

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK

SUBJECT

Two JIMA (4th MARINE DIV) X-29

293 unk *Two Jima* *4th Marine*
1st
~~QMGMN 293~~
GRS Far East

~~X-1 X-50 X-25 X-95~~
~~X-17 X-22 X-29~~
~~X-24 X-90~~
APR 3 1950 *EM*

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

2. The unknown remains listed in the above referenced letter were recommended as unidentifiable per Warbo Zone letters, file 293 MEMPHS dated 15 October 1948 and 12 November 1948, subject: Transmittal of New QMG Forms 1044 (Resolution of Cases of Unidentified Deceased) and were approved per 1st Indorsement, this Office, file QMGMT 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. 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, QMG
Memorial Division

QMGMN 293 X-29, 4th Marine Division, Iwo Jima

/abc

Interred 30 March 1950

F 3 4 Ft. McKinley

Carl H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

1

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 81209

DATE
29 03 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 29				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	34	1661	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. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNK X - 29				29 Mar '50
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	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)	

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Mar '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 DATE 29 Mar '50 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
RECORDED
DATE 29 Mar 50
NAME [Signature]
M. DIV.

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>Carleton</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 5532 61209

DATE 29 03 50 DAY MONTH YEAR

NAME UNKNOWN I - 29 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 4TH MARINE DIVISION CEMETERY, IWO JIMA PLOT 1 ROW 34 GRAVE 1661 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 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 prepared 24 May 50 RUPAT

del # 13

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

4248
DISINTERMENT DIRECTIVE

1

HPOB H
R/4 R1
F20 F26SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

UNKNOWN X-000029

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

8

DAY MONTH YEAR

CEMETERY

IWO JIMA 4TH MARINE DIV CEM

DISPOSITION OF REMAINS

0 0391 63

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

1 34 1661 KAZAN RETTO

CAUSE OF DEATH

6

SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY
MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C— DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-29

SERIAL NUMBER

Unknown

RANK

Unk

DATE OF DEATH

Unk

DATE DISTINTERRED

18 Nov 47

IDENTIFICATION TAG ON

 REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unknown

IDENTIFICATION VERIFIED BY

H. E. CONERLY, CAPT., TC
NAME AND TITLE

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Nature of shroud undetermined.

CONDITION OF REMAINS

Skeletal remains, incomplete.

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 26 August 1948

BY

C. L. MATTHEWS, EMB.

CASKET SEALED BY

C. L. MATTHEWS, EMB.

EMBALMER (Signature)

Harold E. Connelly
HAROLD E. CONNELLY

CASKET BOXED AND MARKED

DATE 26 Aug 48 BY ED KELLY

SHIPPING ADDRESS VERIFIED BY

F. W. COLEMAN, 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., TC

SIGNATURE OF GRS INSPECTOR

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

SEP 1 1948

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN, MI)		TO PORT STORAGE OFFICERS (SAIPAN, MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, MAJ, CMP	DATE 26 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 26 Aug 48

2. SHIPPED

FROM PORT AGRS (SAIPAN, M.I.)		TO Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Robert Nordmann</i> ROBERT NORDMANN, 1st Lt U.S.	DATE 6 Oct. 48

3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert Nordmann</i> ROBERT NORDMANN, 1st Lt IC	DATE CCT 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 (... VERMONT LIVE OILS)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>...</i>	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

**ARMY SERVICE FORCES
MEMO ROUTING SLIP**

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1. Chief, Identification Section.	INITIALS		CONCURRENCE
	DATE 30 June 1947		SIGNATURE
2.			NOTE AND RETURN
			NOTE AND FORWARD
3.			COMPLETE ACTION
			CIRCULATE
			INFORMATION
			FILE

Subj: Unknowns Iwo Jima, 4th Marine Div Cem Graves 1661,1829,1838.

The following names have been checked with Marine Corps, Coast Guard and US Navy, casualty lists with negative results.

Jacobsen, B.E.
Juzyshon, S.
Morrow, R.J.
Rakes, C.L.
Winfrey, W.H.

for Waite
WAITE
73880

FROM: (Name, organization, building)	DATE
	TEL.

1. This case Unknown X - 29 has
been reviewed and the recommendation of the field as
unidentifiable due to lack of sufficient identifying
data is approved.

2. These remains were (^{buried}~~transferred~~) in

4th Mar Old Cem 1000 SIMA

Jrd E. Field

7 Dec 1948

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-29, 4th Marine, Iwo Jima	2. DATE OF REPORT 19 Feb 1950
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3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 1	5. ROW 34	6. GRAVE 1661	7. DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION **AGE: 19 to 24 years**

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 3-3/8"	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? Left femur and pelvic bone
--	--

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

[Handwritten Signature]

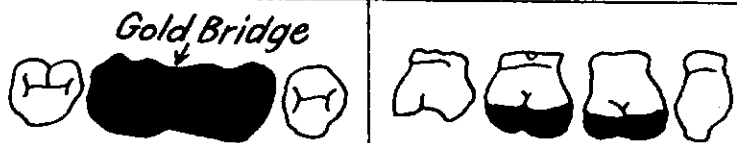
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



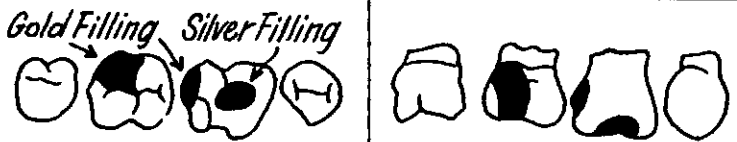
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



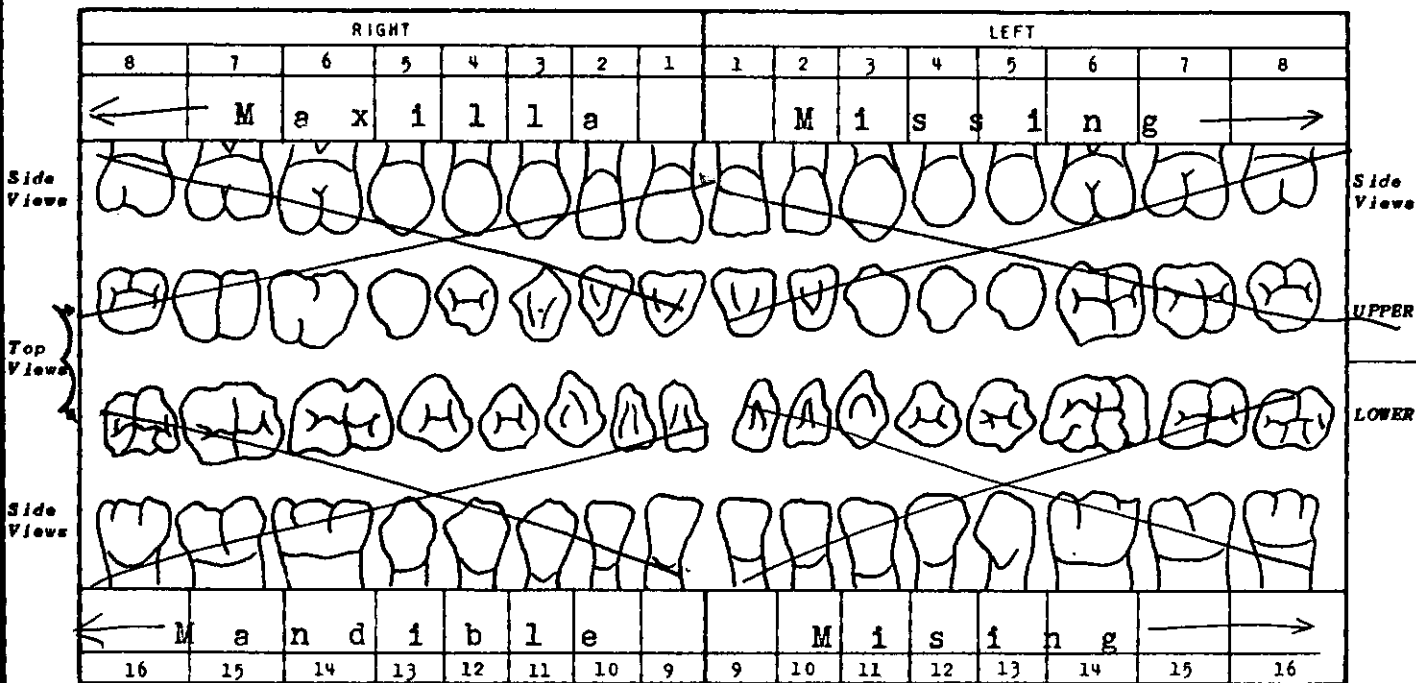
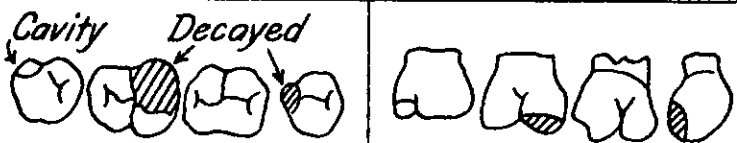
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



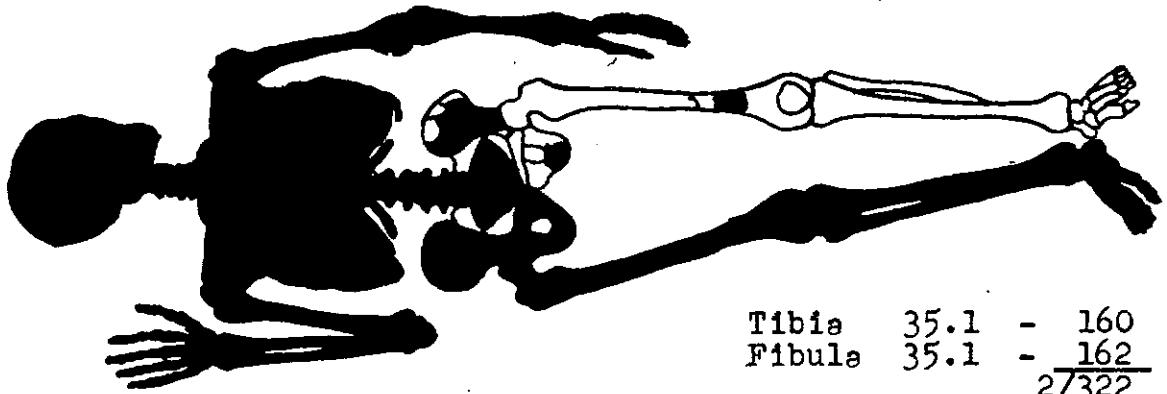
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary or mandibular teeth present with remains.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

Jan 83

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Tibia	35.1	-	160
Fibule	35.1	-	162
			<u>27322</u>
			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

- (1) Age - 19 to 24 years
- (2) HHeight - 5' 3-3/8"

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-29				2. DATE OF REPORT 11 Oct 48	
3. NAME OF CEMETERY 4th Mar. Div. Cem., Iwo Jima		4. PLOT 1	5. ROW 34	6. GRAVE 1661	7. DATE OF DISINTERMENT 4 Sept 47
				REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

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)

Canteen (no marking)
 Left shoe (GI)
 Fragments of legging and poncho green.
 No size of shoe marking visible.

APPROVED UNIDENTIFIABLE

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Haurman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbo Zone

BJP

18.

TOOTH CHART

2-22

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

	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
SIDE VIEWS																	LOWER
	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 Mandible or Maxillary - No teeth.

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Body delivered in shelter half to CIP. Only two long bones found intact. Left femur was fractured and middle third missing. Few other small bones 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. COVERLY, Captain, CAC

Uldric E. Coverly

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-29				2. DATE OF REPORT 18 Nov 47	
3. NAME OF CEMETERY 4th Mar Div Cem Iwo Jima	4. PLOT 1	5. ROW 34	6. GRAVE 1661	7. DATE OF	
				DISINTERMENT 4 Sep 47	REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR UTD	11. RACE UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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, 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)

Canteen (no marking)
Left shoe (GI)
Fragments of legging and poncho green.
No size of shoe marking visible.

IDENTIFICATION

NAME (Last, First, Middle Initial) RANK

UNIT ORGANIZATION CAUSE OF DEATH

PLACE OF DEATH.

PLACE OF BURIAL

DATE

SERIAL NUMBER

DATE OF DEATH

PLOT

ROW

GRAVE

18 Nov 1947

29

4th Manila
Two Lima

X-29

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		GOLD CROWN PORCELAIN CROWN 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		GOLD BRIDGE 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		GOLD FILLING SILVER FILLING 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		CAVITY DECAYED 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

SIDE VIEWS								SIDE VIEWS							

TOP VIEWS								TOP VIEWS							

SIDE 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."

No mandible or maxillary - No teeth.

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

Unknown "X" No. X 29



*Skeletal Remains
Incomplete*

SKELETAL CHART

A. NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN X29		RANK	SERIAL NUMBER	DATE OF DEATH	ARM OR SERVICE	DISPOSITION
CEMETERY <i>old name</i>				CAUSE OF DEATH	U.S. DISTRIBUTION POINT	
LOT 1	ROW 34	GRAVE 1661	COUNTRY <i>Jaw Jima</i>			

B. NEXT OF KIN AND CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN	NAME AND ADDRESS OF CONSIGNEE 2/
---------------------------------	----------------------------------

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED 9-4-47
IDENTIFICATION TAG ON ORGANIZATION () REMAINS () MARKED		RELIGION	IDENTIFICATION VERIFIED BY	

D. PREPARATION OF REMAINS FOR SHIPMENT

TYPE OF BURIAL	CONDITION OF REMAINS <i>only 4 broken long bones + some small ones found.</i>
----------------	--

OTHER MEANS OF IDENTIFICATION

one casket cap + piece of wrapping canvas + army clothes

ENCLOSURES /A/

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	APPROVED UNIDENTIFIABLE	EMBALMER (Signature)
------	----	--------------------------------	----------------------

STATUS

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.

77 982

SIGNATURE OF GRS INSPECTOR **711.7**

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

Two June

PROCESSING WORK SHEET

DISINTERMENT AND IDENTIFICATION

NAME:	SERIAL NUMBER	RANK	DATE OF DEATH	DATE OF DISINTERMENT
UN known	X-29	UNK	UNK	18 Nov 47

IDENTIFICATION TAG ON:	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY:
Remains	4th Marine	UNK	
Marker	Unknown		(Name and Title) US Courly Capt. T e

PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Nature of shroud undetermined	Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION:	Mark Plate

MINOR DISCREPANCIES *

None

REMAINS PREPARED AND PLACED IN CASKET :

DATE: 26 Aug 48	BY: C L Matthews, Emb
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CASKET SEALED BY: C L Matthews, Emb	EMBALMER (Signature)
	Harold E. Cornell

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY:
DATE: 26 Aug 48 BY: Ed Kelly	J. Wolman, CIK

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

W. L. ...
SIGNATURE OF GRS INSPECTOR

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


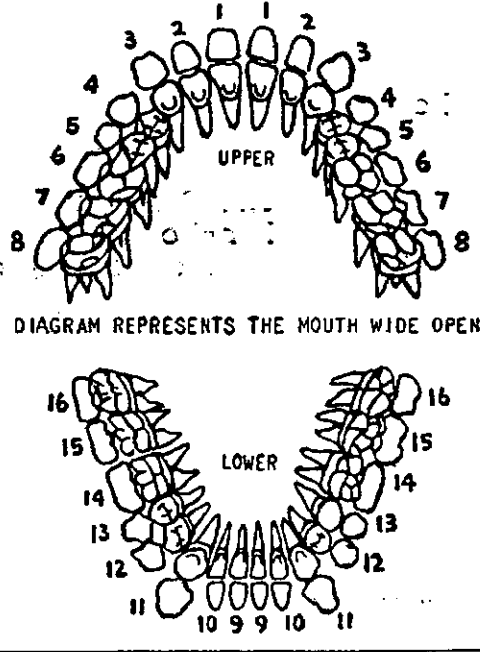





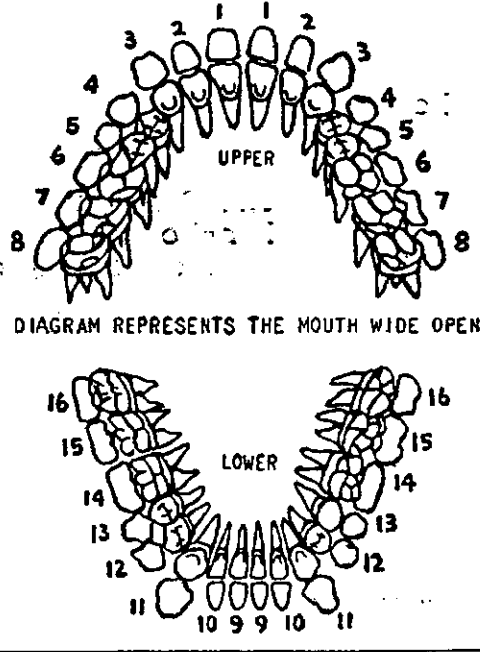





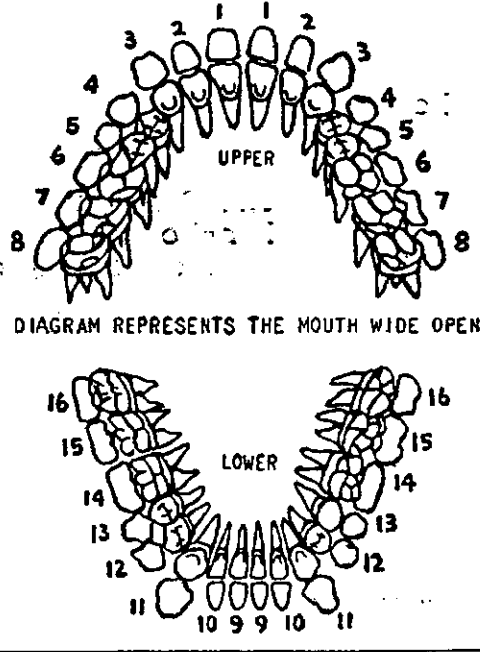




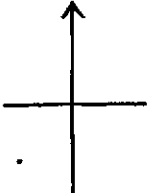
RESTRICTED

W-4-E-48

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 47	
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Report of Disterment </div>		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial) UNKNOWN X-29				X	
		GRADE		ORGANIZATION 4th Marine		BRANCH OF SERVICE X	
		RACE U.T.D.		RELIGION U.T.D.		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY X	
PLACE OF DEATH IWO JIMA		CAUSE OF DEATH U.T.D.			DATE OF DEATH U.T.D.		
EMERGENCY ADDRESSEE (Name, relationship, and address) N O N E							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) N O N E		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) SEE SECTION 3					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME One Canteen Poncho Underwear (Pieces)							
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.	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
See reverse	Previous Cemetery			1	34	166	
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) PARKER, Paul E			RANK Pvt	SERIAL No. 969808	ORGANIZATION USMC	GRAVE No. 1662	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STANKEWICH, Walter			RANK Gy Sgt	SERIAL No. 302212	ORGANIZATION USMC	GRAVE No. 1660	
SIGNATURE OF PERSON PREPARING REPORT CHARLES J. McNEAL, 1st Lt., Ord.			SIGNATURE OF GRS OFFICER VERIFYING REPORT ULDRIC E. CONERLY, Captain, T.C.				
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											
	5'6"	UTD	?											
	COLOR OF HAIR		BIRTHMARKS, SCARS, OR TATTOOS											
	None		None											
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND											
	None	None	4th Marine Iwo Jima											
	OTHER IDENTIFICATION CLUES													
LEFT INDEX FINGER	SEE IDENTIFICATION CHECK LIST													
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%; text-align: center;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td style="text-align: center;">  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td style="text-align: center;">  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td style="text-align: center;">  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td style="text-align: center;">  GOLD BRIDGE </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE
FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN												
CAVITIES	 CAVITY DECAYED													
MISSING TEETH	 TOOTH MISSING													
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK	 GOLD BRIDGE													
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY Mausoleum 4 Row E Position 48													
RIGHT INDEX FINGER														
RIGHT MIDDLE FINGER	REMARKS:													
RIGHT RING FINGER	Temporary above ground storage													
RIGHT LITTLE FINGER														

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

*Interment
6*

** UNKNOWN (~~Juzyshon, S.~~) #29

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

14 Mar 45 (Place of death) (Date of death) (Cause of death)

14th Marine Division Cemetery, Iwo Jima (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

1661 34 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

** Information taken from certified Burial list forwarded from 4th Marine Division

(If no identification tags, what means of identification are buried with the body?)

Iwo Jima & Memorial Branch AFMIDPAC.

(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)

APPROVED UNIDENTIFIABLE

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: **UNIDENTIFIED** 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 LANDMARKS.

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

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

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND