	A V A E					

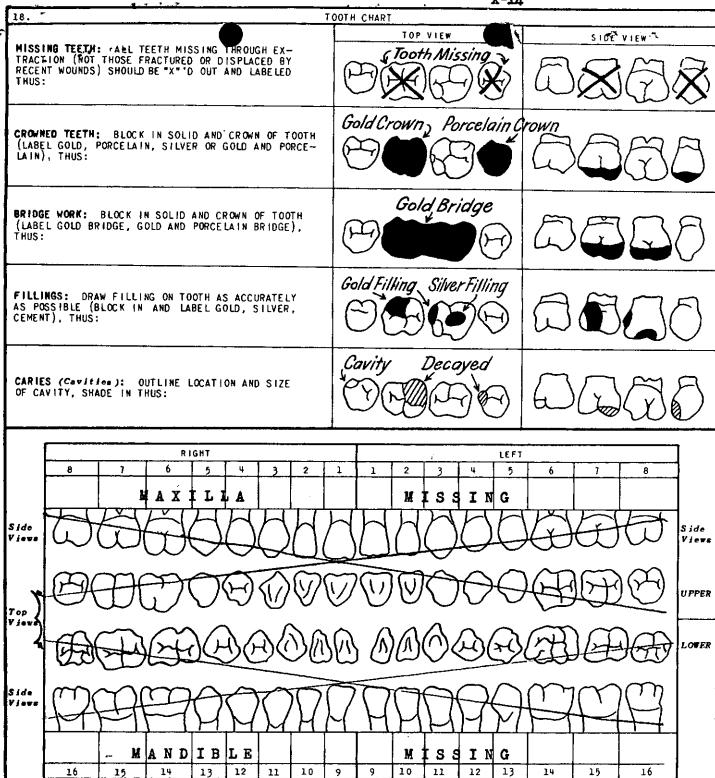
"UNIDENTIFICATION"

"BY REASON OF LACK OF SUFFICIALLY IDENTIFYING DATA"

Ind# 42

QMC FORM 1044 PRE

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



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."

No loose teeth present with remains.

"UNIDENTIFIABLE"

JAMES O McDERMOTT "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

19. BLACK OUT PARTS	OF BODY NOT RECOVERED	<b>M</b> ,	<b>≈</b> Color
20•	MASS BURIAL CERTIFICATE	IF APPLICABLE)	

					(where	tu zagr	68311	ton 1	n w	nose or parts	IR Smboz	21016	)						
ŧ	CERTIF	FY THAT	THE	GROUP	REMAINS	CONSIST	OF P	ARTS (	0F_		DECEDENTS	BASED	0 N 1	HE	PRESENCE	0F	ONE	OR	MORI
0 F	THE F	FOL LOW	NG A	NATOMI	CAL PARTS	S:				HUMBER									

SIGNATURE OF MEDICAL OFFICER

21- REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

### "MUNIDENTIE" BLE"

"BY REASON OF LACK OF BURF THAT IDENTIFYING BATA"

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 James J. M. Larmoll.

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4		H803 RX4 FX9	Н.	14	IENT DIREC	rive .	
	SECTIO	DN A —			DIRECTIVE NUMB		DATE
	NAME	AND BURIAL LOCA	ATION OF DECEASED		5531	00000	15   11   47 DAY MONTH YEAR
NAME			UNKNOWN	SERIAL NU		RANK	ARM DATE OF DEATH  O DAY MONTH YEAR
CEMETERY  IWO JI	MA	4TH N	MARINE DI	V C	EM /		0 0391 63
PLOT C ROW	GRAVE		AZAN RETI	٠٥	P		CODE DIST. PT. CAUSE OF DEATH
NAME AND ADDRESS	OF CON	USIGNEE	SECTION B — CON		D NEXT OF KIN	NEYT OF KIN	······································
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(BY ADMI	NIST	RATIVE O	RDFR) SECTION C — DISINTE	EDMENT AN	D-INENTIFICATION	<u> </u>	
NAME			SERIAL NUMBER	RANK	DATE OF DEATH	<u>.                                    </u>	DATE DISTINTERRED -
unkioni			X-000014	Unk	Unknow	<b>n</b> .	Unknown
IDENTIFICATION TAI REMAINS MARKER	G ON	ORGANIZATION	UNKNOWN	11	RELIGION Unknown	U. C. C	N VERIFIED BY  ONERLY, Capt., TC  NAME AND TITLE
		!	SECTION D — PREPARAT			effi	NAME AND THE
NATURE OF BURIAL	fshr	oud undete	rmi ned	1	ON OF REMAINS	ains. inco	mplete
OTHER MEANS OF IDI			M. Com				•
Mortuary	Plat	<b>e</b>					
MINOR DISCREPANCI	ES 1	,	is but w				
None		12.	UNID	•			
REMAINS PREPARED A	ND PLA	CED IN CASKET	•		100 A \$1	7	<del></del>
DATE 13 Augus	t 48	***	BY J. L	. SIBLE		<del> </del>	Ψ
CASKET SEALED BY				EMB&LME	R (Signature)	11/11	,
J. L. SI	<del></del>			R. V.	ADDRESS VERIFIE		evel.
DATE 13 Aug 4		E. KELLY		}	. JACABA, C		
	certify	that all the fo		ere condu	cted and accord	mplished under	my immediate supervision
1 P. D.		. D				OF GRS INSPECTO	Ř/
1 Prepare Disc	repano	cy Keport QM(	C Form 1194a for major	r discrepa	encies.		
GMC FORM 1 REV 15 MAR 46	194						

	· · · · · · · ·		<del></del>
RECORD	OF CUST	ODIAL TRANSFER	:
	1. SHI	PPED	
from U.S. Majsoleum (Saipan, M.I.)		ORT STORAGE OFFICER (SAIPAN, :.I.	)
KIND OF CONVEYANCE TRUCK A		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
JOHI H. LOTT, Maj., CLP	13 Aug 48	ROBERT G. SNOWDEN, 1st Lt IN	13/0/11
*	2. SHI	PPED	- 1, y
PORT AGRS (SAIPAN, M.I.)		Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE . 6 Oct	SIGNATURE OF RECEIVER	DATE 6 Oct
ROBERT Q. SNOWDEN, 1st Lt INF	48	oleg Boamann	48
FROM	3. SHI	Avec i. 1 3 T 27 SIR	
UNAT DALTON VICTORY		AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK	2	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIS NOTIONE OF RECEIVER	DATE
Ref Monage OCT 10	10.00	B. H. NEWMAN, Jr. Capt. FA	10 Oct 48
W. W	4. SHI	PPED	
FROM	· · · · · · · · · · · · · · · · · · ·	10	
KIND OF CONVEYANCE		NAME OF CONVOYER	<del>,</del>
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	6. \$H1	PPED	!
FROM		то	
KIND OF CONVEYANCE	· · · · · · · · · · · · · · · · · · ·	NAME OF CONVOYER	
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FROM	7. 5111	10	
KIND OF CONVEYANCE		NAME OF CONVOYER	X
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
	<u> </u>		

: UNKNOWN X-19		
	OOTH CHART	<del></del>
MASSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED THUS:	G 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 C	rown DDDDD
BRIDGE 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 (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed	
PIGHT	LEFT	
Side Viers (Viers)	1 1 2 3 4 5 M / S S	6 1 8  V G  Side Vieve
		DO SER
MODE COMPANY	M MADOLOGO	LOWER LOWER
Side Viere A V D / B / 16 15 14 13 12 11 10	9 9 10 11 12 13	/ V 6, 16
DENTURES (Pietes): DRAW DIAGRAM OF RELATIVE SIZE AN ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."	ID SHAPE OF PLATE, BLOCK IN TEET	ATTACHED AND INDICATE RETAIN-
MAXILLA, MANDIBLE, AND A	ILL TEETH MN	SINE.
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		•
Charles w. Jone	<b>5</b>	
OMC FORM 10443		

Unknown "X" No. \_

SKELETAL CHART

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AC Form 1194	•	•	DATE		-
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	•	-	, DIREC	PIVE NO	
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A. NAME AND	BURLAL LOCA	TION OF DECE	ASED		
	RANK SE	RIAL NUMBER	DATE OF DEAT		POSI
•		•		SERVICE I	CION
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CENETERY		CAU	SE OF DEATH	U.S. DISTRIBU POINT	TION
4th marine					
PLOT ROW	GRAVE	COU	NTRY		
	626	Devi	s Jima	<u>)                                    </u>	: 
	F KIN AND CO		ADDRIGG AT	CONCRONED O	
NAME AND ADDRESS OF NEXT OF	K.I.N	MAME AND	ADDRESS OF	CONSTGNEE 2	
C. DISIN	PERMENT AND	 DENTIFICATIO	N		
TATIL		RIAL NUMBER		TH DATE DISIN	PERE
	1		·	8-21-	47
DENTIFICATION TAG ON ORGAN	ZATTON	RELIGION	IDENTIFI	CATION VERIFI	
REVAINS				. 6	
· ) MARKET				<del></del>	·
D. PREPARATURE OF BURIAL	ATION OF REV	AINS FOR SHI	PMENT	ς	00
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		eple	large of	To the	
ACCUSED ASSAURA AND TOTAL OF A COMME	·	morro	y or b	enes.	
OTHER MEANS OF IDENTIFICATION	AN .	. (			. • •
INOR DISCREPANCIES 1/			,	·	
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REMAINS PREPARED AND PLACED	IN CASKET	· · · · · · · · · · · · · · · · · · ·	<u> </u>		•
DATE . BY	r .		:	· 1	
CASKET SEALED BY	0	FWBAINEF	(Signature)		
CASKET BOXED AND MARKED	X 10	shippino	ADDRESS VEF	rified by(Sign	atur
TA OTTE	1)//				

let /

Signature of GRS INSPECTOR

1/ Prepare discrepancy Report Form No. 1194a for major discrepancies.
2/ Consignee may be same as next of kin; is or repeat name and address.

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

Don for

# REPAIRIATION RECORDS BRANCH MEMORIAL DIVISION IFICATION SECTION

IDENTIFICATION IMPOSSIBLE CATEGORY III CASE AT PRESERT THE NO CLUES

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

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(Name and address of LEGAL NEXT OF KIN)

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ONVINOR # 14					لىكىـــــــــــــــــــــــــــــــــــ
(Last name)	(First) (Initial)	(Serial num	ber) (Ra	nk) (Org	ranization)
(Place of death)	(	Date of death)		(Cause of deat)	
	4th Mar	ine Division	, Iwo	Jima	_
(Time and date of buria		me of cemetery)	(Name	or coordinates of	location)
626	13	1			
(Grave number)	(Row number)				
isposition of identification	on tags: Buried with be	ody Yes 🗌 No 🗀	Attached t	o marker Y	es 🗌 No [
•	f no identification tags, what me		_	-	
	(If no identification tags, but ide				************
Body buried on RIGHT		***************************************			*************
-	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number
ody buried on LEFT			***************************************	***************************************	*******
=	(Name)	(Serial number)	(Rank)	(Organization)	(Grave numbe

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

(Name and address of EMERGENCY ADDRESSEE)

(Revised May 11, 1943)

TENTED BROOK ST

ı	l	l I	IF DECEASED UNIDENTIFIED		1
:	4	3/19/43). If un	PRINTS OF BOTH HANDS (W. D. Cir. No. 79; nable to obtain a complete set of fingerprints, OU CAN, and fill in as many of the following as		4
	s	Height: Weight: Color of eyes: Color of hair: Race:	Apparent nationality: Laundry marks: Number of rifle: Wear glasses? Is tooth chart attached?  ssible, have medical personnel take a tooth chart)		es
LEFT HAND	12	In space below, le deformities, et	ocate and describe any scars, birthmarks, moles, c.:		ONAH TH
D			identifying clues found, such as letters, photo- ble organization of deceased, etc.:	<del></del>	_   -
		IF THIS IS AN THE LOCATION MARKS.	ISOLATED BURIAL, ATTACH A SKETCH OF ON, ORIENTED WITH PERMANENT LAND-	4	_
	ТНОМВ	A TRUE COPY	(Signature of officer or other person reporting burial)	î. •	HUMB
<b>.</b>	ω 	1st Lt., DMC <sup>075</sup> EFA	(Verified by Army GRS Officer)	•	-

QMC Form 1042 (Rev. 1 Apr. 1946)		REPORT OF	DATE C	DATE OF REPORT			
(Supersedes GRS Form 1, Rev. of 1 Apr. 45, which may b	and e used.)	(AR 30-1810 an	1 5	5 Feb 1952			
Imprint Identification T	ag If Possible.	Section 1.—IDENTIFICATION.		100 17			
DO NOT TY		NAME (Last, first, middle initial)	SERIAL	. No.			
		UNKNOWN X-14, 4	th Mar Div	Cem, Iwo Ji	ma   Unl	cnown	
7	_ \	GRADE	ORGANIZATION		BRANC	H OF SERVI	CE
	0)	Unknown	Unknown		Unl	cnown	
<u> </u>		RACE	RELIGION		IF OTHER THA NAME OF CO	N U.S. DEA UNTRY	D, GIVE
	<u></u>	Unknown	, Unknown				
PLACE OF DEATH	.,,	CAUSE OF DEATH	,		DATE (	OF DEATH	
Unknown	-	Unknown	1.1	<u> </u>	Unl	known	<u></u>
EMERGENCY ADDRESSEE (Na	mo, relationship, and	d address 293 Uni	B. Ino	Jima	(4th)	Mar. K	(ivi)
	<u> </u>	Unknown	, ,		X-	- 14	
IDENTIFICATION TAGS FOUND (1, 2, or none)	ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS OF	-IDENTIFICATION-(I)	unidentified, fill	in-section 6-	ON-1010190
1 (Substitute)							199
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or no)	COMPLETED TOOTH CHART ON	QMC FORM 1045 A	TTACHED HERETO			
Yes		YES	□ NO				
LIST PERSONAL EFFECTS FOU	IND ON BODY AND	DISPOSITION OF SAME					
		None					
Section 2—BURIAL II oth	er then in estab	lished cemetery, furnish sketch	and map coordi	nates on reverse.			
NAME, NUMBER, COORDINATE							
UNITED	STATES MI	LITARY CEMETERY, FI	r wm mckini	LEY, P.I.	i		
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	<del></del>	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
4 Feb 1952		Casket		Cross	i N	3	185
WAS THIS A REBURIAL?	IF A REBURIAL, I	I INDICATE NAME, NUMBER, COORD	INATES OF PREVIO		<u> </u>		
(Yes or no) Yes	US MT	LITARY CEMETERY, F	r wm mckini	LEY, P.I.	PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS		TING BURIAL RITES		ON TAGS NOT USED,	1 1		·
CEREMONY			CONTAINERS BU	IRIED WITH BODY			
IDENTIFICATION TAG BURIED		TIFICATION TAG ATTACHED TO		nat			
BODY (Yes or no) Yes	MAR	KER (Yes of no) YOS		PILE	U		
		· · · · · · · · · · · · · · · · · · ·	BANK		DS ANNOTA	ATED A/LORAY	ZN4
BODY BURIED ON DECEASED	LEF!, NAME (Last,	, first, middle initial)	RANK	SERIAL NO. DATE	Esaus	th	rter
		•		Lo	BR.	MEM. I	IV.
BODY BURIED ON DECEASED	RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAV	E No.
,		en en en general en		· <b>.</b>			
STEMPFURE OF HERSON PRET	RING REPORT		!	BS OFFICER VERIFYIN	G REPORT	> '	
EDWARD BERG	Cpl., RA	all south all your Miles	CHARLES R. WHAYLEN, 1st Lt., QMC				
DISTRIBUTION OF REPOR	Signed origin	al for U.S. and allied dead, sig	l gned original and	one copy for enemy	dead, to the	Quarter ma:	ter General
through Headquarters Gi	RS Officer. Copi	es for retention in theater as p	rescribed by the	iter commander.			

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	•		p.i.	Section 3.—	UNIDENTIFIED	REMAINS				<b>J</b>		^ ·
e See		,	LEFT LITTLE FINGER	mains. Fi social secu. planes veh	reat care will If in anatomic rity number; victes, and tar	cal charac position o	teristics of body fo	below, and und in air	d any other planes, vehic	s for the future clues under ' cles, and tanks	'Other,'' suc ; and serial i	h as shoe size numbers of air
	: <b>.</b>		Rin	chart at lef every tooth accomplish	t, or as many will be indic ed if one or n	as possib ated on th nore finge	ole. If no ne tooth cl orprints a	fingerpri hart in acc re secured	nt or prints ordance wit	es. Imprint al can be secured h diagram belo	t, the condition. Tooth c	on of each and hart will not be
	i n		LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O	F EYES	COLOR O	F HAIR	BIRTHMARKS	SCARS, OR TA	ATTOOS
<del></del>				WEAPON AND	SERIAL NO.		LAUNDRY	MARKS		WHERE BODY	WAS BURIED	OR FOUND
		. •	MIDD				} .					
	r.	•	LEFT MIDDLE FINGER	OTHER IDENT	TIFICATION CLU	JES	<u> </u>	•	٠.,	<u>,l</u>	···· -·· -	• • •
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		•	NDEX E		•							
			LEFT INDEX FINGER	,			•			1	1 .	,
			ENUH T									
								7				
			RIGHT THUMB									B.
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•						,						
	-		RIGHT INDEX FINGER					·		<b>80 82</b> ,		
10.00	ļ.		<b>5</b>		; , ,		ı					,
			×	<u> </u>		*****				· · · · · · · · · · · · · · · · · · ·		
	•		RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENC	E AND CO	ORDINATES	FOR BURIAL	IN OTHER THAN	I ESTABLISHED	CEMETERY
			IT INGER	7					i. ' ·		•	<b>A</b>
	- <b>,</b>		RIGHT	1.		. <u>.</u>			•			
<u> </u>				REMARKS;						previousl		
		· •	RIGHT LITTLE FINGER	by UN as a	KNOWN X-; part of a	2148 M a Grou	anila p Buri	#2, di al (Ca	sinterr banatua	ed and shin Project	ipped to	ZI
			20									

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WD OMC FOR	<b></b>	REPORT O	REPORT OF INTERMENT					
(Boy, 1 Apr 1) (Supersedes, GR., 5 orm 1)			and AR 30-181		21	Lugusi	t 19 <i>4</i> 7	
Imprint Identification	Tag If Possible.	Section 1.—IDENTIFICATION	N.		· · · · · · · · · · · · · · · · · · ·	/		
DO NOT 1	TPE	NAME (Last, first, middle initia	ŋ		SERIA	SERIAL NO.		
( " " " " " " " " " " " " " " " " " " "	/	UNKNOWN X	UNKNOWN X = 14 Box No. 250  GRADE ORGANIZATION					
REPORT	OF	GRADE						
DISINTER	MENT O	]]	4th Marine Div					
•••		RACE	RELIGION		LIE OTHER TH	IAN II'S DEA	AD GIVE	
			NEEDIGIT.	÷	IF OTHER THE NAME OF C	OUNTRY		
PLACE OF DEATH	<u> </u>	CAUSE OF DEATH			DATE	OF DEATH		
Iwo jima		Unk	•		,			
EMERGENCY ADDRESSEE (		<u> </u>					<u> </u>	
		,			•			
IDENTIFICATION TAGS FOL	IND ON BODY	IF NO TAGS FOUND ON BODY	DESCRIBE MEYRS V	F IDENTIFICATION	If unidantified -	ill in earlies a	011 24044	
(1, ±, or none)	UND ON BODT	IT NO INGO FOUND ON BODY	DESCRIBE MEMAS U	A JOHN CATION (	и пистиция, р	ne in eccitor 3	UN TENETAL	
WERE SUBSTITUTE TAGS P	ROVIDED?(Yes or n	0)						
	, 16							
	·	, ,				·		
Section 2.—BURIAL 27 o		ablished cometery, furnish ske ON OF CEMETERY	tch and map coord	inates on reverse.			· · · · · · · · · · · · · · · · · · ·	
			tch and map coord	inates on reverse.	<u>.</u>			
				TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE	
NAME, NUMBER, COORDIN.	ATES, AND LOCATI	ON OF CEMETERY			PLOT No.	ROW No. 13		
DATE OF BURIAL  1 Mar 45 Was this a reburial?	HOUR	ON OF CEMETERY	name of other)	TYPE OF GRAVE MARKER	1	13		
name, number, coording  Date of Burial  1 Mar 15	HOUR	BURIED IN (Shroud, blanket, or	name of other)	TYPE OF GRAVE MARKER	1	13	626	
DATE OF BURIAL  1 Mar 15 WAS THIS A REBURIAL? (Year or no)	HOUR  IF A REBURIA	BURIED IN (Shroud, blanket, or	name of other)  RDINATES OF PREVIO	TYPE OF GRAVE MARKER DUS CEMETERY, AND	LOCATION OF G	13 GRAVE ROW NO	626	
DATE OF BURIAL  1 Mar 45 Was this a reburial?	HOUR  IF A REBURIA	BURIED IN (Shroud, blanket, or	name of other)  RDINATES OF PREVIO	TYPE OF GRAVE MARKER	LOCATION OF G	ROW NO	GRAVE	
NAME, NUMBER, COORDIN.  DATE OF BURIAL  1 MAT 45  WAS THIS A REBURIAL?  (Yes or no)  TYPE OF RELIGIOUS CEREMONY	HOUR  IF A REBURIAL  PERSON COND	BURIED IN (Shroud, blanket, or	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND	LOCATION OF G	13 GRAVE ROW NO	626	
DATE OF BURIAL  1 Mar 45  WAS THIS A REBURIAL?  (Yes or no)	HOUR  IF A REBURIAL  PERSON COND	BURIED IN (Shroud, blanket, or	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND	LOCATION OF G	ROW NO	626	
DATE OF BURIAL  1 Mar WAS THIS A REBURIAL? (Yea or no)  TYPE OF RELIGIOUS CEREMONY	HOUR  IF A REBURIAL  PERSON COND	BURIED IN (Shroud, blanket, or	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND	LOCATION OF G	ROW NO	626	
DATE OF BURIAL  1 Mar WAS THIS A REBURIAL? (YEA OF NO)  TYPE OF RELIGIOUS CEREMONY	HOUR  IF A REBURIAL  PERSON COND.	BURIED IN (Shroud, blanket, or L. INDICATE NAME, NUMCE: COODUCTING BURIAL RITES	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND	LOCATION OF G	13  GRAVE  ROW NO  ENTIFICATION	626	
DATE OF BURIAL  1 Mar LE WAS THIS A REBURIAL? (Yes or no)  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BUR BODY (Yes or no)	HOUR  IF A REBURIAL  PERSON COND  LIED WITH   IDE  M  ED LEFT, NAME (L	BURIED IN (Shroud, blanket, or L. INDICATE NAME, NUMCE: COODUCTING BURIAL RITES	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND  ON TAGS NOT USED URIED WITH BODY  SERIAL NO.	LOCATION OF G	ROW NO ENTIFICATION	GRAVE	
DATE OF BURIAL  1 Mar 45 WAS THIS A REBURIAL? (Yes or no)  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BUR BODY (Yes or no)	HOUR  IF A REBURIAL  PERSON COND  LIED WITH LIDE  M  ED LEFT, NAME (L.	BURIED IN (Shroud, blanket, or L. INDICATE NAME, NUMCE: COODUCTING BURIAL RITES ENTIFICATION TAG ATTACHED TO LARKER (Yes or no) ast, first, middle initial)	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND  ON TAGS NOT USED URIED WITH BODY  SERIAL NO.	LOCATION OF G PLOT NO.  D. DESCRIBE ID.  ORGANIZATI	ROW NO ENTIFICATION ON GRAV	GRAVE N DATA	
NAME, NUMBER, COORDIN.  DATE OF BURIAL  1 MAT  (Yes or no)  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BUR BODY (Yes or no)  BODY BURIED ON DECEAS BODY BURIED ON DECEAS	HOUR  IF A REBURIAL  PERSON COND  LIED WITH LIDE  M  ED LEFT, NAME (L.	BURIED IN (Shroud, blanket, or L. INDICATE NAME, NUMCE: COO DUCTING BURIAL RITES  ENTIFICATION TAG ATTACHED TO LARKER (Yes or no)  ast, first, middle initial)	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND  ON TAGS NOT USED URIED WITH BODY  SERIAL NO.  8480518	DESCRIBE ID	ROW NO ENTIFICATION ON GRAY	GRAVE N DATA VE NO.	
NAME, NUMBER, COORDIN.  DATE OF BURIAL  1 MAT  (Yes or no)  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BUR BODY (Yes or no)  BODY BURIED ON DECEAS BODY BURIED ON DECEAS	HOUR  IF A REBURIAL  PERSON COND  IED WITH   IDE  M  ED LEFT, NAME (L.  2. Dan  ED RIGHT, NAME (C.  COGETACING REPORTS	BURIED IN (Shroud, blanket, or L. INDICATE NAME, NUMSES COO DUCTING BURIAL RITES  ENTIFICATION TAG ATTACHED TO LARKER (Yes or no)  ast, first, middle initial)  Last, first, middle initial)	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND  ON TAGS NOT USER URIED WITH BODY  SERIAL NO.  SERIAL NO.	DESCRIBE ID  ORGANIZATI  USING	ROW NO ENTIFICATION ON GRAY	GRAVE N DATA VE NO.	
NAME, NUMBER, COORDIN.  DATE OF BURIAL  1 Mar 1/2  WAS THIS A REBURIAL?  (Yes or no)  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BUR BODY (Yes or no)  BODY BURIED ON DECEAS  TATAVOLLS  BODY BURIED ON DECEAS  INCID- CT	HOUR  IF A REBURIAL  PERSON COND  IED WITH   IDE  ED LEFT, NAME (L.  2. Dan  ED RIGHT, NAME (C.  COGETIC V.	BURIED IN (Shroud, blanket, or L. INDICATE NAME, NUMCE: COO DUCTING BURIAL RITES  ENTIFICATION TAG ATTACHED TO IARKER (Yes or no)  ast, first, middle initial)  Last, first, middle initial)	RDINATES OF PREVIO	TYPE OF GRAVE MARKER  DUS CEMETERY, AND  ON TAGS NOT USED URIED WITH BODY  SERIAL NO.  8480518  SERIAL NO.  990006	DESCRIBE ID  ORGANIZATI  USING	ROW NO ENTIFICATION ON GRAY	GRAVE N DATA VE NO. 27	

<b>ê</b> r		RESTRICTED	
		Section 3.—UNIDENTIFIED REMAINS.	
	LEFT LITTLE FINGER	mains. Fill in anatomical characteristics below, ar social security number; position of body found in air planes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valual	minute clues for the future identity of unidentified rend any other clues under "Other," such as shoe size, rplanes, vehicles, and tanks; and serial numbers of airble of all clues. Imprint all fingers and thumbs in the rint or prints can be secured, the condition of each and cordance with diagram below. Tooth chart will not be
	LEFT RING FINGER	every tooth will be indicated on the tooth chart in ac accomplished if one or more fingerprints are secured HEIGHT WEIGHT COLOR OF EYES COLOR OF	d
_			
	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES	WHERE BODY WAS BURIED OR FOUND
·	LEFT INDEX FINGER	FILLINGS SILVER FILLING GOLD FILLING	3 2000
-	LEFT	CAVITIES	UPPER UPPER
	RIGHT	MISSING TEETH TOOTH MISSING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
S. 2 - 22	INDEX FINGER	BRIDGE WORK	15 LOWER 14 14 13 12 12 12 12 12
	RIGHT MIDDLE FWGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES	FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
<b>7-</b>	RING FINGER	REMARKS:	Sturr you will be selected as a
,	RIGHT LITTLE FINGER	condition of Remains:	Skull missing and all principle or broken.