

2432. *Handwritten scribbles and numbers*
 OMSGN 293
 GRS Far East
 SUBJECT: Unidentifiable Remains
 APR 9 1950

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 OMI7 293, dated 10 March 1950, subject: Unidentifiable Remains.

2. The unknown remains listed in the above referended letter were recommended as unidentifiable per Warbo Zone letters, file 293 MBGRS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New OMC Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file OMSGN 293, dated 6 December 1948 and 1st Indorsement, file OMSGN 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 FFA Unit Roster #9, Page 1.

FOR THE QUARTERMASTER GENERAL:

- 14 Incls
- 1-10. Certificates of Unident.
- 11. Warbo Zone ltr dtd 15 Oct 48
- 12. Warbo 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, OMC
 Memorial Division

OMSGN 293 X-18, 4th Marine Division, Iwo Jima

nfm
1
/CSV

Interred 30 March 1950
F 4 109 Ft. McKinley

Case Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 81203

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN X - 18	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
-------------------------------	---------------	-------	-----	------	----------

CEMETERY 4TH MARINE DIVISION CEMETERY, IWO JIMA	PLOT 1	ROW 8	GRAVE 399	DISPOSITION OF REMAINS 7701 CODE	80 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-18	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 29 March 50
IDENTIFICATION TAG ON <input 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 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 RAYMOND H TANGUAY	SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA
DATE 29 Mar 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

✓

**NAT
FILE
RECORDS
DATE 22 Apr 50
NAME [Signature]**

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>Carol Smith</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

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 5531 01203
DATE: 29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 18
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA
PLOT: 1 ROW: 8 GRAVE: 399
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. 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: [] REMAINS [] 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 Program
R. J. May
11/27/50

Incl # 37

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

1

H808 D3
R/4 R1
F11 F17

3489

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 00000

DATE
15 11 47
DAY MONTH YEAR

NAME: 293 UNKNOWN SERIAL NUMBER: X-000018 RANK: Q ARM: Q DATE OF DEATH: 0391 63
DAY MONTH YEAR CODE DIST. PT.

CEMETERY: IWO JIMA 4TH MARINE DIV CEM DISPOSITION OF REMAINS: 0
CODE DIST. PT.

PLOT: 1 ROW: 8 GRAVE: 399 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: [Blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN SERIAL NUMBER: X-000018 RANK: Unk DATE OF DEATH: Unk DATE DISTINTERRED: 25 Aug 47
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: Unk 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 Plates
MINOR DISCREPANCIES: One (1) Mortuary Plate shows UNKNOWN X-118

REMAINS PREPARED AND PLACED IN CASKET: DATE 13 Aug '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.

F T DE GROODT, 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 16 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt. Inf.	DATE 16 Aug. 48

2. SHIPPED

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

3. SHIPPED

FROM USAT DALTON VICTORY		TO PORT STORAGE OFFICER M. AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Clayton</i> CLAYTON	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 C		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-18, 4th Marine, Iwo Jima				2. DATE OF REPORT 25 Feb 50	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT 1	5. ROW 8	6. GRAVE 399	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE White
-----------------------------------	-----------------------------------	---------------------------------	--------------------------

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? Bones present are mangled.
--	--

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

June 3rd

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>	<p>SIDE VIEW</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
X	o		X												
maxilla								missing							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
broken & missing								broken & missing							
mandible missing								mandible missing							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
broken								partially impacted							

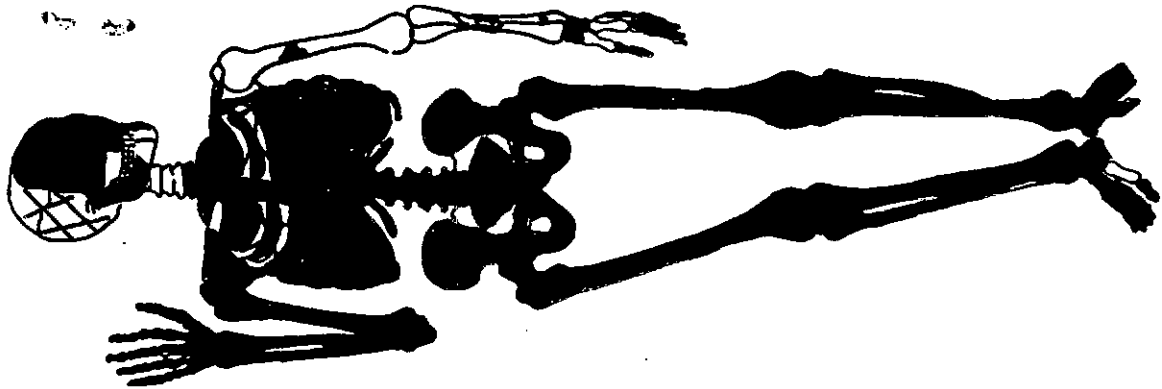
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: No loose maxillary or mandibular teeth present with remains.

Paul R Nichols
 PAUL R NICHOLS
 Chief, Ident. Section

Paul 32

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 _____ DECEASETS 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 - 1½ 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, Ident. Section

SIGNATURE

Paul R. Nichols

2-1-34

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-18				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY, 4th Mar. Div. Gen., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	8	399	DISINTERMENT	REINTERMENT
				25 Aug 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR Light Brown	11. RACE UTD
-----------------------------------	-----------------------------------	---	------------------------

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimens sent through channels for examination when facilities are not available in the area)

None

APPROVED UNIDENTIFIABLE

Unidentifiable by reason of lack of sufficient identifying data.

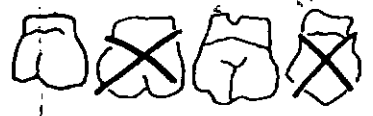
H. W. Harriman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbe Zone

BJP

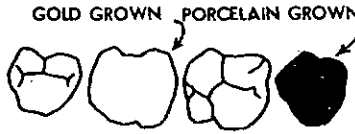
TOOTH CHART

X-18

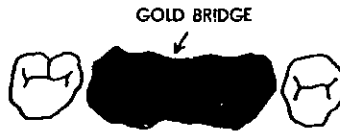
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



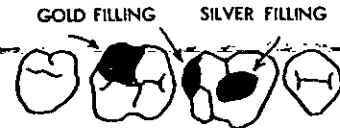
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



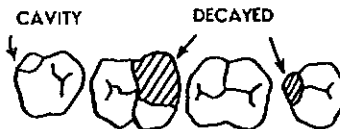
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X		A													
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
amp	X	SPIT						X			X		X	missing mandible	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

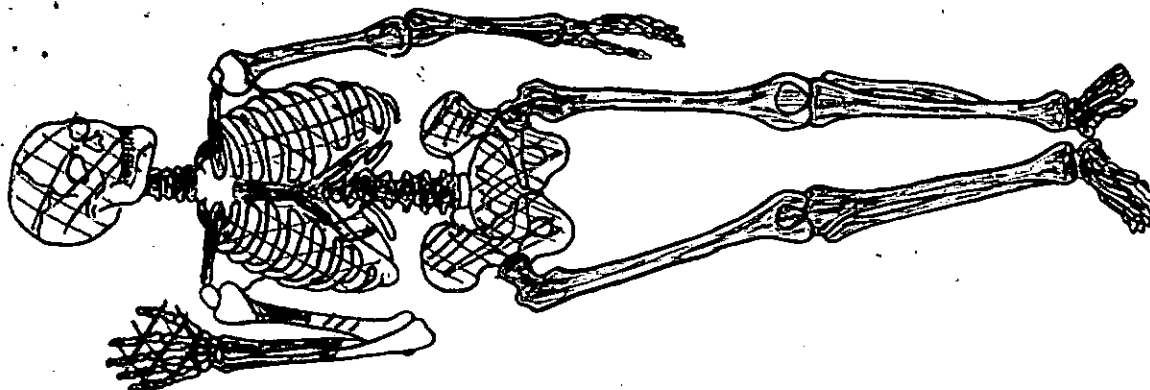
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Plate Right side of mandible broken from 14 to 16

Manion

Uldric E. Conerly
 ULDRIC E. CONERLY, Capt., T. C.

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body was in Army shelter half brought to CIP.
 Body bones in fragments. Bones very few, unable to determine a complete measurement of any bones.
 60 bones in all found.

BJP

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

ULDRIC E. CONERLY, Captain, CAC

A. NAME AND BURIAL LOCATION OF DECEASED

NAME : RANK : SERIAL NUMBER : DATE OF DEATH : ARMY OR DISPOSITION : SERVICE : TION

UNKNOWN X18

CEMENTERY : CAUSE OF DEATH : U.S. DESCRIPTION POINT

4th STORINE

LOT : ROW : GRAVE : COUNTRY

1 : 8 : 399 : Two Tima

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 OF DISINTERMENT

8-25-47

IDENTIFICATION TAG ON ORGANIZATION : RELIGION : IDENTIFICATION VERIFIED BY
() REMAINS
() MARKER

D. PREPARATION OF REMAINS FOR INTERMENT

NATURE OF BURIAL : CONDITIONS OF REMAINS

Everything we covered in shelter
half everything is missing

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASNET

DATE BY : EMBALMER (signature)

CASNET BOXED AND MARKED : SIGNATURE ADDRESS (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.

APPROVED UNIDENTIFIABLE

STATION 511A

SIGNATURE OF CDR INSPECTOR

381
[Signature]

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

TOOTH CHART

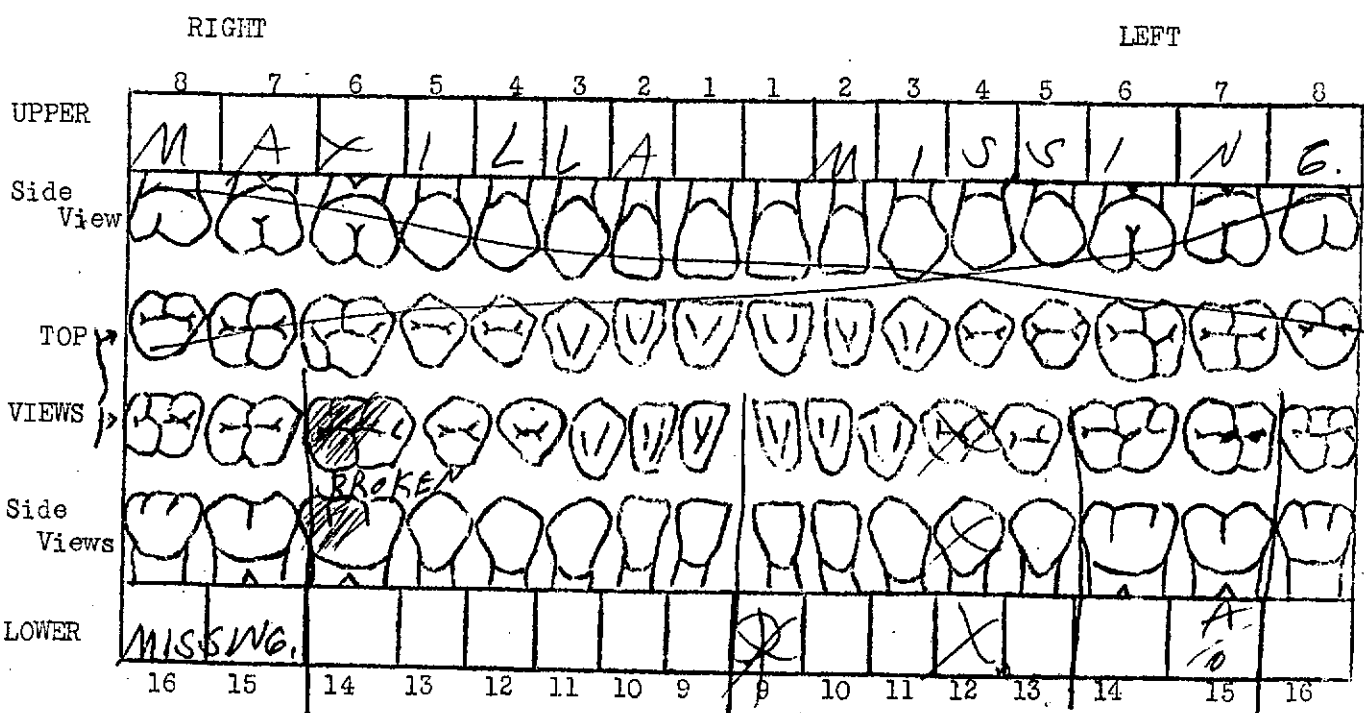
Date _____

UNKNOWN X-18

Last Name _____ First _____ Initial _____ Rank _____ Serial No. _____

Branch of Service _____ Cemetery _____

Cemetery _____ Date of Death _____ Date Disinterred _____



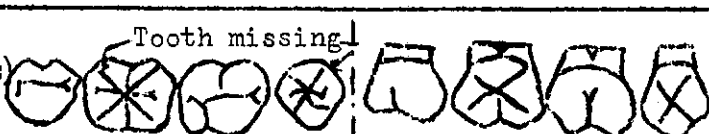
FRACTURED **FRACTURED** **FRACTURED**

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

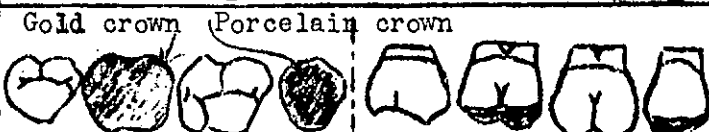
Charles W. Jones
 Signature of Officer or other person who prepared Tooth chart

W. H. ...
 Verified by G.R.S. Officer

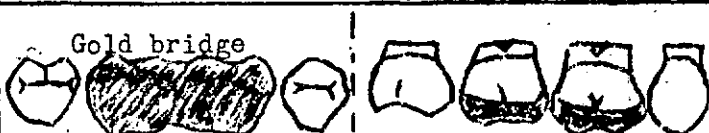
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds should be "X" 'd out and labeled, thus:



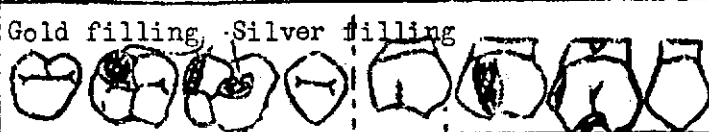
CROWNED TEETH ... Block in solid the crown of tooth (label gold, porcelain, silver or gold and porcelain) thus:



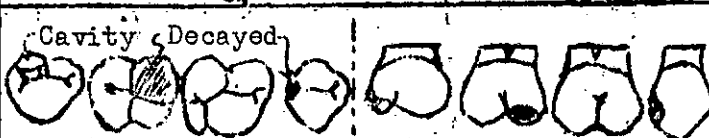
BRIDGE WORK ... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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"

ADDITIONAL SPACE FOR FURTHER REMARKS

(Name)

X-1

(Rank)

(Ser. No.)

(Br of Sv)



Skeletal remains complete

SKELETAL CHART

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

Interment

UNKNOWN # 18

(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)

29

399 **8** **1**
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

APPROVED UNIDENTIFIABLE

(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.

A TRUE COPY

(Signature of officer or other person reporting burial)

E. A. MILLER, JR.
1st Lt., OMC 8075 USA

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND