

nfm

Interred 30 March 1950
F 3 109 Ft. McKinley

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

1

Checkmark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 81202

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN X - 17	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY 293 4TH MARINE DIVISION CEMETERY, IWO JIMA	PLOT 1	ROW 9	GRAVE 413	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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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 X - 17	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 29 March 1950
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS 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 29 March 1950 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS
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CASKET BOXED AND MARKED DATE 29 Mar 50 BY RAYMOND H TANGUAY, Sgt 1c RA	SHIPPING ADDRESS VERIFIED BY 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
25 APR 1950
REPATRIATION
BRANCH

Jarris

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>Robert Mark</i>	DATE MAR 30 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

13 ink - [unclear]
QMGMN 293
GRS Far East

APR 3 1950

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 GRPZ 293, dated 10 March 1950, subject: Unidentifiable Remains.

2. The unknown remains listed in the above referended letter were recommended as unidentifiable per Marbo Zone letters, file 293 MBGRS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QMGMN 293, dated 6 December 1948 and 1st Indorsement, file QMGMN 293 GRS Far East, dated 7 December 1948.

3. In view of the above previous action, Certificates of Unidentifiability are returned herewith for cancellation.

4. The above referenced unknowns, X-1, X-17, X-18, X-20, X-22, X-24, X-25, X-29, X-90 and X-95 4th Marine Division, Iwo Jima are listed on FEA Unit Roster #9, Page 1.

FOR THE QUARTERMASTER GENERAL:

14 Incls

- 1-10. Certificates of Unident.
11. Marbo Zone ltr dtd 15 Oct 48
12. Marbo Zone ltr dtd 12 Nov 48
13. 1st Ind dtd 6 Dec 48
14. 1st Ind dtd 7 Dec 48

T. H. METZ
Lt Colonel, QMC
Memorial Division

QMGMN 293 X-17, 4th Marine Division, Iwo Jima

QMGMN 293 X-17, 4th Marine Division, Iwo Jima

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5521 0202

DATE
29 03 50
DAY MONTH YEAR

NAME: UNKNOWN X-17
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA
PLOT: X ROW: 9 GRAVE: 413
DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
PT. W. MCKINLEY, 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: []
 REMAINS
 MARKER
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
DATE: [] BY: []
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 Prepared 24 May 50

REMARKS AND SPECIAL INSTRUCTIONS

Incl # 36

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

34-88 G.P. Inc MM

DISINTERMENT DIRECTIVE

1

H803 H803
R7 R7
F9 F69

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 5531 00000	DATE 15 11 47 DAY MONTH YEAR
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NAME <i>257 UNKNOWNX-000017</i>	SERIAL NUMBER <i>257 UNKNOWNX-000017</i>	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY IWO JIMA 4TH MARINE DIV CEM				DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.
PLOT 1	ROW 9	GRAVE 413	COUNTRY KAZAN RETTOV	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-000017	RANK Unk	DATE OF DEATH Unk	DATE DISINTERRED 22 Aug: 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY T. G. Blackshear, 1st LT., CE 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 Cemetery plate	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 July 48 BY J. R. Williams, Emb.	EMBALMER (Signature) <i>J. R. Williams</i> J. R. WILLIAMS, Emb.
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CASKET BOXED AND MARKED DATE 19 July 48 BY P. Sayan	SHIPPING ADDRESS VERIFIED BY 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.

P. T. DeGroot
1948
P. T. DEGROOT, Capt., C.P.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US 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., CMP	DATE 19 July 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 19/7/48

2. SHIPPED

FROM PORT AGRS (SAIPAN, M.I.)		TO Transport Commander US AT 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>Ray Woodman</i> RAY WOODMAN, 1st Lt	DATE 6 Oct 48

3. SHIPPED

FROM US AT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Ray Woodman</i> RAY WOODMAN, 1st Lt	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-17, 4th Marine Div. Cem., Iwo Jima				2. DATE OF REPORT 25 Feb 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I	4. PLOT 1	5. ROW 9	6. GRAVE 413	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 7/8"	10. COLOR OF HAIR U T D	11. RACE U T D
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Pel vic bones, right femur, tibia and fibula
--	--

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"

Handwritten signature and number 2

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>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>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
LOWER															
← 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 maxillary or mandibular teeth present with remains.

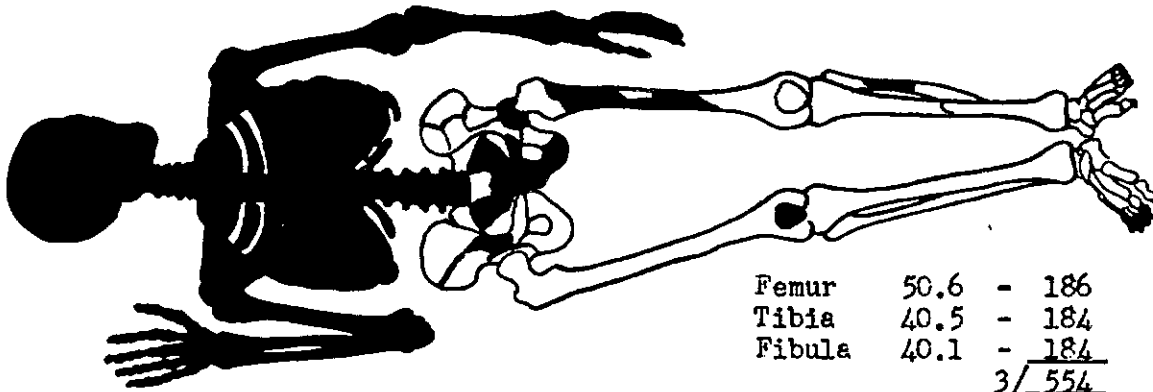
Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

Paul 22

19. BLACK-OUT PARTS OF BODY NOT RECOVERED

Iwo Jima



Femur	50.6	-	186
Tibia	40.5	-	184
Fibula	40.1	-	184

3/	<u>554</u>	
		184-2/3

Estimated height - 6' 7/8"

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

Estimated weight of remains - 5 lbs.

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-17				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 4th Marine, Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	9	413	DISINTERMENT	REINTERMENT

-PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 6' 1/2"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	---------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Surface mortuary plate
"Unknown
P-1, R-9, G-413

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **See Skeletal Chart**

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)

Fragments of poncho
G.I. Shoes Size-?
Part of webbed belt
Canteen
Fragments of fatigues
leather knife sheath

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Harriman
H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbe Zone

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>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>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views																
Top Views																
Side Views																
	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."

Mandible and maxilla missing

H. Gee. Sutkeski

IDENTIFICATION CHECKLIST

Unknown X-17
Cemetery 4th Mar. Div., Iwa Jima
Plot 1 Row 9 Grave 413

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I
Physical Description

1. Estimated weight UTD 2. Estimated height 5'8"
3. Color of hair UTD 4. Race UTD
5. Tattoos or scars on the body (give description) _____
NONE (Information obtained from other sources) _____
6. Was tooth chart taken? NO If not, explain _____
UPPER EXTREMITIES MISSING
7. Were fingerprints taken? RT
8. Cause of death UTD
9. Was body burned? NO To what extent? _____
10. Are any parts of the body missing or severed? SEE SKELETAL CHART
11. Is there any evidence of first-aid or other medical treatment? _____
NO
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____
NONE
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) SEE ENCLOSED REPORT

Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: _____

~~Penche fragmented (No distinct Markings) green; Ganteen;~~

~~knife sheath; fragments of fatigues and socks; shoes; 2 (2) G.I.~~

~~Size ITD~~

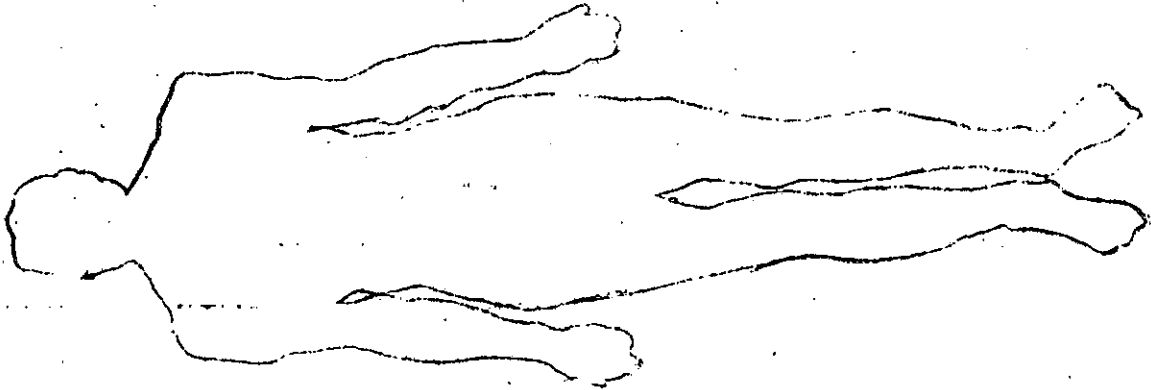
15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination _____

NONE

16. Evidence of healed fractures _____

NONE

17. Black out parts of body not received at cemetery.



18. REMARKS: ~~No outstanding characteristic for aid of identity.~~

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

R. H. Oestreich
R. H. Oestreich

Officer's name

Capt., Inf.

Rank

Service

Organization

IDENTIFICATION

DATE 19 April 48

NAME (Last, First, Middle Initial) RANK

SERIAL NUMBER

Unknown X-17

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE

Sur Base

4th Mar. Com

1

9

413

TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING (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	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	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 maxilla or mandible

OP Campbell Embalmer

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

22 Aug 1947

Date

UNKNOWN X-17

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
	USMC		4th Marines	
UNIT			ORGANIZATION	
Iwo Jima			1 9 418	
PLACE OF DEATH		PLACE OF BURIAL	PLCT	ROW GRAVE NO.
		4th Mar Cemetery		

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

INSIDE - LOOKING OUT

	RIGHT				LOWER TEETH				LEFT						
	116	15	14	13	12	11	10	9	10	11	12	13	14	15	16
TYPE															
LOCATION															

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
	EXTRACTED	AMALGAM (SILVER)
	CAVITY, INDICATE LOCATION	GOLD
	FIXED BRIDGE (INCL. ABUTMENTS)	SILICATE OF PORCELAIN
	TEETH REPLACED BY DENTURE	OXYPHOSPHATE (CEMENT)
	POSTHUMOUSLY MISSING	MESIAL (BETWEEN TOWARD FRONT)
		OCCLUSAL (BITING SURFACE BACK TEETH)
		DISTAL (BETWEEN TOWARD BACK)
		LINGUAL (TOWARD TONGUE)
		FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SOME 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.: PORCELAIN 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.

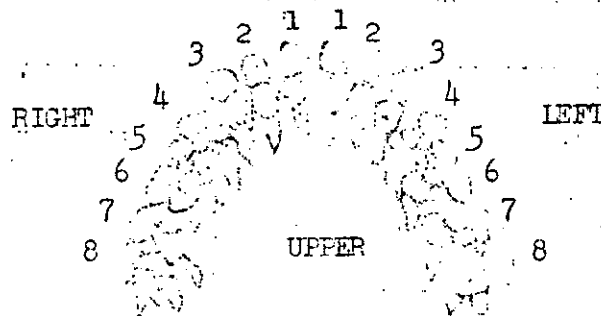
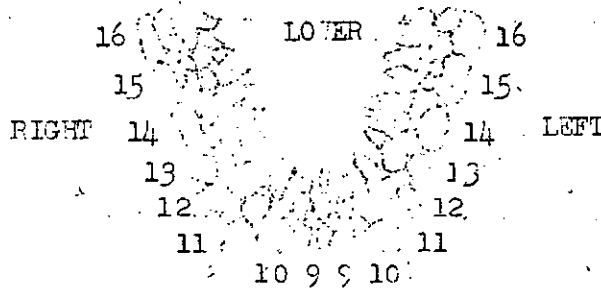


DIAGRAM REPRESENTS THE MOUTH WIDE WIDE OPEN



REMARKS: **Entire mandible and maxilla missing.**

Kelly
SIGNATURE OF PERSON WHO PREPARED CHART
ROON INN YEE, 1st Lt., D.C.

John H. Haines
VERIFIED BY GRS OFFICER
JOHN H. HAINES, 2nd Lt., Inf.

NAME AND RANK TYPED OR PRINTED
Iwo Jima

NAME AND RANK TYPED OR PRINTED
22 Aug 1

PLACE HERE WHERE THIS FORM ACCOMPLISHED

DATE

PROCESSING CENTER

Unknown X-17

Geo Juma

4th Mar Div Cen

(Name)

(Rank)

(Ser No.)

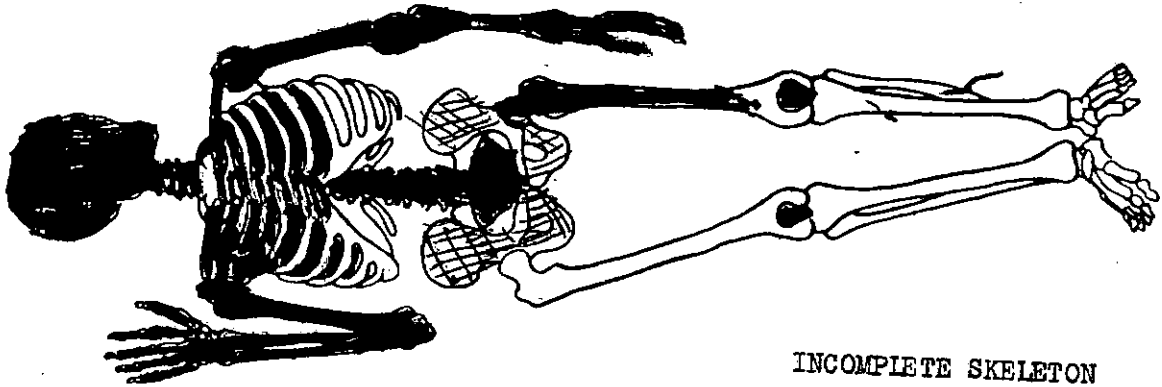
(Br of Sv)



Skeletal Remains Incomplete

SKELETAL CHART

19. BLACK OUT PARTS OF BODY NOT RECOVERED

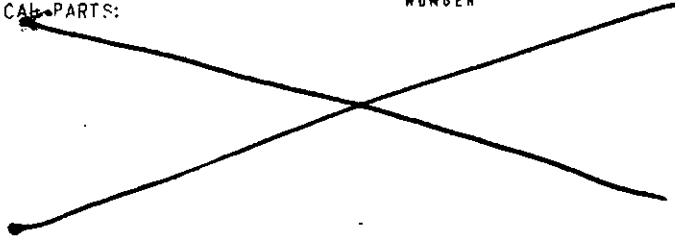


INCOMPLETE SKELETON

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

HEIGHT 6' $\frac{1}{2}$ "
COLOR OF HAIR UTD
DRY SKELETON REMAINS.

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

SIGNATURE

R. H. Oestreich
R. H. OESTREICH, CAPT., INF.

DISINTERMENT DIRECTIVE

DATE _____

DIRECTIVE NO _____

A. NAME AND BURIAL LOCATION OF DECEASED

UNKNOWN	RANK	SERIAL NUMBER	DATE OF DEATH	ARMY OF SERVICE	DISPOSITION
---------	------	---------------	---------------	-----------------	-------------

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

ROW	GRAVE	COUNTRY
1	9	413
		Jawa 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 DISINTERRE
				8.22.47
IDENTIFICATION TAG ON ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY		
{ REMAINS MARKET				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITIONS OF REMAINS
	Remains of bones missing. Skull completely crushed. No teeth found. Body of Gr. 413 is also UNKNOWN.
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

DATE _____ 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.

303

PCW

Signature of GBS INSPECTOR

Imprint Identification tag:
 If Possible:
 TO THE BODY

REPORT OF
 DISINTERMENT

UNKNOWN X-17 Box No. 303
 GRADE ORGANIZATION
 4th Marine Div

RACE RELIGION
 IF OTHER THAN US. GIVE RACE OF BODY

PLACE OF DEATH GRAVE OF DEATH
 IND JAWA UNKNOWN

EMERGENCY ADDRESS (Name, relationship, and address)

IDENTIFY TISSUE TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 or reverse.)

WERE SUBSTITUTION 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 street and city coordinates or grid.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

DATE OF BURIAL FROM BURIAL IN (Type, date, place no., row no., grave no., ket, or name of cemetery or other)

WAS THIS A REBURIAL? (yes or no) OF A REBURIAL, ETHICAL NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Previous Cemetery
 PLACE NO. ROW NO. GRAVE NO.
 1 9 111

TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES (If deceased, give rank and last name, and date and location of burial with body)

IDENTIFY TAGS AND BURIED WITH BODY (Yes or No) YES OR NO

STATION 514

BODY BURIED ON DECEASED INTER, NAME (Last, first, middle initial) RANK SERIAL NO. ORG. GRAVE NO.

Unknown X-16 RANK SERIAL NO. ORG. GRAVE NO. 114

BODY BURIED ON DECEASED INTER, NAME (Last, first, middle initial) RANK SERIAL NO. ORG. GRAVE NO.

Rudy, Michael Sgt 128699 1111 112

SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF ORG CHIEF OR USER VERIFYING REPORT
 Theodore Espital

DISTRIBUTION OF REPORT: Signed original for D.G. and all interested, signed original and one copy for every dead, to the Quartermaster General through the G.O. Officer. Copies for retention in theater as prescribed by theater

Section 3: UNIDENTIFIED REMAINS

INSTRUCTIONS:

(a) Great care will be taken to record all minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues known 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. Reprint all fingers and thumbs on 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.

LEFT INDEX FINGER
LEFT MIDDLE FINGER
LEFT RING FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT PINKY FINGER

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS OR TATTOOS
--------	--------	---------------	---------------	------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND
-----------------------	--

OTHER IDENTIFICATION CLUES

SEE IDENTIFICATION CHECK LIST

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

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

ABOVE GROUND STORAGE W - 3 K - 89

REMARKS:

Condition of Remains: Remainder of bones missing. Skull completely crushed. No teeth found. Burial - IIR reports - Unknown.

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)

Unknown

Unknown # 17

(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)

lth Marine Division Cemetery, Iwo Jima

28

113
(Grave number)

9
(Row number)

1
(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)

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.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB
TRUE COPY
E. A. MILLER
1st Lt., QMC

rl 8075

65A

4

3

2

1

THUMB

RIGHT HAND