

<div style="font-size: 2em; font-weight: bold;">1</div>	Interred 9 June 1950 L 16 56 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		PREPARED BY PHILCOM DISINTERMENT DIRECTIVE	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 5531 81685	

NAME UNKNOWN X - 16		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY 4TH MARINE DIVISION, IWO JIMA		PLOT 1	ROW 9	GRAVE 414	DISPOSITION OF REMAINS 7701 80 <small>CODE DIST. CTR.</small>	

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)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-16	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 18 May 1950
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer <small>NAME AND TITLE</small>	

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 18 May 50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY RAYMOND H TANGUAY, 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.

Raymond H Tanguay
RAYMOND H TANGUAY, Sgt 1c, RA
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*file 7-7-50
Kirkland
Report*

Incl 3

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Hornak</i>	DATE JUN 1950

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

DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 5531 81685		DATE 16 05 50 DAY MONTH YEAR		
NAME 193 UNKNOWN X-16		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY 4TH MARINE DIVISION, IWO JIMA		PLOT 1	ROW 9	GRAVE 414	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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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

REMARKS AND SPECIAL INSTRUCTIONS
*file 7-7-50
Kirkland
Report*

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

AIRMAIL

QUICHT 293

29 June 1960

GRS Far East

SUBJECT: Identification of World War II Deceased

T

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknowns remains now stored in AGRS Mausoleum, Manila, P.I.:

Unknown X-2, USMC 4th Mar. Div., Iwo Jima, Unit 4, Page 13
" X-16, " " " " " " " " " 4, " 13
" X-30, " 2nd " " Saipan, " 8, " 2

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

J.Miller:lrc
Salser
JW

ROBERT G. LAY
Capt MC
Memorial Division

JW

JMS

cc--Administrative Section
cc--Cincfs

AIRMAIL

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Id. Br. Id. Sec. Mem. Div.	Repat. Br. Navy Ln. Section Mem. Div.	19 Jun 1950	<p>SUBJECT: Unidentifiable Remains</p> <p>Attached Burial Report and case papers forwarded for any action deemed necessary by your Section.</p> <p style="text-align: right;">NEFF 2462</p> <p>1 Incl X-16 - 4th Mar. Div., Iwo Jima</p> <p style="text-align: right;"><i>Barrens</i> BARRENS</p>

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
26 MAY 1950

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGLU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

~~UNKNOWN X-16~~ 4th Mar Div., Iwo Jima
X-17 77th Div. Cem #1
X-30 2nd Mar. Div. Saipan
X-74 4th Mar. Div. Saipan
X-4221 Manila #2

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

H. B. McNemar
Capt QMC
Asst. Adjutant

5 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

6.A.
APO 900

22 May 1950

(Date)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General,
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X- 16 ; Plot 1⁷,
Row 9⁴, Grave 414⁴¹⁴, USMC 4th Mar. Div., Iwo Jima have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

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

Received 9 June 50 0913
Not identifiable from J Miller Ident Sec
information presently
available

29 June 1950

Incl 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-16, 4th Mar. Div., Iwo Jima				2. DATE OF REPORT 22 May 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION				Age: U. T. D.	
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR Black		11. RACE U. T. D.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Skull, maxilla, mandible, and ribs are badly mangled.
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

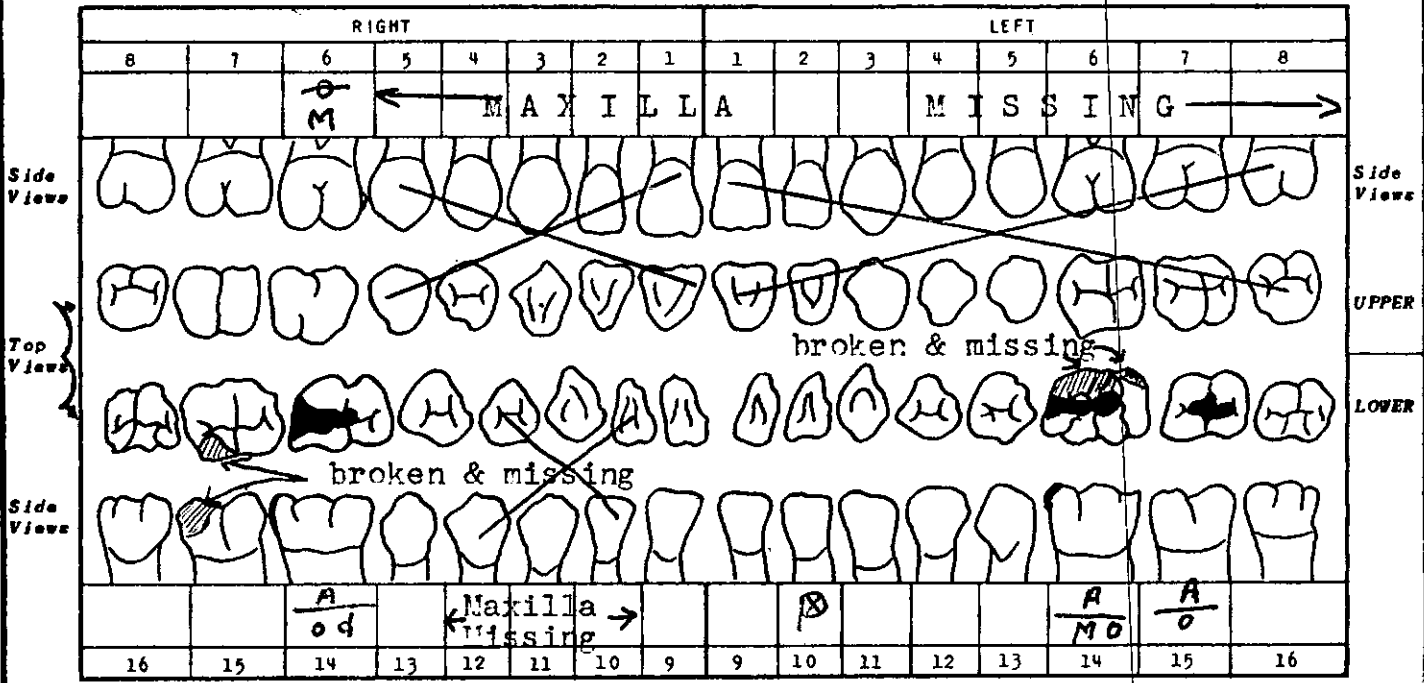
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

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

[Handwritten signature]

18. TOOTH CHART		TOP VIEW	SIDE VIEW
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:			



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."

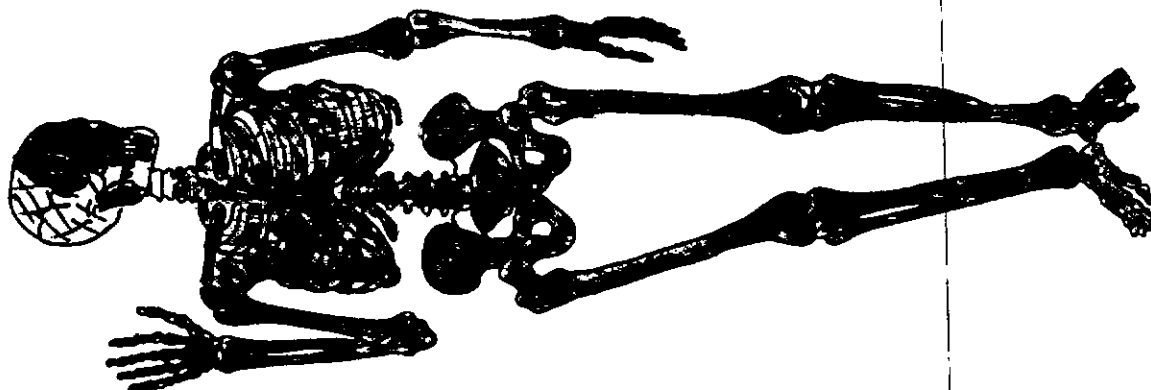
No loose maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols
 PAUL R NICHOLS
 Chief Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - U. T. D.

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 identification tag, personal effects or any other means of identification found with remains.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF 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 Ident. Section

SIGNATURE

3K29 - A Pmc MMM

1

H903
R2
#13
RX5
#7

DISINTERMENT DIRECTIVE

SECTION A NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 5531 00000	DATE 15 11 47 DAY MONTH YEAR
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NAME <u>UNKNOWN</u>	SERIAL NUMBER X-000016	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR 0 0391 63 CODE DIST. PT.
CEMETERY IWO JIMA 4TH MARINE DIV CEM				DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.
PLOT 1	ROW S	GRAVE 414	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
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SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000016	RANK Unk	DATE OF DEATH 26 Feb 45	DATE DISINTERRED 22 Aug 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY T C BLACKSHEAR, 1Lt CE NAME AND TITLE	

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uncasketed, nature of shroud undetermined	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	
MINOR DISCREPANCIES ? None	

RECEIVED

REMAINS PREPARED AND PLACED IN CASKET DATE 16 Jul 48 BY V R WILLIAMS, Emb	CASKET SEALED BY C L MATTHEWS, Emb	EMBALMER (Signature) J E SPARK
--	---------------------------------------	-----------------------------------

CASKET BOXED AND MARKED DATE 16 Jul 48 BY P MABAZZA	SHIPPING ADDRESS VERIFIED BY J E MORRIS, 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 DeGroot
F T DeGROODT, Capt CMP
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj, CMP	DATE 19 Jul 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 19 Jul 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	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Walter Hordeman</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>Walter Hordeman</i> WALTER H. HORDEMAN, 1st Lt IC	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

GENERAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MAREO ZONE, APO 244

293.

X-16
X-17

Date

1 July 48

CASE SUMMARY OF

NAME: X-16 - X-17 RANK: — SERIAL NO: —
CEMETERY 4th MAR Plot: 1 Row: 9 Grave: 414 - 413

Two Times

In compliance with Inter Staff Routing Slip, - Subject Transmitted of Cases for Correction dated 14 Feb 48 - , Office of Major, - Records Section AGRS APO 244, Case files of X-16 & X-17 have been corrected so as to agree with remains disinterred from graves 413 & 414 respectively new 1042 - 1044 - 1045 - 1044b prepared this date

cc: 293

X-16
X-17

Ray H. Stewart
(Signature)
Capt *RF*

Remarks:

IDENTIFICATION DENTAL CHART
 To be used with QMC Forms Nos. 1042 and 1044 in place of chart therein, and to be attached to and forwarded with those forms when accomplished.

22 Aug 1947

UNKNOWN X-16

Date

LAST NAME FIRST INITIAL RANK SERIAL NO.
 USMC 4th Marines

Two Jina UNIT 4th Mar Cemetery ORGANIZATION 1 414

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

TYPE LOCATION	RIGHT UPPER TEETH				LEFT				TYPE LOCATION							
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7
			0													

INSIDE - LOOKING OUT

TYPE LOCATION	RIGHT LOWER TEETH				LEFT				TYPE LOCATION						
	116	15	14	13	12	11	10	9		10	11	12	13	14	15
			A							D				A	A
			00											0/1	0

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
	A	M
	G	0
	S	d
	0	1
		f

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 FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING 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., FORCE-LAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

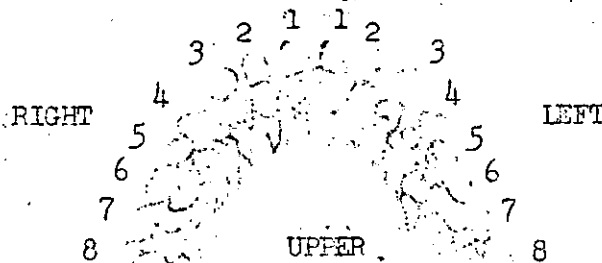
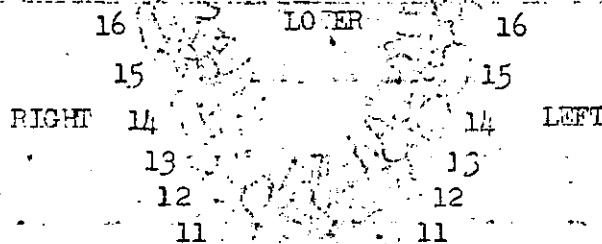


DIAGRAM REPRESENTS THE MOUTH WIDE WIDE OPEN



Maxilla fractured between R-9 and R-8 portion from R-5 to L-8

RAMMUS: missing. Mandible fractured between R-9 and R-10 portion to R-16

missing. R-15 present R-15 facial surface fracture L-14 lingual surface fracture L-16 impacted.

[Signature]
NAME AND RANK TYPED OR PRINTED
SIGNATURE OF PERSON WHO PREPARED CHART

[Signature]
NAME AND RANK TYPED OR PRINTED
VERIFIED BY CAS OFFICER

Two Jim
NAME AND RANK TYPED OR PRINTED

28 Aug 1947
NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

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

LINE OF FRACTURE																	
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
			← Missing →														
Side Views								Side Views									
Top Views								Top Views									
Side Views								Side Views									
	CHIPPED	A	← MISSING →												A	A	IMPACTED
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."

[Handwritten signature]

[Handwritten signature: J. D. ... Capt]

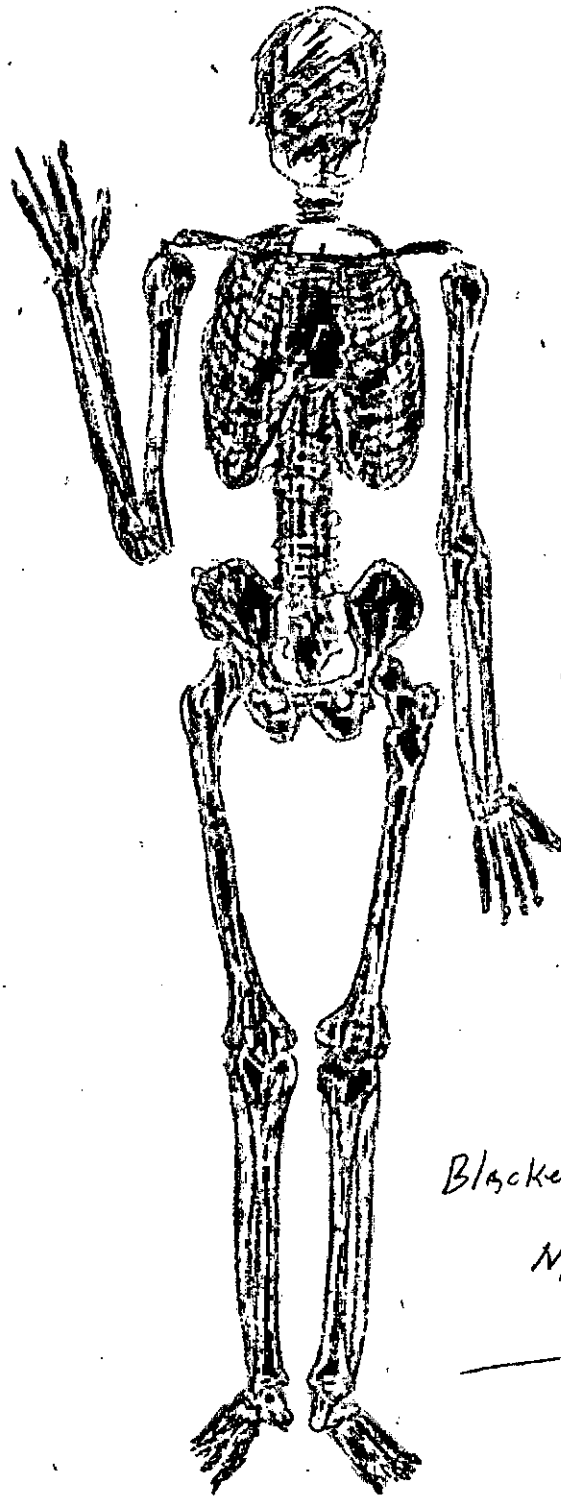
PROCESSING CENTER

UNKNOWN X-14
(Name)

(Rank)

(Ser No.)

(Pr of Sv)



Blacked out Areas
MISSING

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
UNKNOWN						
CEMETERY				CAUSE OF DEATH	U.S. DISTRIBUTION POINT	
1st Marine						

LOT	ROW	GRAVE	COUNTRY
1	9	414	Iwo Jima

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
				8-22-47
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
	Pieces of skull and jaw found some remainder of bone missing No. 413 also UNKNOWN.
OTHER MEANS OF IDENTIFICATION	
FOR DISCREPANCIES 1/	

REMAINS PREPARED AND PLACED IN CASKET

DATE _____ BY _____ EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY (Signature)

DATE _____ BY _____

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

UNKNOWN # 16

Unknown

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

4th Marine Division Cemetery, Iwo Jima

27

111

9

1

(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)

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.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

A TRUE COPY

THUMB

~~E. A. MEINER Jr.,
1st Lt., GNC~~

8075 65A

4

3

2

1

THUMB

RIGHT HAND