

1 /drs Interred 8-Mar-1950 4 FEB 52 PREPARED BY PHILCOM  
 N 8 107 Ft. McKinley  
 Carl R. H. Mark DISINTERMENT DIRECTIVE  
 CARL R. H. MARK

1 Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 5531 81089 DATE 17 02 50  
 DAY MONTH YEAR

NAME UNKNOWN X - 14 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY 4TH MARINE DIV., IWO JIMA PLOT 1 ROW 13 GRAVE 626 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. MCKINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-14 SERIAL NUMBER GRADE DATE OF DEATH 23 Feb 50 DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS  
 REMAINS  
 MARKER  
 Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 Feb 50 BY PAUL R NICHOLS  
 CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA  
 DATE 23 Feb 50 BY Sgt 1c, 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

24 APR 1950  
 RECORDED  
 EMB  
 Johns

## 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>Barrettmark</i>	DATE <b>MAR 8 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 BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5531 81089

DATE 17 02 50 DAY MONTH YEAR

NAME UNKNOWN X-14 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY 4TH MARINE DIV., IWO JIMA PLOT 1 ROW 13 GRAVE 626 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. W. HOKINLEY, 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 DISINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

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 EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED 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

FILE RECORDS ANNOTATED DATE 21 Apr 50 NAME [Signature] BR. MEM. DIV.

Handwritten number 448

# 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

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:



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

Atch: Form 1044

*Dial # 7'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-14</b>			2. DATE OF REPORT <b>25 June 1949</b>	
3. NAME OF CEMETERY  <b>4th Marine Division Cem., Iwo Jima</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	<b>1</b>	<b>13</b>	<b>626</b>	DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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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

**N O N E**

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"**

*Encl # 42*

18. TOOTH CHART	
<p><b>MISSING TEETH:</b> <del>Label</del> 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>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>

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
<del>Side Views</del>															
<del>Top Views</del>															
<del>Side Views</del>															
MANDIBLE								MISSING							
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.

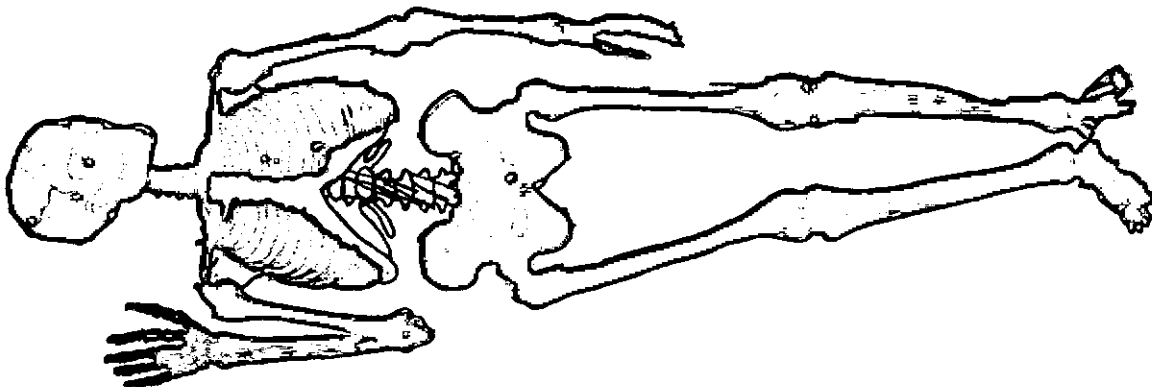
**"UNIDENTIFIABLE"**

*James J. McDermott*  
**JAMES J. McDERMOTT**

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

Laboratory Officer, CIP

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 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

H803 H  
R/H - R1  
F19 F30

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5531 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000014

RANK  
0

ARM  
0

CEMETERY  
IWO JIMA 4TH MARINE DIV CEM

DISPOSITION OF REMAINS  
0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
1 13 626 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 UNKNOWN SERIAL NUMBER X-000014 RANK Unk DATE OF DEATH Unknown DATE DISTINTERRED Unknown

IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION UNKNOWN RELIGION Unknown IDENTIFICATION VERIFIED BY U. E. CONERLY, Capt., TC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL 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 J. L. SIBLEY, Emb

CASKET SEALED BY J. L. SIBLEY, Emb EMBALMER (Signature) R. V. WERST

CASKET BOXED AND MARKED DATE 13 Aug 48 BY E. KELLY SHIPPING ADDRESS VERIFIED BY G. D. JACABA, Clerk

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

Herschell G. Guy, 1st Lt. 1949  
SIGNATURE OF GRS INSPECTOR

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, Maj., CLP	DATE 13 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 13/8/48

## 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>Ed W. Nordmann</i>	DATE 6 Oct 48

## 3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Ed W. Nordmann</i> ED W. NORDMANN, 1st Lt INF	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>B. H. Newman, Jr.</i> B. H. NEWMAN, Jr., Capt., FA	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

UNKNOWN X-14

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<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>← Tooth Missing →</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>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
Top Views															
Side Views															
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

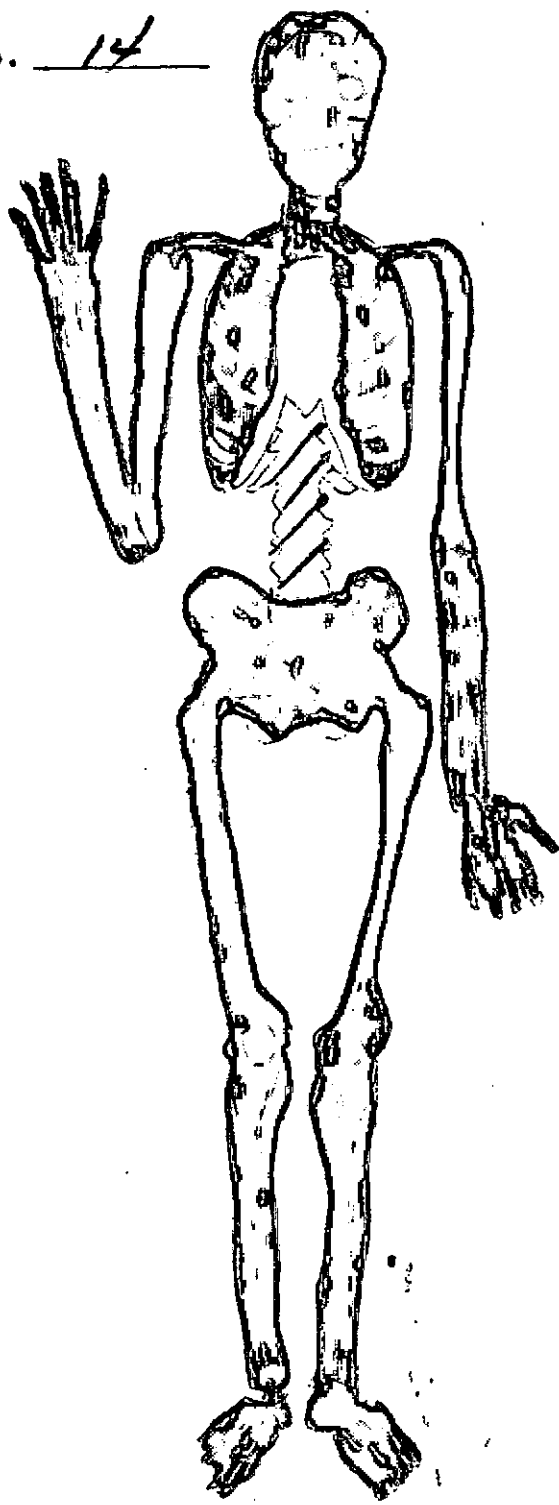
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

MAXILLA, MANDIBLE, AND ALL TEETH MISSING.

Charles W. Jones

QMC FORM 1044a  
18 MAR 47

Unknown "X" No. 14



*Skeletal remains incomplete*  
SKELETAL CHART

DISINTERMENT DIRECTIVE

DATE \_\_\_\_\_

DIRECTIVE NO \_\_\_\_\_

A. NAME AND BURIAL LOCATION OF DECEASED

Name		RANK	SERIAL NUMBER	DATE OF DEATH	ARMY OR SERVICE	DISPOSITION
<i>Unknown</i>						
CEMETERY				CAUSE OF DEATH	U.S. DISTRIBUTION POINT	
<i>4th Marine</i>						
PLOT	ROW	GRAVE	COUNTRY			
<i>1</i>	<i>13</i>	<i>626</i>	<i>Two Jima</i>			

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
				<i>8-21-47</i>
IDENTIFICATION TAG ON ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
} REMAINS				
} MARKET				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITIONS OF REMAINS
	<i>All missing and all fragments large long bones are missing or broken.</i>
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.

*J.L.S.*  
 Signature of GRS INSPECTOR

*626*

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.

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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

*Wish*  
*25*

UNKNWON # 14

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

(Place of death) (Date of death) (Cause of death)

(Time and date of burial) **4th Marine Division** **Iwo Jima**  
(Name of cemetery) (Name or coordinates of location)

**626** **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

(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)

84A

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.

A TRUE COPY

E. A. MILLER, JR.  
1st Lt., QMC<sup>4075</sup> 

.....  
(Signature of officer or other person reporting burial)

.....  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND



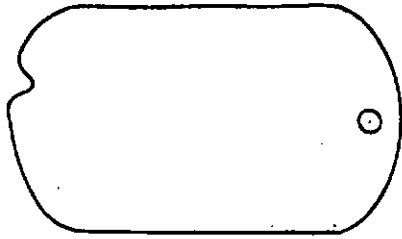
RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 46, which may be used.)

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

DATE OF REPORT  
5 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-14, 4th Mar Div Cem, Iwo Jima		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)  
*293 1/2 Ank Iwo Jima (4th Mar. Div.)*  
Unknown *X-14*

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)
1 (Substitute)	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
Yes	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
4 Feb 1952	--	Casket	Cross	N	3	185

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		NAT FILE RECORDS ANNOTATED
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	DATE	ORGANIZATION	GRAVE NO.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT  
*Edward L. Berg*  
EDWARD L. BERG, Cpl., RA

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
*Charles R. Whaylen*  
CHARLES R. WHAYLEN, 1st Lt., QMC

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

*2011 76' Copy to ABMC*

**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

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



REMARKS:  
 Grave 185, Row 3, Plot N, was previously occupied by UNKNOWN X-2148 Manila #2, disinterred and shipped to ZI as a part of a Group Burial (Cabanatuan Project).

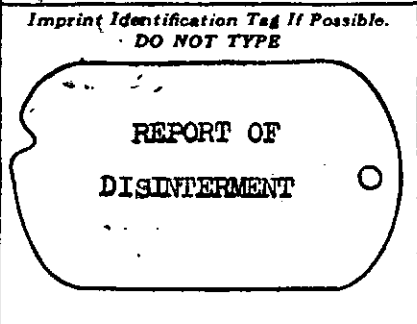
LEFT LITTLE FINGER  
 LEFT RING FINGER  
 LEFT MIDDLE FINGER  
 LEFT INDEX FINGER  
 LEFT THUMB  
 RIGHT THUMB  
 RIGHT INDEX FINGER  
 RIGHT MIDDLE FINGER  
 RIGHT RING FINGER  
 RIGHT LITTLE FINGER

**RESTRICTED**

WD GMC Form 842  
(Rev. 1 Apr 44)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
21 August 1947



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X - 14</b>		SERIAL No.
GRADE		BRANCH OF SERVICE
<b>4th Marine Div</b>		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Two jima</b>	CAUSE OF DEATH <b>Unk</b>	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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>1 MAR 45</b>				<b>1</b>	<b>13</b>	<b>626</b>

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
		<b>STATION FILE</b>

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>taravella, dan</b>	RANK <b>MMMB/c</b>	SERIAL No. <b>8480518</b>	ORGANIZATION <b>USNR</b>	GRAVE No. <b>627</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Lucio, Gregorie V.</b>	RANK <b>Pvt</b>	SERIAL No. <b>990006</b>	ORGANIZATION <b>USMC</b>	GRAVE No. <b>625</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>Tedobrico Espital</i> <b>Tedobrico Espital</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>TC B. [Signature]</i>
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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 through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**






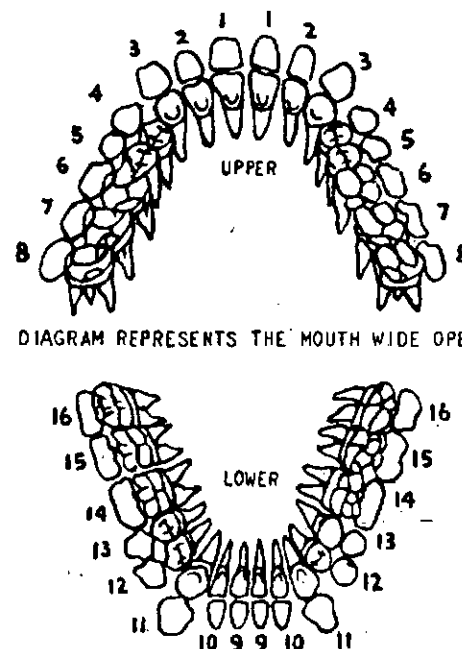
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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

LEFT LITTLE FINGER  LEFT RING FINGER  LEFT MIDDLE FINGER  LEFT INDEX FINGER  LEFT THUMB  RIGHT THUMB  RIGHT INDEX FINGER  RIGHT MIDDLE FINGER  RIGHT RING FINGER  RIGHT LITTLE FINGER	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p> <p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p> <p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p> <p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p> <p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
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FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: Condition of Remains : Skull missing and all principle large long bones are missing or broken.