

AIRMAIL

QMGMT 293

29 June 1950

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, " 9, " 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
Salsar
JW

ROBERT G. LAY
Capt QMC
Memorial Division

JW

JMN

cc--Administrative Section
cc--Cincfe

AIRMAIL

1

Interred 15 June 1950
G 6 33 Ft. McKinley

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 81704

DATE
06 06 50
DAY MONTH YEAR

NAME: UNKNOWN X-2 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 4TH MARINE DIVISION CEMETERY, IWO JIMA PLOT: 1 ROW: 23 GRAVE: 1132 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-2 SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: 7 June 50

IDENTIFICATION TAG ON: 1 REMAINS 1 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: 7 June 50 BY: PAUL R NICHOLS

CASKET SEALED BY: PAUL R NICHOLS EMBALMER'S SIGNATURE: PAUL R NICHOLS

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:

DATE: 7 June 50 BY: ALBERT C EVATT, Sgt, RA 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

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>Barrett Mark</i>	DATE 15 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

33

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81704

06 06 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I-2					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	23	1132	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.	(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	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

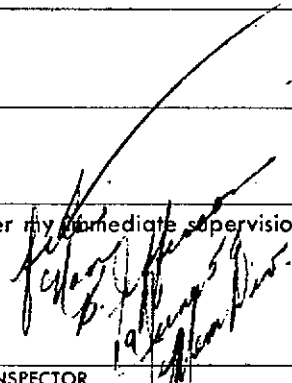
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	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

REMARKS AND SPECIAL INSTRUCTIONS

Examined by
11 Aug 49

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

GRPZ 293

AF
APO 900

SUBJECT: Unidentifiable Remains

21 MAY 1950

293 UNK Iwo Jima (4th Marine Div Com) X-2

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 QMGHU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the remains of UNKNOWN X-2, 4th Marine Division, Iwo Jima, have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data.

2. Forwarded herewith, for your consideration, is the new QMC Form 1044 for the above-mentioned Unknown.

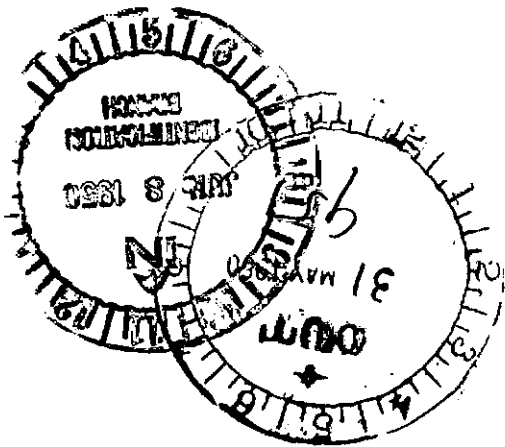
FOR THE COMMANDING OFFICER:

1 Incl
QMC Forms 1044 w/Certificate
of Unidentifiability

H. E. McNEEMAR
H. E. McNEEMAR
Capt., QMC
Asst. Adjutant

293. GRS Far East

*ATI File
H. Miller
30 June 50*



ok.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

31 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- 2 , Plot 1 ,
Row 23 , Grave 1132 , USMC 4th Mar Div., Iwo Jima , have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

[Signature]
F. B. McNEEMAR
Captain, QMG
Chief, Records Branch

Received 8 June 1950 OQMG
Not identifiable from
information presently
available *d. Miller Ident Sec*
27 Jun 50

Smith 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-2, 4th Mar. Div., Iwo Jima				2. DATE OF REPORT 26 May 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT 1	5. ROW 23	6. GRAVE 1132	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION Age: U. T. D.			
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5'3 3/8"	10. COLOR OF HAIR U. T. D.	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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
All major bones present are mangled.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N o n e

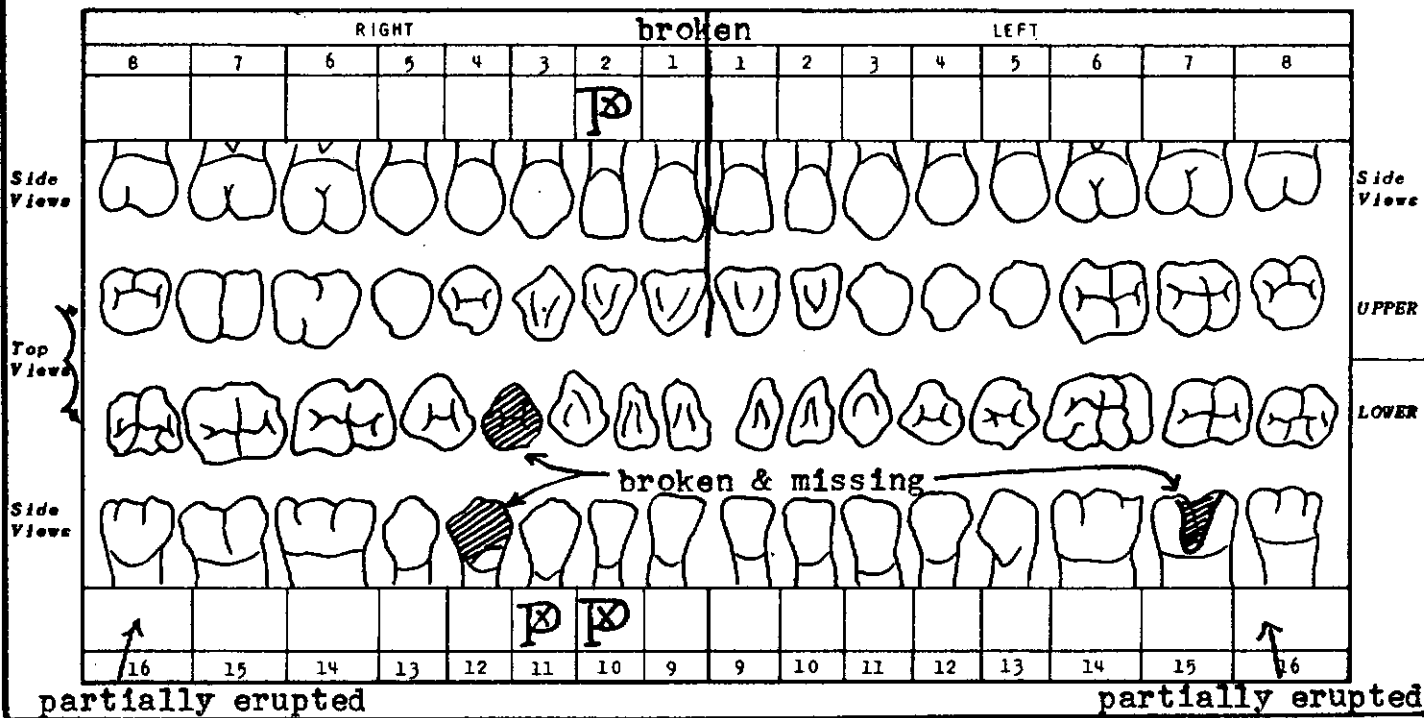
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N o n e

"BY ...

[Handwritten signature]

18. TOOTH CHART	
<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>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>

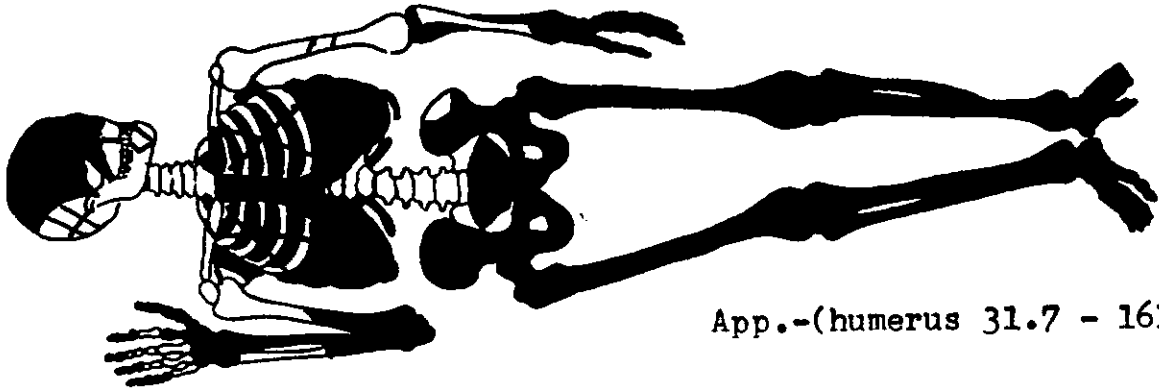


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R NICHOLS
Chief Ident. Section

19.--BLACK OUT PARTS OF BODY NOT RECORDED



App.--(humerus 31.7 - 161

Estimated height 5'3 3/8"

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 tag, personal effect or any other means of identification found with 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

PAUL R NICHOLS
Chief Ident. Section

SIGNATURE

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

293 MBGRS

File Ref: Unknown X-2 (Mongoloid)
4th Marine Division Cemetery
Iwo Jima, Volcano Islands

APD 244
OCT 29 1948

SUBJECT : Transmittal of Case Review
Board of Review, AGRS, MARBO Zone

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

1. In accordance with Ltr TAGO, file AGAO-S 293.9 (27 March 1947) D-M, dated 9 April 1947, Subject: Establishment of Boards of Review for Identification of Unknown Dead Overseas, and CINCFE Rad CX59328, dated 22 March 1948, the following unknown case is forwarded herewith for administrative approval:

4th Marine Division Cemetery, Iwo Jima

Unknown	Plot	Row	Grave
X-2	1	23	1132

2. The above unknown remains were processed by AGRS, MARBO Zone, 23 August 1948, and determined to be of Mongoloid Stock.

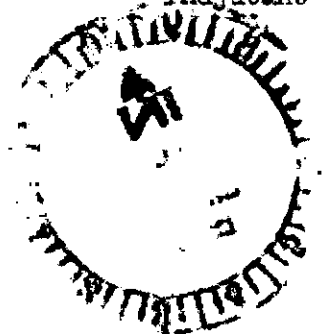
FOR THE COMMANDING OFFICER:

D. A. Brown

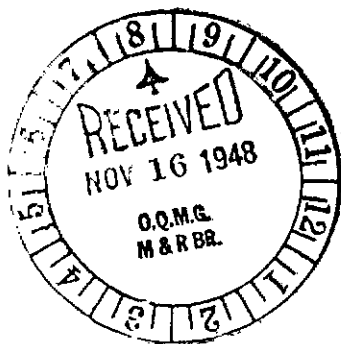
1 Incl:

Case Review (3)

D. A. BROWN
Major AGD
Adjutant



293 MBGRS
2
Iwo Jima
(4th Marine Div. Cem.)



AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

WFM/jrp

293 MBGRS

APO 244
21 October 1948

File Ref: Case Unknown X-2
4th Marine Division Cemetery
Iwo Jima, Volcano Islands

SUBJECT : Case Review

PART I - INITIAL CASUALTY DATA

The remains of Unknown X-2, according to available information, were recorded as being interred in the 4th Marine Division Cemetery, Plot 1, Row 23, Grave 1132, at Iwo Jima, Volcano Islands, on 6 March 1945.

PART II - CASE EVIDENCE

The following records relative to the remains of Unknown X-2, Plot 1, Row 23, Grave 1132, 4th Marine Division Cemetery, Iwo Jima, Volcano Islands are attached:

1. QMC Form 1042, dated 18 November 1947.
2. QMC Form 1044, dated 23 August 1948.
3. QMC Form 1044-b, dated 23 August 1948.
4. QMC Form 1045, dated 23 August 1948.
5. Identification Checklist on Unknown X-2.
6. Case Summary on Unknown X-2.

PART III - DISCUSSION

The available information on Unknown X-2 reveals that the remains were interred at Iwo Jima, Volcano Islands in the 4th Marine Division Cemetery, Plot 1, Row 23, Grave 1132, 6 March 1945 as an unknown, then disinterred on 18 November 1947 and sent to the Central Identification Point, at Saipan, Marianas Islands, for processing. The remains of Unknown X-2 were processed on 23 August 1948 by Mr. T. W. McKern, the Anthropologist, and determined to be of Mongoloid Stock.

PART IV - CONCLUSION

Based on the statement of Mr. T. W. McKern, the Anthropologist, and a careful review of all available information, it is concluded that the remains of Unknown X-2 are those of the Mongoloid Stock.

PART V - RECOMMENDATIONS

It is recommended that the remains of Unknown X-2, 4th Marine Division Cemetery, Iwo Jima, Volcano Islands, be accepted as the remains of Mongoloid Stock and buried in a plot for enemy dead at Saipan, Marianas Islands.

Recommend approval:



ARTHUR A. ARENA

Captain QMC

O-1575686

President, Board of Review



HAROLD E. FIKE

Captain INF

O-336714

Member



WILLIAM F. MILLARD

1st Lt. FA

O-1054720

Member

Incl 1

DISINTERMENT DIRECTIVE

803-27A-73

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 5531 00000		DATE 15 11 47 DAY MONTH YEAR		
NAME UNKNOWN X-000002				SERIAL NUMBER UNKNOWN X-000002		RANK 8		ARM 8
CEMETERY IWO JIMA 4TH MARINE DIV CEM				PLOT 1 23 1132		COUNTRY KAZAN RETTO		DATE OF DEATH 0 03 91 63 DAY MONTH YEAR CODE DIST. PT.
PLOT 1 23 1132				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	
--	--	---------------------------------	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-2		SERIAL NUMBER Unknown	RANK Un- known	DATE OF DEATH Unknown		DATE DISTINTERRED 18 Nov 1947	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION Unknown		IDENTIFICATION VERIFIED BY Roy H. Oestreich, Capt, INF NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasketed; shroud, shelter-half		CONDITION OF REMAINS Skeletal remains, incomplete	
OTHER MEANS OF IDENTIFICATION Mortuary plate			
MINOR DISCREPANCIES None			

REMAINS PREPARED AND PLACED IN CASKET DATE 8 Dec 1948 BY S. Sibley, Embalmer		CASKET SEALED BY S. Sibley, Embalmer	
CASKET BOXED AND MARKED DATE 8 Dec 48 BY F. Coleman		EMBALMER (Signature) <i>Joseph E. Speer</i> Joseph E. Speer	
		SHIPPING ADDRESS VERIFIED BY Jose Presas, Clerk	

DUPLICATE

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

Roy H. Oestreich
ROY H. OESTREICH, Capt, INF
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>Charles W. Kelley</i> CHARLES W. KELLEY, Capt, CAC	DATE 8 Dec 1948	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 8 Dec 48

2. SHIPPED

FROM AGRS PORT (SAIPAN, MI)		TO FS MASTER <i>FS</i>-278	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Harold E. Fike</i> HAROLD E. FIKE, CAPTAIN INF	DATE 12 Jan 49	SIGNATURE OF RECEIVER <i>Richard J. Smith</i>	DATE 12 Jan 49

3. SHIPPED

FROM MASTER FS-278		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Richard J. Smith</i>	DATE 21 Jan 49	SIGNATURE OF RECEIVER <i>S. P. Iwanan Jr.</i> S. P. IWANAN JR., Capt., FA.	DATE 21 Jan 49

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

FILE UNDER NO. 293 - Unknown X-2 Iwo Jima

I N D E X S H E E T

S Y N O P S I S

Letter

1 Oct. 1946

FRY:
TO:

QMG
CG, U S Army Forces, Western Pac (Manila) APO 707, c/o PM
San Francisco, Calif.

SUBJ:

Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) Iwo Jima

rtb



S. H. B.

WAR DEPARTMENT
ARMY SERVICE FORCES

PC



REPLY REFER TO OMGYG 293

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

Unknown - Iwo Jima
(4th Marine Division)

14 August 1946

SUBJECT: Fingerprint Comparison

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover
THRU : Status Review & Determination, Casualty Branch,
1 E 525-A Pentagon, Washington, D. C.

1. The inclosed Certificate of Death (in dupl) is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the inclosures.

FOR THE QUARTERMASTER GENERAL:

1 Incl ✓
Certificate of Death (in dupl)

James C. MacFarland
JAMES C. MACFARLAND
Major, QMC
Assistant

17

AGPC-S 293 (14 Aug 46)

1st Ind.

MG/SFW/mmh/1E525

WD, AGO, Washington 25, D. C., 19 September 1946

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief, Identification Section, Repatriation Records Branch, Room 2426, Temporary Building B

Fingerprints for deceased buried grave 1132, row 23, plot 1, ²⁹³14th Marine
Division Cemetery, Iwo Jima, could not be identified. The Certificate of Death
(NAVMED Form N) is returned herewith.

FOR THE ADJUTANT GENERAL:

M. Grano

M. GRANO
Captain, AGD
Officer in Charge
Status Review and
Determination Section
Casualty Branch *ml*

1 Incl.
n/c

29 - 6
E. H.
100
100

MEMPHIS
SEP 20 1946
RECEIVED
SEP 20 1946
RECORDS BRANCH
AND
SEP 20

DISPATCHED
7 10
STATUS REVIEW
SEP 19 1946
DETECTION SECTION
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

AGPC-S 293 (25 Jul 46)

1st Ind.

MG/SFW/mmh/1E525

WD, AGO, Washington 25, D. C., 19 September 1946

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief,
Identification Section, Repatriation Records Branch, Room 2426,
Temporary Building B.

Fingerprints for ²⁹³X-2, Fourth Marine Division, Iwo Jima, could not be identified.
The Certificate of Death (NAVMED Form N) and Identification Information Sheet
are returned herewith.

FOR THE ADJUTANT GENERAL:

M. Grano

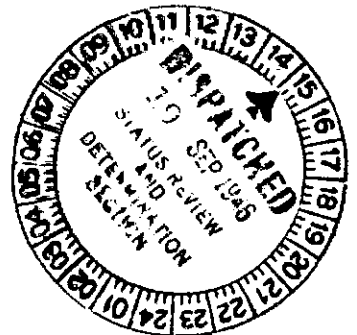
M. GRANO
Captain, AGD
Officer in Charge
Status Review and
Determination Section
Casualty Branch *mlk*

2 Incls.
n/c

26 30 1946
RECEIVED
MARCH 27 1946



MEMBERSHIP
SEP 20 11 19 AM '45
RECORDS BRANCH
AND
UNIT





WAR DEPARTMENT
ARMY SERVICE FORCES

S&O
OC



IN REPLY REFER TO **OMGYG 293**

OFFICE OF THE QUARTERMASTER GENERAL

Unknown X-2, Iwo Jima
(Fourth Marine Division)

WASHINGTON 25, D. C.

25 July 1946

SUBJECT: Fingerprint Comparison

TO: The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.

ATTENTION: Mr. J. Edgar Hoover

THRU: Status Review & Determination, Casualty Branch,
1 E 525-A Pentagon, Washington, D. C.

1. The inclosed Certificate of Death and Identification Information Sheet are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the inclosures.

FOR THE QUARTERMASTER GENERAL:

- 2 Incls
- 1. Certificate of Death
- 2. Identification Information Sheet

James C. MacFarland
 JAMES C. MacFARLAND
 Major, QMC
 Assistant

OMGYG

647
 JUL 27 1946
 QUARTERMASTER GENERAL
 WASHINGTON 25, D. C.

JUL 27 1946
 QUARTERMASTER GENERAL
 WASHINGTON 25, D. C.

2 JUL 1946

RECEIVED
SECTION
27 JUL 1946

RECEIVED

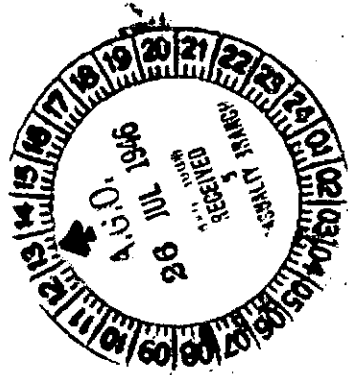
RECEIVED
SECTION
27 JUL 1946

RECEIVED
SECTION
27 JUL 1946

RECEIVED
SECTION
27 JUL 1946



RECEIVED
SECTION
27 JUL 1946



RECEIVED
MAIL & RECORDS BRANCH
28 JUL 1946



Q8576 208
Unknown No. 2, Iwo Jima
(Fourth Marine Division)

25 July 1946

SUBJECT: Fingerprint Comparison

TO: The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover

THRU: Status Review & Determination, Casualty Branch,
1 E 535-A Pentagon, Washington, D. C.

1. The inclosed Certificate of Death and Identification Information Sheet are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the inclosures.

FOR THE QUARTERMASTER GENERAL:

2 Incls
1. Certificate of Death
2. Identification
Information Sheet

JAMES C. MacFARLAND
Major, QMC
Assistant

REGISTRATION AND
RECORDS BRANCH
MEMORIAL DIVISION
JUL 25 9 22 AM '46

DO NOT ADDRESS THE SIGNER OF THIS LETTER
BUT ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON 25, D. C.

AND REFER TO No.

BUMED-ECd-EK
QW20/P6-1



WASHINGTON 25, D. C.

5 Aug 1946

MEMORANDUM FOR LT. WAITE.

Subj: Identification from fingerprint of UNKNOWN interred
Grave 1132, Row 3, Plot 1, 4th Marine Division Cemetery,
Iwo Jima.

1. The fingerprint in the case of the UNKNOWN has been checked by
Identification Section, BuPers, and could not be identified as belonging
to a member of the Naval Service.

E. M. Trout.
E. M. TROUT

*Marine Corps has also checked without
establishing identification
JH Waite*



IN REPLYING ADDRESS
COMMANDANT OF THE MARINE CORPS
WASHINGTON 25, D. C.
AND REFER TO

SERIAL

DKE-GAB

HEADQUARTERS U. S. MARINE CORPS

WASHINGTON

8 May 1946

MEMORANDUM FOR THE CASUALTY DIVISION:

Reference: (a) Your memo 1715-20 over DGU-881-og, to this section, dated 14 July 1945.
(b) Your memo 1715-20 over DGU-881-iw, to this section, dated 17 April 1945.

Enclosure: (A) NAVMED-Form-N of UNKNOWN, Grave 1132.
(B) Grave Registration of UNKNOWN, Grave 1132.

1. Finger impressions appearing on the enclosures have not been identified as belonging to any member of the Marine Corps.

G. A. Benson
G. A. BENSON
WO, USMCR.
(Identification Section).

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center; font-size: 1.2em;">X-2</p>				2. DATE OF REPORT <p style="text-align: center; font-size: 1.2em;">23 Aug. 1948</p>	
3. NAME OF CEMETERY <p style="text-align: center; font-size: 1.2em;">4th Marine Iwo Jima</p>	4. PLOT <p style="text-align: center; font-size: 1.2em;">1</p>	5. ROW <p style="text-align: center; font-size: 1.2em;">23</p>	6. GRAVE <p style="text-align: center; font-size: 1.2em;">1132</p>	7. DATE OF	
	3	D	30	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center; font-size: 1.2em;">UTD</p>	9. ESTIMATED HEIGHT <p style="text-align: center; font-size: 1.2em;">Less than 51</p>	10. COLOR OF HAIR <p style="text-align: center; font-size: 1.2em;">UTD</p>	11. RACE <p style="text-align: center; font-size: 1.2em;">See attached statement</p>
---	--	---	---

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Embossed Plate
 UNKNOWN X-2
 4th Marine - Iwo Jima
 W - 3 - D - 30

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 ?
--	------------------

15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? <p style="text-align: center; font-size: 1.2em;">See Blackout Chart</p>
---	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

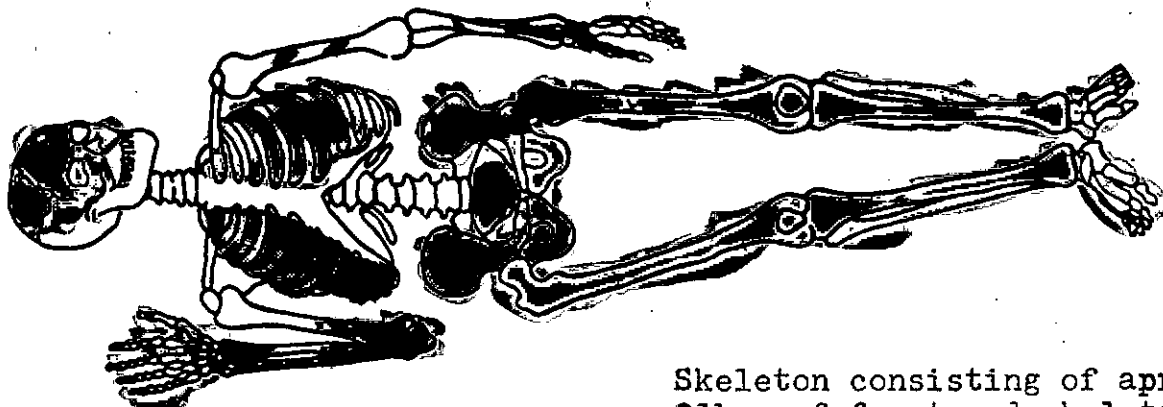
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

One canteen (Dark Blue, porcelain) "US"
 Rep.
 1942

19. BLACK OUT PARTS OF BODY NOT RECOVERED

23 Aug. 48

UNKNOWN X-2 P-1, R-23, Gr-1132 - Reburied-P-3, R-D, G-30, Iwo Jima



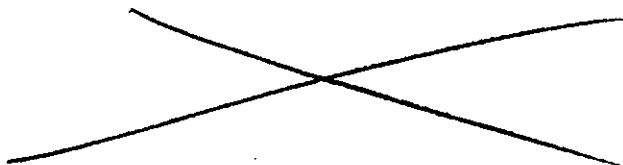
Skeleton consisting of aprx. 3lbs. of fractured skeletal remains.

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

The remains known as UNKNOWN X-2 is believed to be Mongoloid.

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

Roy H. Oestreich
Roy H. Oestreich, Capt., Inf.

IDENTIFICATION DENTAL CHART

DATE **23 August, 1948**

NAME (Last, First, Middle Initial)
UNKNOWN X_2

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL

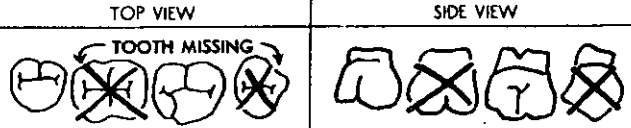
4th Mar. Iwo Jima

PLOT

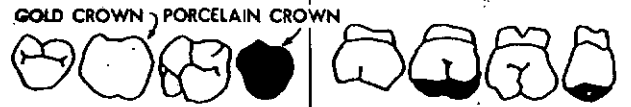
ROW

GRAVE
1 23 1132

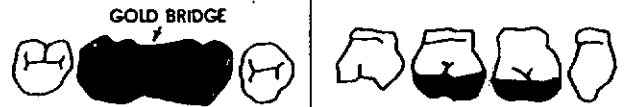
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" OUT AND LABELED THUS:



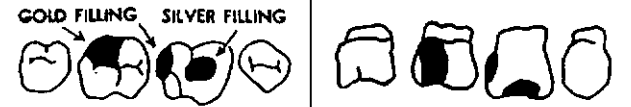
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



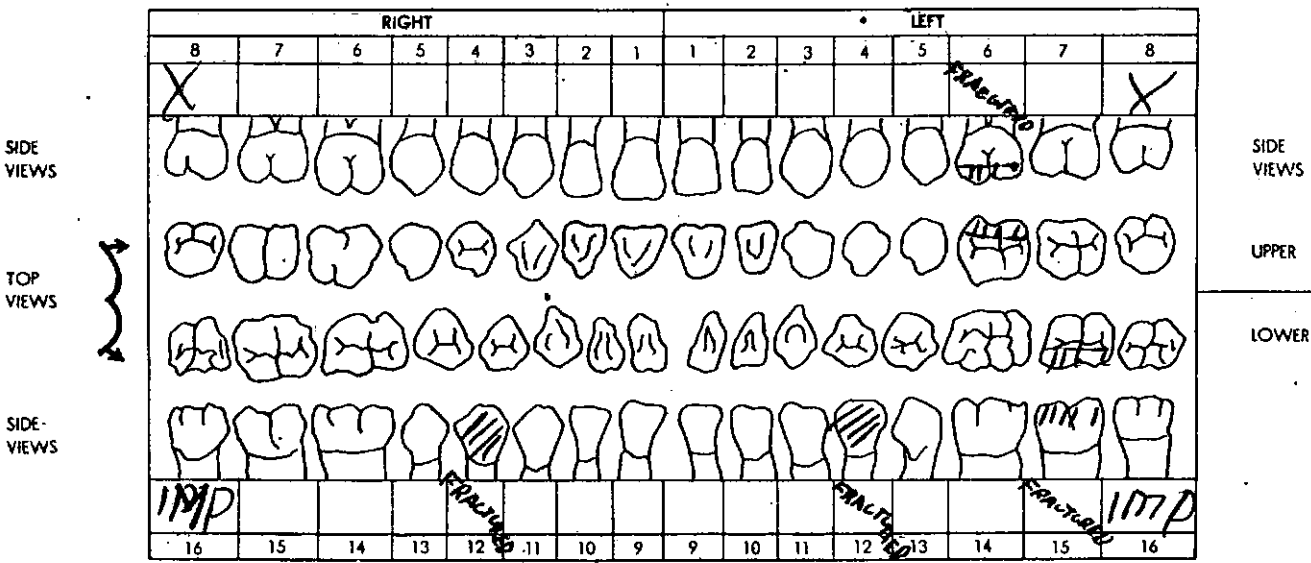
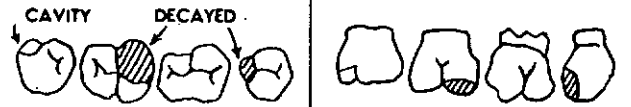
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

Mongoloid

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRN OFFICER

John Alevoli
John Alevoli

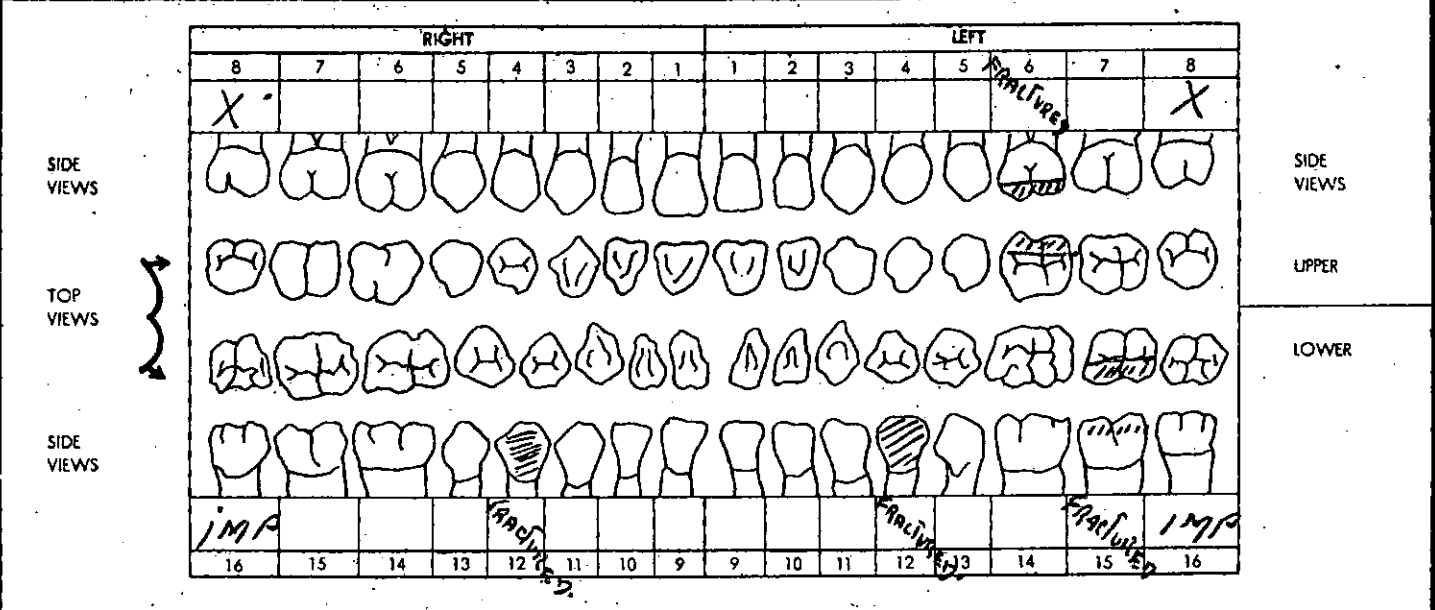
Roy H. Oestreich
Roy H. Oestreich, Capt., Inf.

IDENTIFICATION DENTAL CHART

DATE **23 Aug 48**

NAME (Last, First, Middle Initial) Unknown X-2		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH
PLACE OF DEATH	PLACE OF BURIAL 4th Mar. Sw	PLOT 1	ROW 23	GRAVE 1132

<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>	TOP VIEW	SIDE VIEW
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	TOOTH MISSING 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	GOLD CROWN, PORCELAIN CROWN 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	GOLD BRIDGE 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	GOLD FILLING SILVER FILLING 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	CAVITY DECAYED 	



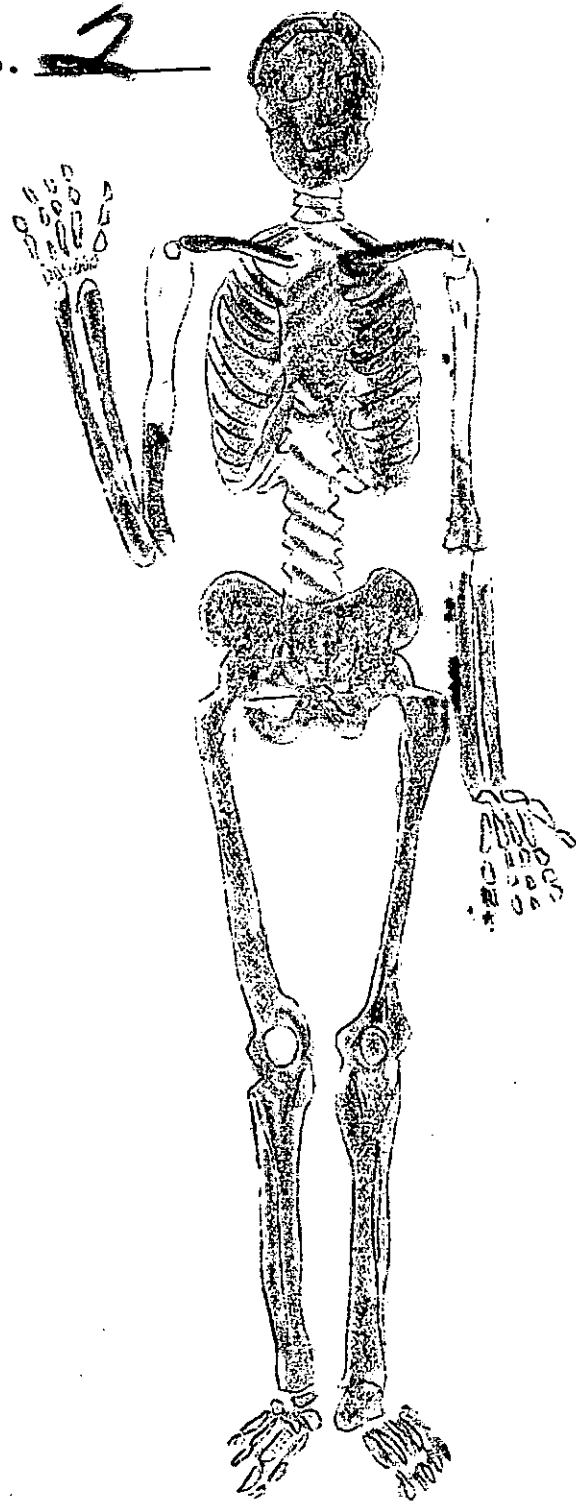
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mongoloid.

STATION FILE

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART 	VERIFIED BY GRS OFFICER
--	-----------------------------

Unknown "X" No. 2



SKELETAL CHART

IDENTIFICATION CHECKLIST

Unknown X-2
Cemetery 4th Mar. Iwo Jima
Plot 1 Row 23 Grave 1132

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 1
Physical Description

1. Estimated weight UTD 2. Estimated height Less than 5 ft.
3. Color of hair UTD 4. Race Mongoloid
5. Tattoos or scars on the body (give description) None

(Information obtained from other sources _____)
6. Was tooth chart taken? Yes If not, explain _____
7. Were fingerprints taken? No
8. Cause of death Unknown
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Blackout 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 found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

Identification Checklist (Cont'd)

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

One Canteen, porcelain blue - "US"
Rep.
1942

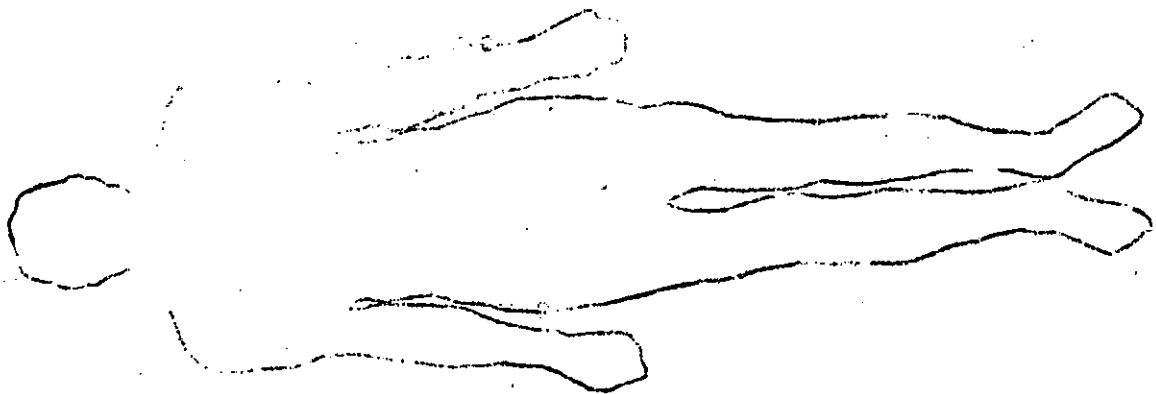
15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination _____

None

16. Evidence of healed fractures _____

None

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



18. REMARKS: _____

The remains believed to be Mongoloid

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.

Roy H. Oestreich
Officer's name

Capt. Inf.

Rank Service

Organization

IDENTIFICATION CHECKLIST

W-3 D-30

Unknown X-2

Cemetery 4th Mar., Iwo, Jima
Plot 1 Row 23 Grave 1132

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 _____ 2. Estimated height _____
3. Color of hair _____ 4. Race None
5. Tattoos or scars on the body (give description) _____

(Information obtained from other sources) _____
6. Was tooth chart taken? Yes If not, explain _____
7. Were fingerprints taken? Left 2nd finger print taken on Death Certificate found in canteen.
8. Cause of death Unknown
9. Was body burned? Yes To what extent? Complete
10. Are any parts of the body missing or severed? See black-out chart
11. Is there any evidence of first-aid or other medical treatment? _____
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Interment record found in canteen.
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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

16. Evidence of healed fractures _____

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



18. REMARKS: Certificate of Death enclosed with remains. 30 lbs dry bones including left and right humerus. Some teeth found. Fingerprint taken on Certificate of Death found in a canteen.

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.

James R. O'Neill
JAMES R. O'NEILL

Officer's name

EMBALMER

Rank

Service

MARPO SECTOR, AGRS
Organization

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

APO 246
6 May 1948

SPECIAL ORDERS

NUMBER 37

E X T R A C T

2. The fol B/O are aptd for the purpose of reviewing and to act upon all cases pertaining to the identity of unknown remains and non-recoverable remains referred to the Board. AUTH: Ltr WD TAG, File AGAO-S 293.9 (27 Mar 47) D. M., Subject: Establishment of Boards of Review for Identification of Unknowns Dead Overseas, dated 9 April 47, and CINCPAC RAD CX 59328 dtd 22 March 1948.

Capt ARTHUR A. ARENA	01575686	QMC
Capt HAROLD E. FIKE	0336714	INF
1st Lt. WILLIAM F. MILLARD	01054720	FA

BY ORDER OF LT COLONEL GREGORY:

D. A. BROWN
Major AGD
Adjutant

OFFICIAL:

Eldon V. Morgan
ELDON V. MORGAN
WOJG USA
Asst Adj

DISTRIBUTION:

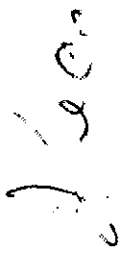
201 files (1)
Pers conc (1)
BB (1)
Hq File (1)
M/R Sec (1)
-Reports Sec (1)

LEFT HAND
GRAVE NO. 1132

THUMB



INDEX FINGER

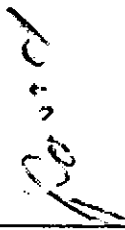


MIDDLE FINGER



J. A. ... 1132

RING FINGER



LITTLE FINGER



A SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1. MISS. HILL, BUMED, BLDG. #4	INITIALS		CONCURRENCE
	DATE		SIGNATURE
2.			NOTE AND RETURN
			NOTE AND FORWARD
3.			COMPLETE ACTION
			CIRCULATE
			INFORMATION
			FILE

1. Please have the fingerprints submitted on Identification Information Sheet for Unknown buried in Grave 1132, Row 23, Plot 1, 4th Marine Division Cemetery, Iwo Jima, checked for possible identification.

J. K. WAITS, LT.(HC) USN

FROM: (Name, organization, building)

DATE

TEL.

LEFT HAND

GRAVES REGISTRATION SECTION
FOURTH MARINE DIVISION, FMF
UNKNOWN AND PARTIALLY IDENTIFIED
INFORMATION SHEET

RIGHT HAND

FINGER PRINTS TAKEN. (YES) (NO). REASON IF NO. _____

THUMB

Print taken from left second only.

DENTAL CHART TAKEN. (YES) (NO). REASON IF NO. _____

No head.

HEIGHT _____ WEIGHT _____ COLOR OF EYES _____

INDEX FINGER

COLOR OF HAIR _____ TATTO MARKS _____

NO TIME available to identify

U.S. NAVY

SCARS, BIRTHMARKS, OR BODY DISFIGURATION. ⁷⁻²⁶⁻⁴⁶ _____

MIDDLE FINGER

(28584)

LAUNDRY MARKS _____

NAME AND MARKS ON CLOTHING. _____

RING FINGER

ARTICLES FOUND ON BODY. _____

WEAPON NO. _____ REMARKS About 30 lbs. of

body including a left arm.

LITTLE FINGER

() ()
CORPSMAN GRAVES REGISTRATION OFFICER

Not found in Navy 7/25/46
CSL

LITTLE FINGER

RING FINGER

MIDDLE FINGER

INDEX FINGER

THUMB

CERTIFICATE OF DEATH

(2)

From: FOURTH MARINE DIVISION, FME, c/o FPO, SAN FRANCISCO, CALIFORNIA.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNKNOWN Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) Not available.

Health Record not available.



Handwritten: NY 12
Widland / al pr
11/31/46
FINGERPRINT



State which finger Left #2
(Right index preferred)

6. Relation, name and address of next of kin or friend Not available

7. Original admission: Place 4th Mar. Div. FME, In the Field Date Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place 4th Mar. Div. FME, In the Field Date Unknown Hour Unknown

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter "K"
Contributory _____

10. Death is not the result of own misconduct and is in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains Interred in the Fourth Marine Division Cemetery,
Plot 1, Row 23, Grave 1132, Iwo Jima, Volcano Islands. on 3-6-45.

12. Summary of facts relative to the death: Killed in action against an organized
enemy on Iwo Jima. About 30lbs of a body including one arm (left) present.,
the rest missing. Form buried with body.

CASUALTY STATE
NOTIFIED

Handwritten: [Signature]

Summary of facts—Continued

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

C. L. Saint

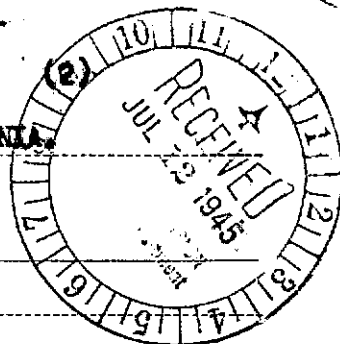
C. L. SAINT, LT., M. C., U. S. Navy. R.
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

J. H. Berry

J. H. BERRY, Lt. Col., U. S. Navy.
(Commanding officer) (Ass't. C. of S) (G-1) (Rank) MC.

CERTIFICATE OF DEATH



From: **FOURTH MARINE DIVISION, FMF, c/o FPO, SAN FRANCISCO, CALIFORNIA.**

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name **UNKNOWN** Rank or rate _____
2. Born: Place _____ Date _____
3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)
4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____
5. Marks, scars, etc. (noted in health record) **Not available.**

Health Record not available.

Unable to identify
by Fingerprints

U.S. NAVY

Date **7-26-46** Left #2
State which finger _____
_____ (Right, index preferred)
28584

6. Relation, name and address of next of kin or friend **Not available**

7. Original admission: Place **4th Mar. Div. FMF, In the Field** Date **Unknown**
(Ship or station to which attached when first admitted to sick list)

8. Died: Place **4th Mar. Div. FMF, In the Field** Date **Unknown** Hour **Unknown**
#2515

9. Cause of death { Principal **KILLED IN ACTION, DETAILS NOT KNOWN** Key Letter **"K"**
Contributory _____

10. Death **is not** the result of own misconduct and **is** in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains **Interred in the Fourth Marine Division Cemetery,
Plot 1, Row 23, Grave 1132, Iwo Jima, Volcano Islands, on 3-6-45.**

12. Summary of facts relative to the death: **Killed in action against an organized enemy on Iwo Jima. About 30lbs of a body including one arm (left) present, the rest missing. Form buried with body.**

CASUALTY STATEMENT
NOTED **✓**

Summary of facts—Continued

C. L. SAINT

(Medical officer)

Lt.

(Rank)

M. O., U. S. Navy. R.

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

J. H. BERRY

(Commanding officer)

Lt. Col.

(Rank)

U. S. Army. ~~NO.~~

(Asst. C. of S) (S-1)

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
18 Nov. 1947

Imprint Identification Tag If Possible.
DO NOT TYPE

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-2		X
GRADE	ORGANIZATION	BRANCH OF SERVICE
X	4th Marine	X
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
X	X	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Iwo Jima	Unknown	X

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)
None	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Certificate of death left on body not recieved at CIP.


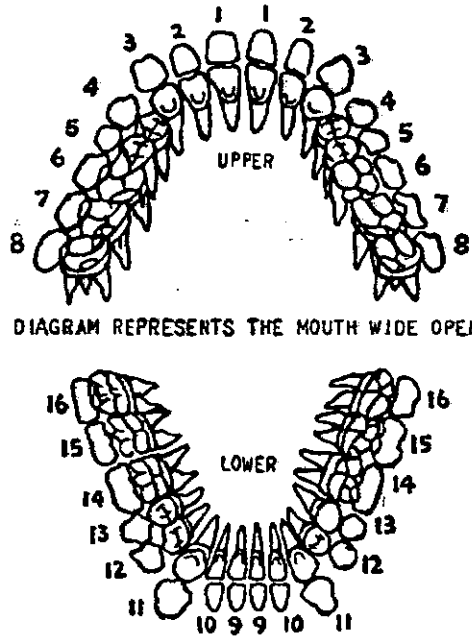




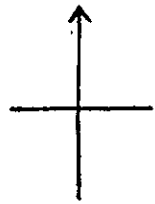
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

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.
6 Mar '45				1	23	1132
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.
				3	D	30
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
Anthony G. Baker			Roy H. Oestreich, Capt. Inf.			

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

RESTRICTED

LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div>			
	REMARKS:			

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
18 Nov. 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2		SERIAL No. X
GRADE X	ORGANIZATION 4th Marine	BRANCH OF SERVICE X
RACE X	RELIGION X	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Iwo Jima	CAUSE OF DEATH Unknown	DATE OF DEATH X
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 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

Certificate of death left on body not recieved at CIP.

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 6 Mar '45	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 1	ROW No. 23	GRAVE No. 1132
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WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. 3 ROW No. B GRAVE No. 30

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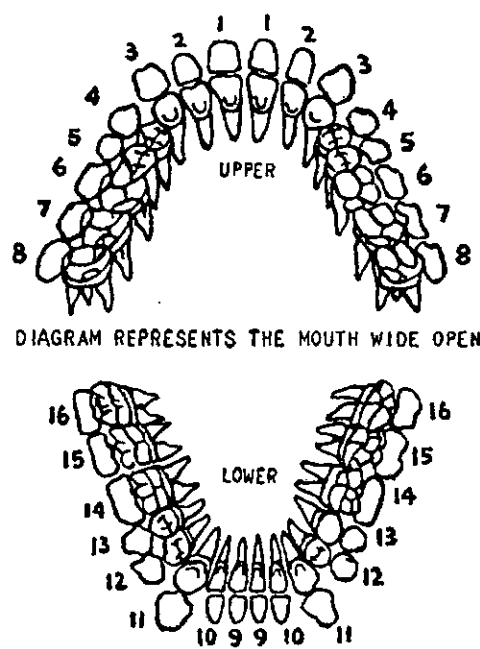





BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT Anthony G. Baker	SIGNATURE OF GRS OFFICER VERIFYING REPORT Roy H. Oestreich, Capt. Inf.
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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

LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	<p>FILLINGS</p> 				
LEFT INDEX FINGER	<p>CAVITIES</p> 				
RIGHT THUMB	<p>MISSING TEETH</p> 				
RIGHT INDEX FINGER	<p>CROWNED TEETH</p> 				
RIGHT MIDDLE FINGER	<p>BRIDGE WORK</p> 				
RIGHT RING FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>				
RIGHT LITTLE FINGER	REMARKS:				

1. This case Unknown X - 2 has been reprocessed by the Field and established as Hangeloid Stock.

2. Reference Warbo Radio SP GRG 289 of 13 December 1948 Restricted.

3. These remains were buried, in the following named cemetery.

44 Karlov Cem

Jvo Jina

Reprocessing
Report dated 26 May 50
indicates race
WHITE

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

44 333
Interment

UNKNOWN #2

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

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

4th Marine Division Cemetery, Iwo Jima

18

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

1132

23

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)

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

RIGHT HAND

THUMB

A TRUE COPY

E. A. Miller Jr.,
1st Lt., OMC

8075

SSA