QMGRN 293
GRS, Far East

MAR - 3 1950

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 30 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-6, X-10, X-12, X-25, X-41, X-51, X-63 and X-64, Fifth Marine Division Cemetery, Iwo Jima, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, CMC
Memorial Division

CC: CINCFE

QMGRN 293, Unk X-12 5th Mar Div Iwo Jima

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950
Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 12 , Plot 2 , Row 7 , Grave 426 , USMC 5th Mar Div Cem Iwo Jima , have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

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

Attch: Form 1044

APPROVED UNIDENTIFIABLE
FEB 15 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
UNKNOWN X-12	22 Jan 1950

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
5th Mar Div Cem Iwo Jima	2	7	426		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	5'	Blonde	UTD

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?	TO WHAT EXTENT?
☐ YES ☒ NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
☐ YES ☒ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUCH [illegible]

10.

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	
	IMP	A	A													IMP	
Side Views																	Side Views
Top Views			OD														UPPER
																	LOWER
Side Views		O	F											F	O		
		A	A											A	A	IMP.	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

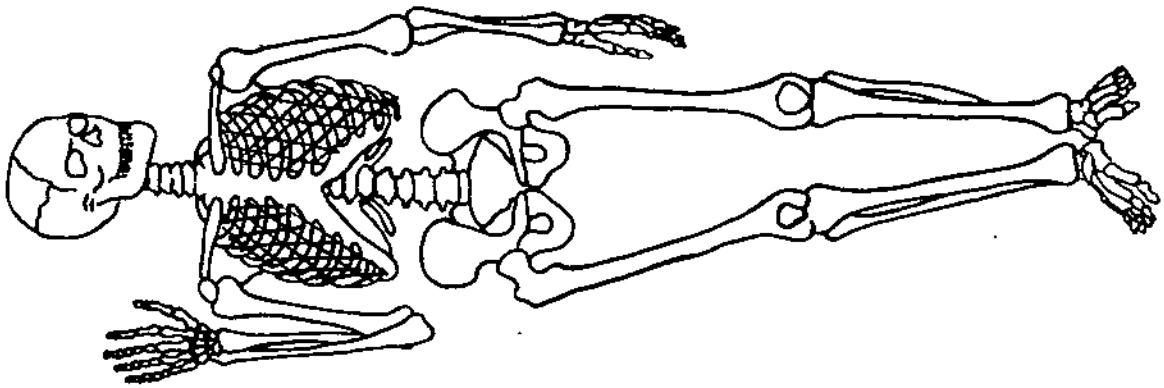
DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

8 right and 8 left impacted.
16 left impacted.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

"UNIDENTIFIABLE"
"BY [illegible]"

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

QMC FORM 18 MAR 47 1044b

29E-21-12-47

/bpm

1

Interred 8 March 1950
N 14 81 Fort McKinley

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 5532 81167

DATE: 28 (DAY) 02 (MONTH) 50 (YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 12					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS: CODE	DIST. CTR.
5TH MARINE DIVISION, IWO JIMA	2	7	426	7701	80

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 DISTINTERRED
UNKNOWN X-12				3 March 1950

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER			PAUL R NICHOLS Embalmer

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 3 March 50 BY PAUL R NICHOLS

CASKET SEALED BY: PAUL R NICHOLS

EMBALMER (Signature): Paul R Nichols
PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY, Sgt 1c, RA
DATE 3 March 50 BY

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

RECORDS ANNOTATED
DATE 2 Sep 20
NAME
R A H BS

QMC FORM REV 11 FEB 48 1194

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 Earl R. Smark	DATE MAR 8 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

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	5532 81167	28 02 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 12					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
5TH MARINE DIVISION, IWO JIMA	2	7	426	7701	80

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

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER			NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

...TURE OF BURIAL	CONDITION OF REMAINS

...R MEANS OF IDENTIFICATION

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

...S PREPARED AND PLACED IN CASKET

BY

...ALED BY	EMBALMER (*Signature*)

...OXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
BY	

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

SIGNATURE OF AGRS INSPECTOR

...L INSTRUCTIONS

DATE 27 Apr 50
NAME R. J. Hu...
Regd

/G-3

IRR

1

H503 B/2 F33 K7 F86

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	5532 00000	15 / 11 / 47

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-000012		2	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
IWO JIMA 5TH MARINE DIV CEM	0	0391 / 63

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
2	7	426	KAZAN RETTO	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-000012	Unk	Unknown	22 Nov 47

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	USN	Unknown	U. E. CONERLY, Capt., TC

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Individual grave, uncasketed, nature of shroud undetermined	Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 August 48 BY G. H. HILL, Emb

CASKET SEALED BY	EMBALMER (Signature)
G. H. HILL, Emb	O. D. Campbell O. D. CAMPBELL

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 13 Aug 48 BY P. SAYAN	MAX CHELOFSKY, Clerk

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

F. T. DE GROODT

F. T. DE GROODT, Capt., CEC

SIGNATURE OF GRS INSPECTOR

FEB 1 1949

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: U. S. MAUSOLEUM (SAIPAN, M.I.)	TO: PORT STORAGE OFFICER (SAIPAN, M.I.)
KIND OF CONVEYANCE: TRUCK	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: JOHN H. LOTT, Maj., CMP — DATE: 16 Aug 48	SIGNATURE OF RECEIVER: ROBERT G. SNOWDEN, 1st Lt, Inf — DATE: 16 Aug 48

2. SHIPPED

FROM: AGRS PORT (Saipan, M I)	TO: Transport Commander USAT DALTON VICTORY
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: ROBERT G SNOWDEN, 1st Lt, Inf — DATE: 6 Oct 48	SIGNATURE OF RECEIVER: 1st Lt T.C. — DATE: 6 Oct 48

3. SHIPPED

FROM: USAT DALTON VICTOR	TO: AGRS-MAUSOLEUM
KIND OF CONVEYANCE: TRUCK	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: KLAUS NORDMANN 1ST LT T.C. — DATE: OCT 10 1948	SIGNATURE OF RECEIVER: E. H. NEWMAN, Jr., Capt., FA — DATE: 10 Oct 48

4. SHIPPED

FROM:	TO:
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: — DATE:

5. SHIPPED

FROM:	TO:
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: — DATE:

6. SHIPPED

FROM:	TO:
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: — DATE:

7. SHIPPED

FROM:	TO:
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: — DATE:

QMKYG 293
Unidentified #12
Iwo Jima (5th Marine Division)

14 October 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General
U. S. Army Forces
Western Pacific (Manila)
APO 707, c/o Postmaster
San Francisco, California

1. The fingerprints submitted on the Report of Interment for Unidentified #12, Fifth Marine Division Cemetery #1, Iwo Jima, have been compared, insofar as possible, but were not found to be identical.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

DT

AGPC-S 293.9 (19 Jul 46) 1st Ind. MG/SFW/mmh/1E525

WD, AGO, Washington 25, D. C., 2 October 1946

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

Fingerprints on attached NMS-Form N for Unidentified #12, buried Iwo Jima, Fifth Marine Division Cemetery, Iwo Jima, grave 426, row 7, plot 2, could not be identified. NMS-Form N for Unidentified #23 has been previously returned to you.

FOR THE ADJUTANT GENERAL:

M. Grano

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

1 Incl.
1 NMS Form N for Unidentified #12
W/D 1 NMS Form N for Unidentified #23

P.C.

WAR DEPARTMENT
~~ARMY SERVICE FORCES~~
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGYG 293
Unknowns - Iwo Jima
#12 & 23 (5th Marine Division)

19 July 1946

SUBJECT: Fingerprints of Unknown Deceased

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 Death Certificates 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 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
2 Death Certificates

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

(39 Dec. 293.9)

(19 Jul. 46)

QMGYG 293
Unknowns - Iwo Jima
#12 & 23 (5th Marine Division)

19 July 1946

293 Unk. X-12 Iwo Jima (5th Marine Div.)

SUBJECT: Fingerprints of Unknown Deceased

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 Death Certificates 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 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
2 Death Certificates

JAMES C. MacFARLAND
Major, QMC
Assistant

293 Unk. X-23 Iwo Jima (5th Marine Div.)

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGYG 293
Unknown X12
(5th MarDiv Cem)

10 July 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

SUBJECT: Unknown X-12, Fifth Marine Division Cemetery, Iwo Jima; Non-identification of.

1. Fingerprints on the Report of Interment and Certificate of Death for Unknown X-12, buried in Grave 426, Row 7, Plot 2, Fifth Marine Division Cemetery, Iwo Jima, have been checked by the Identification Section, Bureau of Naval Personnel, and reported as unable to be identified as belonging to a member of the Naval Service. Marine Corps was also unable to establish identification.

2. It is suggested that these fingerprints be forwarded to the Federal Bureau of Investigation for possible identification as belonging to a member of some other branch of the service.

J. K. Waite
J. K. WAITE
Lieut. (HC), USN
Navy Liaison Officer
Navy Liaison Officer, AGRS.

2 Incls:
Report of Interment
Certificate of Death

CS

CMGYG 293
Unknown X12 Iwo Jima
(5th MarDiv Cem)

10 July 1946

g

MEMORANDUM FOR IDENTIFICATION SECTION:

SUBJECT: Unknown X-12, Fifth Marine Division Cemetery, Iwo Jima; Non-identification of.

1. Fingerprints on the Report of Interment and Certificate of Death for Unknown X-12, buried in Grave 426, Row 7, Plot 2, Fifth Marine Division Cemetery, Iwo Jima, have been checked by the Identification Section, Bureau of Naval Personnel, and reported as unable to be identified as belonging to a member of the Naval Service.

2. It is suggested that these fingerprints be forwarded to the Federal Bureau of Investigation for possible identification as belonging to a member of some other branch of the service.

J. K. WAITE
Lieut. (MC), USN
Navy Liaison Officer
Navy Liaison Officer, AGRS.

2 Incls:
Report of Interment
Certificate of Death

wek

FILE J. K. Waite

JUL 11 1946

QMC Form 1194

DISINTERMENT DIRECTIVE

DATE

DIRECTIVE NO.

A. NAME AND BURIAL LOCATION OF DECEASED

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE OF SERVICE	DISPOSITION
Unknown X 12					

CEMETERY	CAUSE OF DEATH	U.S. DISTRIBUTION POINT
5th Marine		

PLOT	ROW	GRAVE	COUNTRY
2	7	426	Iwo Jima

B. NEXT OF KIN AND CONSIGNEE

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

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED
				8-13-47

IDENTIFICATION TAG OR ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
( ) REMAINS ( ) MARKET		

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

Pair of shoes with the body

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY (Signature)

DATE BY

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

#431

STATION FILE

SIGNATURE OF GPS INSPECTOR

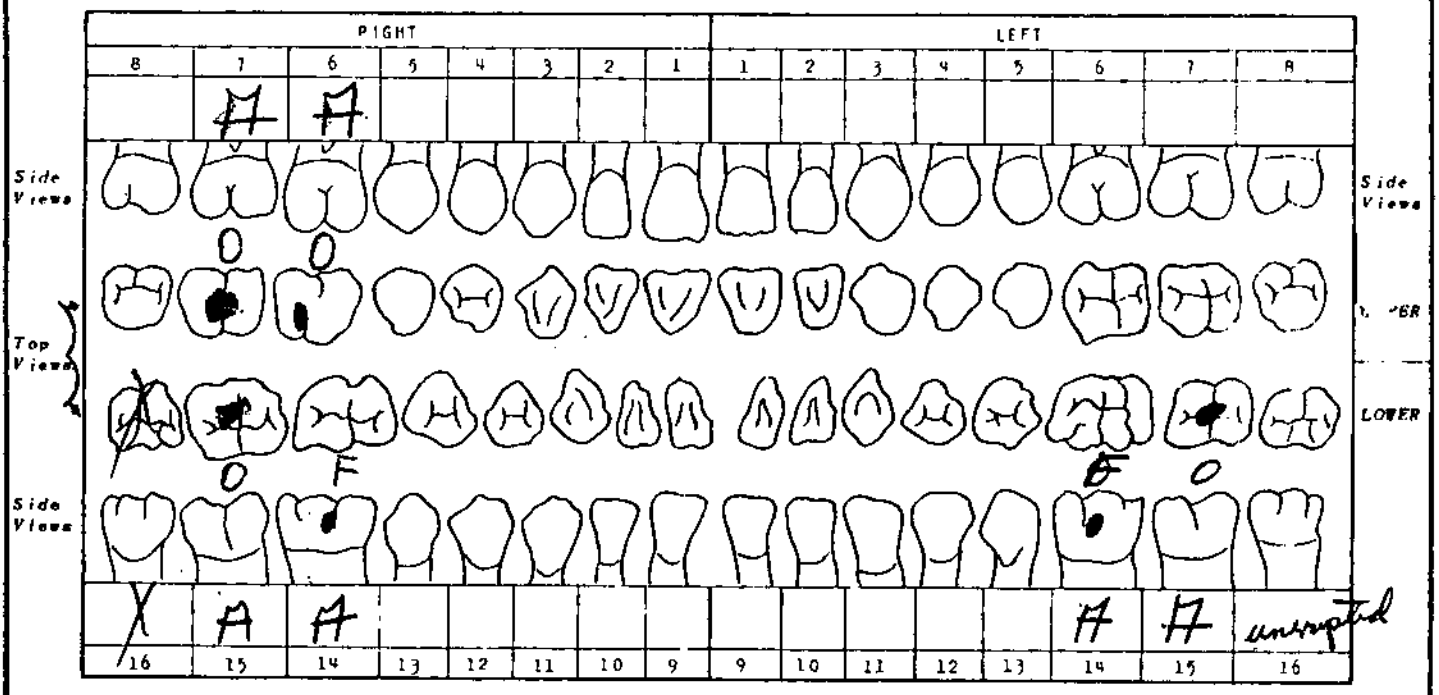
1/ Prepare discrepancy Report Form No. 1194a for major discrepancies.
2/ Consignee may be same as next of kin; is a repeat name and address.

Unknown X-12 5th Mar Tem. Inc Jun

28

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	



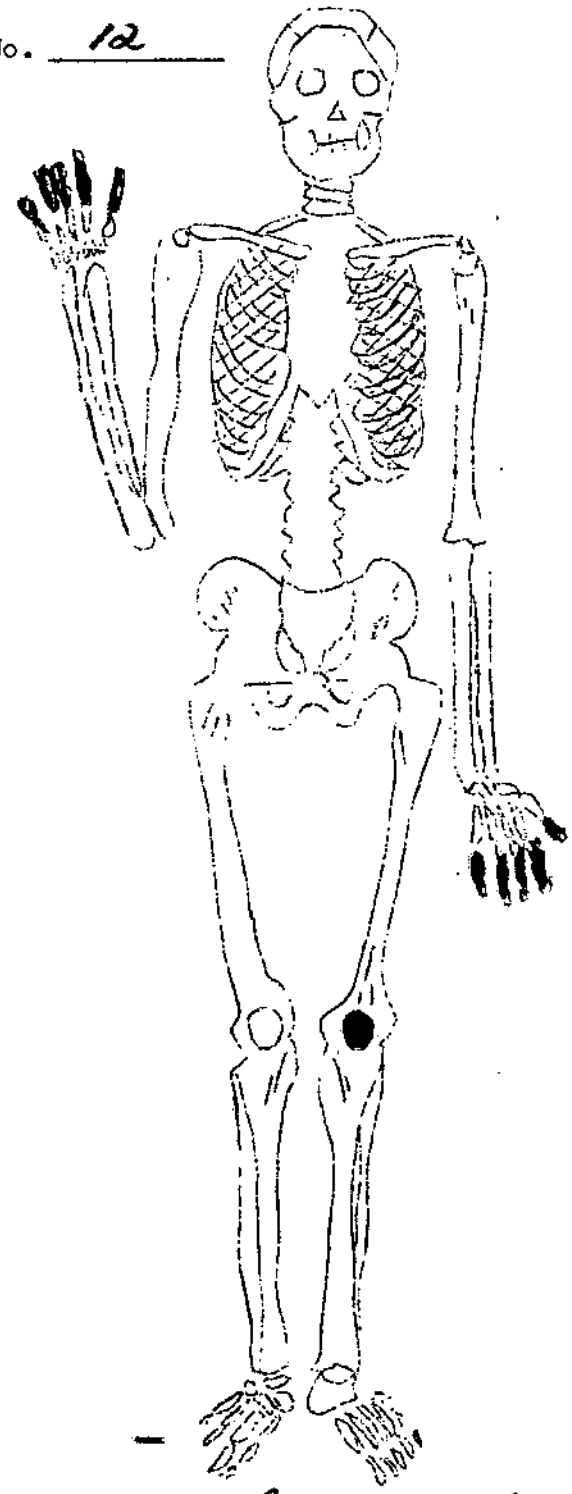
DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

O D Campbell Eubdmer

QMC FORM 1044a
18 MAR 47

W#1-G-3

Unknown "X" No. 12



Skeletal Remains Incomplete

SKELETAL CHART

F.M.F. PAC Form [redacted] 9.
Graves Registration

REPORT OF INTERMENT

AZUALTY STAT C
NOTED

FILE

UNIDENTIFIED #12
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

IWO JIMA — 5th Div. No.1 — 147-J
(Place of death) (Name of Cemetery) (Name or coordinates of location)

426 — 7 — 2
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

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

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

APPROVED UNIDENTIFIABLE FEB 15 1950

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT PLUMER — 344841 — USMCR — 427
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT HOWARD — 894951 — USMCR — 425
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CO, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

4

3

2

1

THUMB

LEFT HAND

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: 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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

RIGHT HAND

4

3

2

1

THUMB

F.M.F. PAC Form [redacted] 9 RN
Graves Registration

REPORT OF INTERMENT

FILE J. K. Waite

UNIDENTIFIED # 12
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

IWO JIMA — 5th Div.No.1 — 147-J
(Place of death) (Name of Cemetery) (Name or coordinates of location)

426 — 7 — 2
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

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

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

APPROVED UNIDENTIFIABLE FEB 15 1950

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT	PLUMER	344841		USMCR	427
028580	(Name)	(Ser. No.)	(Rank)	(Org)	(Grave No.)
BODY BURIED ON LEFT	HOWARD	894951		USMCR	425
	(Name)	(Ser. No.)	(Rank)	(Org)	(Grave No.)

J. K. Waite

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CO, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

FILE JAN 3 1946

BASE DEPOT REPRODUCTION

UNIDENTIFIED #12

#12

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN. And fill in as many of the following as possible.

HEIGHT: –
WEIGHT: –
COLOR OF EYES: –
COLOR OF HAIR: –

APPARENT NATIONALITY: White
LAUNDRY MARKS: –
NUMBER OF RIFLE: –
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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

A. D. Eveland
(Signature of officer or person reporting burial.)

PARTS OF BODY BROUGHT IN, IN SEA BA G. ONLY THUMB & ONE FINGER, PRINTS AVAILABLE. 6/17/46 Unable to identify in Nov 1946 DSC

LEFT HAND

THUMB

4 3 2 1 THUMB

X-12 5th Mar. Div. #1 Cem. Iwo Jima 2 7 426

Graves Registration
Form No. 1
(Revised May 11, 1943)

Plotted

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

Unidentified X-12

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

Iwo Jima

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

5th Mar. Div. Iwo Jima

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

426	7	2	Rel. Unknown
(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 FEB 15 1950

(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 LANDMARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

8075 [illegible]

LEFT HAND 4 3 2 1 THUMB

RIGHT HAND 4 3 2 1 THUMB

TRUE COPY

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

NAVMED-Form N
(1943)

CERTIFICATE OF DEATH

ALTY SHEET NOTED

7

From: COMMANDING GENERAL, FIFTH MARINE DIVISION, F.P.O., SAN FRANCISCO, CALIF.

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 UNIDENTIFIED # 12 Rank or rate

2. Born: Place Date

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

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

FINGERPRINT

State which finger (Right index preferred) Left Index

6. Relation, name and address of next of kin or friend

7. Original admission: Place (Ship or station to which attached when first admitted to sick list) Date

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

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

11. Disposition of remains Plot 2 Row 7 Grave 426
Fifth Marine Division Cemetery, Iwo Jima Island, Volcanic Group
Buried 23 February 1945

12. Summary of facts relative to the death:

1. Fragment of the deceased body were brought to the division cemetery in a sea-bag.

2. The left hand was in condition as to get two fingerprints.

3. The deceased was killed while in operation against and organized enemy on Iwo Jima Island, Volcanic Group.

16—15556-1

(Continue on back of this form)

Incl #1

Northd. — 7-39.
Moodland Ind.
Left Hand
241 Eight Ft.

Index

Thumb

C. W. Olcott

C. W. OLCOTT, Condr., M. C., U. S. Navy.
(Medical officer) (Rank)

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

J. W. Beckett
J. W. BECKETT, Capt., U. S. Navy.
(Commanding officer) (Rank)
XXXXXXX XXXXXXX
(By direction)

16—15526