

QMGMT 293
GRS Far East

19 May 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P. I. :

UNKNOWN	X-5	4th Mar. Div. Cem., Iwo Jima, Unit 4,	Page 13
"	X-92	" " " " " " " "	9 " 1
"	X-96	" " " " " " " "	4 " 14
"	X-23	5th " " " " " " " "	4 " 14
"	X-58	" " " " " " " "	4 " 14
"	X-69	6th " " " " " " " "	4 " 18
"	X-10	7th " " " " " " " "	4 " 18
"	X-12	" " " " " " " "	4 " 18
"	X-70	Island Command Cem. " " " "	4 " 14
"	X-170	" " " " " " " "	4 " 15
"	X-173	" " " " " " " "	4 " 16
"	X-255	" " " " " " " "	4 " 17
"	X-396	USMC #1, Leyte, P. I.	" 2 " 12

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfs

943 emb. June January 15

X-23

AIRMAIL

Ident.
GHS Far East

18 May 1950

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TO: Commanding Officer
American Graves Registration Service
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APO 900, c/o Postmaster
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"	X-58	" " " " " " " " " 4	" 14
"	X-69	6th " " " " OKINAWA " 4	" 18
"	X-10	7th " " " " " " " 4	" 18
"	X-12	" " " " " " " " " 4	" 18
"	X-70	Island Comm. Cem., Okinawa, Unit 4	Page 14
"	X-170	" " " " " " " " " 4	" 15
"	X-173	" " " " " " " " " 4	" 16
"	X-255	" " " " " " " " " 4	" 17
"	X-396	USMC #1, Leyte, P. I.	2 " 12

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FOR THE QUARTERMASTER GENERAL:

J. Miller:lek
Salsar

THOMAS E. COX
Capt (2C)
Memorial Division

cc: Administrative Section

CC: CINCPC

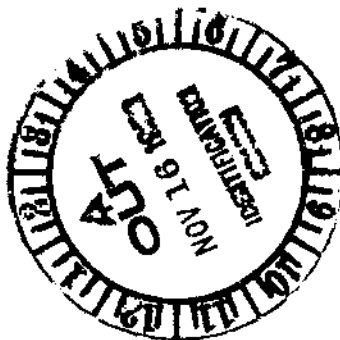
X293 unk Iwo Jima (5th Mar Div Cem) JAN X293

AIRMAIL

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Id Br Id Sec Mem Div	Repat Br Navy Ln Sec Mem Div ATTN: Mr. Moyer	20 Apr. 50	<p>Attached certificates of unidentifiability and allied Reports of Burial and papers forwarded for any action deemed necessary.</p> <p><i>295 Unk. Iwo Jima (5th Mar. Div) X-23</i></p> <p style="text-align: right;">NEFT 2462</p> <p style="text-align: right;"><i>Burrows</i> BIRRENS 76128</p> <p>1 Incl: Case folders for: X-23 - 5th Mar Div Iwo Jima</p>



1. Id Br Repat Br 20
Id Sec Navy Ln Sec Apr.
Mem Div Mem Div 50
ATTN:
Mr. Moyer

Attached certificates of unidentifiability and allied Reports of Burial and papers forwarded for any action deemed necessary.

NEFF
2462

BERRENS
76128

1 Incl:
Case folders for:
X-23 - 5th Mar Div Iwo Jima

nfm

Interred 19 April 1950
L 11 74 Ft. McKinleyPREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

1

Carrollmark

CARL R. H. MARK

Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 81543

DATE

13 04 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<i>7/3</i> UNKNOWN X-23					
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
5TH MARINE DIVISION, IWO JIMA	5	10	1189	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
UNKNOWN X-23				14 April 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			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 14 April 1950 BY PAUL R NICHOLS

CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	<i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 14 Apr 50 BY RAYMOND H TANGUAY, Sgt., RA	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	NAT FILE RECORDS ANNOTATED DATE <i>22 May 1950</i> NAME <i>Jarris</i> ER. MEN. 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>Conerthorn</i>	DATE APR 19 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

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5532 81543

13 04 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 23					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
5TH MARINE DIVISION, IWO JIMA	5	10	1189	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
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 SEALED BY	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 5-25-50
Kirkland
Report

Incl # 317

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
PHILCOB ZONE

T. L. ...
OK.

GRPZ 293

APC 900

SUBJECT: Unidentifiable Remains

3 APR 1950

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 QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

<u>UNKNOWN X-23</u>	<u>5th Marine Cem., Iwo Jima</u>	<i>naug</i>
" X-4437	AGRS Mslm	
" X-5094	" "	

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

3 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ Charles E. Whaylen
/t/ CHARLES E. WHAYLEN
2nd Lt., QMC
Assistant Adjutant

C
O
P
Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APC 900

29 March 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-23, Plot 5,
Row 10, Grave 1189, USMC 5th Mar. Cem., 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


H. B. McNEEMAR
Captain, GAC
Chief, Records Branch

Received 18 April 50 0903

Not identifiable from
information presently
available

J. Miller Adm Sec
17 May 1950

Incl 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-23, 5th Marine Cem., Iwo Jima			2. DATE OF REPORT 29 March 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	5	10	1189	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION				Age: 22 to 27 years	
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 1-1/8"	10. COLOR OF HAIR Brown		11. RACE White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---------------------------------------------------------------------------------------------	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Skull
----------------------------------------------------------------------------------------------	--------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

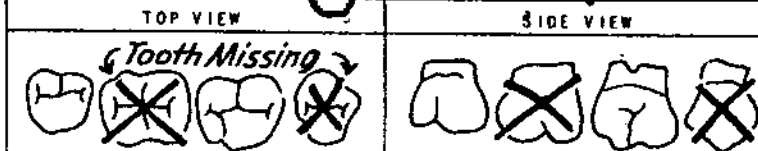
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

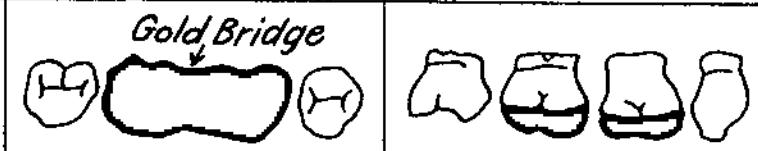
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



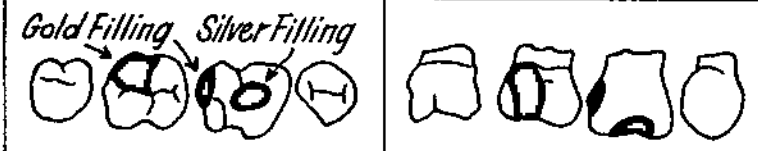
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



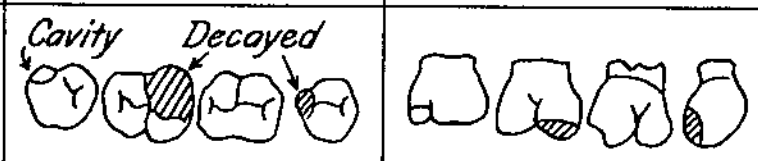
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	8	7	6	5	4	3	2	1
A	X	X		A		A		S				A	A	A	
O				od		L		dL	L	P	O	O	X	⊗	
Side Views								Side Views							
broken & missing								decayed							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	A	X						⊗			A	X	X		
	op										od				
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."

Paul R. Nichols

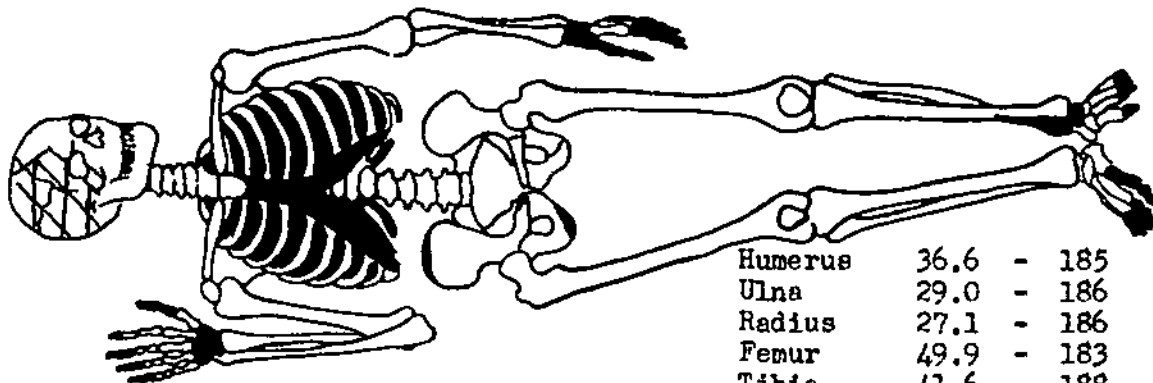
PAUL R NICHOLS
Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

ONE FORM 1044a
18 MAR 47
Jan/13

19. BLACK OUT PARTS OF BODY NOT RECORDED



Humerus	36.6	-	185
Ulna	29.0	-	186
Radius	27.1	-	186
Femur	49.9	-	183
Tibia	41.6	-	188
Fibula	41.1	-	188
			6 / 1116

Estimated height - 6' 1-1/8"

20.

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

186

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

Male

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

16-39-1000

1

H803
R/H RI
F & FH

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5532 00000

DATE
15 11 47
DAY MONTH YEAR

NAME: 253 UNKNOWN SERIAL NUMBER: X-000023 RANK: 2 ARM: 2 DATE OF DEATH: 03 31 63
CEMETERY: IWO JIMA 5TH MARINE DIV CEM DISPOSITION OF REMAINS: 0 CODE: 0391 DIST. PT.: 63
PLOT: 5 ROW: 10 GRAVE: 1189 COUNTRY: 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 SERIAL NUMBER: X-000023 RANK: Unk DATE OF DEATH: Unknown DATE DISINTERRED: 24 Nov 47
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: USN RELIGION: Unknown IDENTIFICATION VERIFIED BY: U. E. CONERLY, Capt., TC

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: None

REMAINS PREPARED AND PLACED IN CASKET
DATE: 13 August 48 BY: H. E. CONNELL, Emb

CASKET SEALED BY: H. E. CONNELL, Emb EMBALMER (Signature): B. G. MELTON

CASKET BOXED AND MARKED
DATE: 13 Aug 48 BY: E. 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.

Herschell G. Guy
HERSCHELL G. GUY, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

FILE
SEPT 1949

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

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 <i>John H. Lott</i> JOHN H. LOTT, Maj., OMP	DATE 16 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G SNOWDEN, 1st Lt, Inf	DATE 16 Aug 48

2. SHIPPED

FROM AGRS PORT (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>Waf Nordmann</i>	DATE 6 Oct 48

3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt., FA	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>Waf Nordmann</i>	DATE 10 Oct 48

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER NEW	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (SIBALIVE CODES)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER SIBALIVE CODES	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-23 Iwo Jima *4th Mar. Div. Com*

INDEX SHEET
SYNOPSIS

1 Oct. 1946

FROM: CQMG
TO: 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



WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

IN REPLY
REFER TO:

AGPC-S 704 (27 Aug 46)

MG/SFW/mmh/1E525
27 August 1946

Subject: Identification of Unknown Deceased

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 #23, buried
grave 1189, row 10, plot 5, 5th Marine Division Cemetery, Iwo Jima, could
not be identified.

For The Adjutant General:

M. Grano

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

mt

1 Incl.
1 NMS Form N

293 Unknown Iwo Jima (Misd)

RECORDED & INDEXED

RECORDS BRANCH

0, 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, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

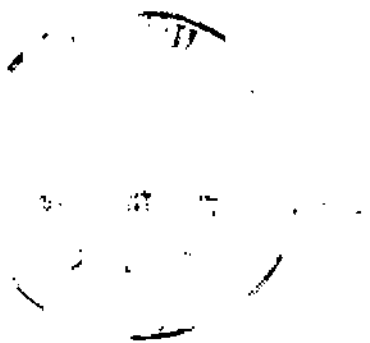
MEMORIAL VISION

MEMORIAL VISION

MEMORIAL VISION

MEMORIAL VISION

MEMORIAL VISION



MEMORIAL VISION

Aug 29 9 04 AM '46

REGISTRATION AND RECORDS BRANCH

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

I N D E X S H E E T

SYNOPSIS

19 July 1946.

LETTER.

FROM: OCMG.
TO: FBI, Dept. of Justice.
ATT: Mr. Hoover.
THRU: Status Review and Determination, Casualty Br.
RE: Fingerprints of Unknown deceased.

~~DOCUMENT~~ FILED UNDER NO.

op

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

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO QMGYG 293

WASHINGTON 25, D. C.

Unknown X-23
(5th MarDiv Cem, Iwo Jima)

10 July 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

SUBJECT: Unknown X-23, Fifth Marine Division Cemetery, Iwo Jima;
Non-identification of.

1. Fingerprints on the enclosed Report of Interment and Certificate of Death for Unknown X-23, buried in Grave 1189, Row 10, Plot 5, 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, AGRS.

2 Encls:
Report of Interment
Certificate of Death

Cl
Navy

→ P6-3(2f)

OMYIC 293

Unknown X-23
(5th MarDiv Cem, Iwo Jima)

10 July 1946

REPORT MADE FOR IDENTIFICATION SECTION:

SUBJECT: Unknown X-23, Fifth Marine Division Cemetery, Iwo Jima;
Non-identification of.

1. Fingerprints on the enclosed Report of Interment and Certificate of Death for Unknown X-23, buried in Grave 1189, Row 10, Plot 5, 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. WAITER
Lieut. (HC), USN
Navy Liaison Officer, AGPS.

2 Encls:
Report of Interment
Certificate of Death

MEX
wek

FILE

JUL 11 1946

J. K. Waite

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN - X-23				2. DATE OF REPORT 24 Nov 47	
3. NAME OF CEMETERY 5th Mar Div Cem Iwo Jima		4. PLOT 5	5. ROW 10	6. GRAVE 1189	7. DATE OF DISINTERMENT 2 July 47
REINTERMENT					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 165 lbs.	9. ESTIMATED HEIGHT 6' 1 1/8"	10. COLOR OF HAIR Brown	11. RACE White
----------------------------------------	-----------------------------------------	-----------------------------------	--------------------------

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?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, 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)

None

STATION 514

BJP

RESTRICTED

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

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

DATE OF REPORT

2 July 1947

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: 80%; margin: 0 auto;"> <p align="center">REPORT OF DISINTERMENT</p> </div>	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL NO.
	UNKNOWN X 23 - e		Box No. 241
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	5th Marine Div		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Iwo Jima	Unk	

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)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Section 2.—BURIAL. *If other than in established cemetery, furnish 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.
8 Mar 45				5	10	1189

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.

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.
Unknown X22 - 8				1188

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
White, Raymond E. C.	Sgt	353456	USMC	1190

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Jose L. Blives</i>	<i>Edward Lehmann Hart</i>

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

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


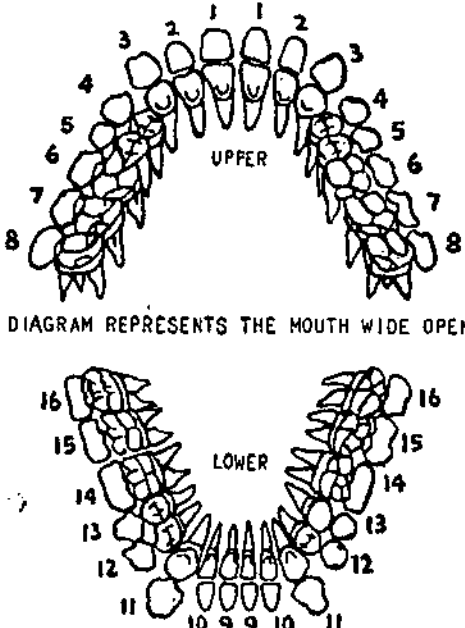





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

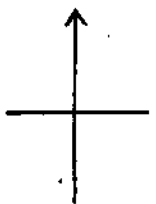
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

IDENTIFICATION DENTAL CHART
 TO BE USED WITH QIC FORMS NOS. 1042 & 1044 IN PLACE
 OF CHART THEREON, AND TO BE ATTACHED TO AND FORWARDED
 WITH THESE FORMS WHEN ACCOMPLISHED.

15 July 1947

DATE

UNKNOWN X-23 P-5

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
USMC		5th Marines		
UNIT		ORGANIZATION		
Iwo	Jima	5th Mar Cem	5	10 1189
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW GRAVE NO.

			RIGHT	UPPER TEETH			LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	X	X		A							A	A	X	A	
0	X	X		D							0	0	X	0	F

TYPE LOCATION TYPE LOCATION

INSIDE - LOOKING OUT

			RIGHT	LOWER TEETH			LEFT								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	A	X											A	X	X
	0	F											0	D	X

TYPE LOCATION TYPE LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN TOWARD FRONT)
CAVITY, INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
FIXED BRIDGE (INDICATE TABULETS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
TEETH REPLACED BY DENTURE	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

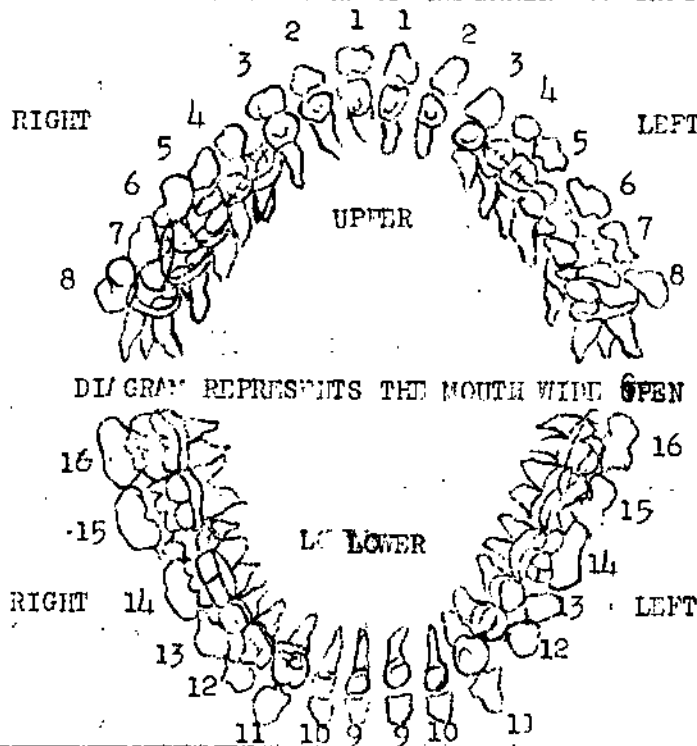
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS: R1 L1 surface facial fractured.

SIGNATURE OF PERSON WHO PREPARED CHART

KOON INN YEE, 1st Lt., D.C.

NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOHN H. HAINES, 2nd Lt., Inf

NAME & RANK TYPED OR PRINTED

15 July 1947

DATE

UNR 11117 X-23 5th Mar. Cem GWS Lima

IDENTIFICATION DENTAL CHART

NAME (Last, First, Middle Initial)		RANK	DATE		
UNIT		ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW	GRAVE

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

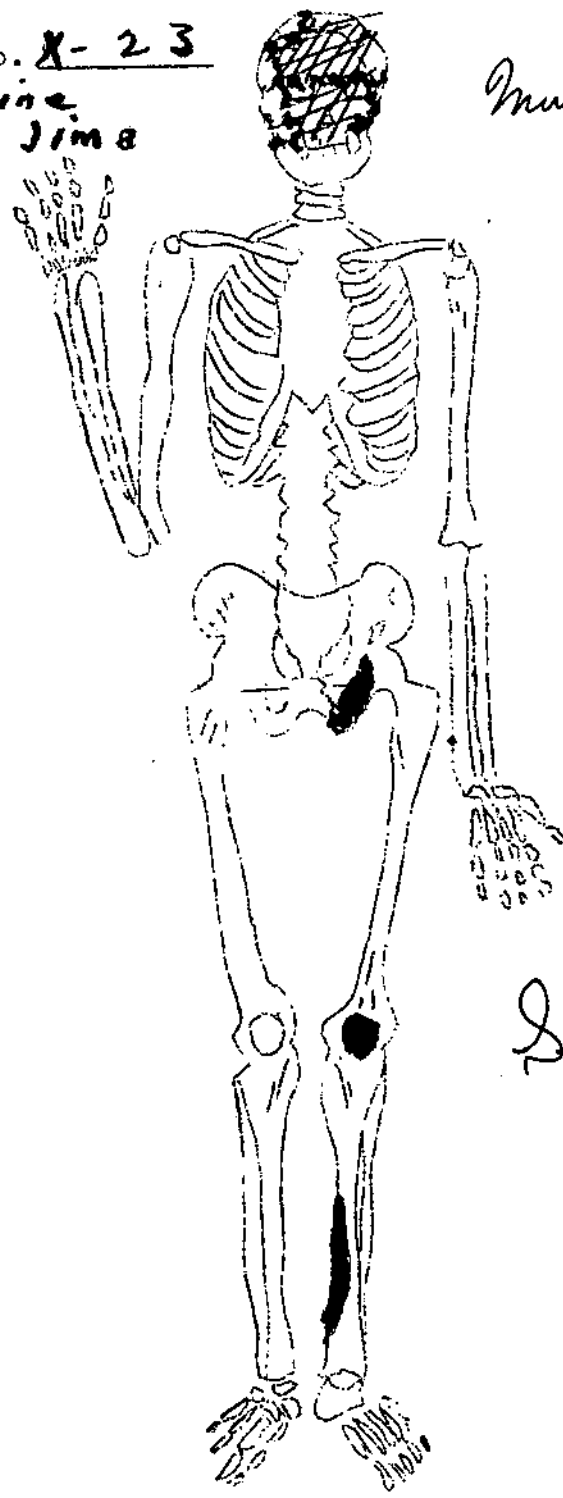
	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	X	A/O	X		A/OB		A/L				A/O	A/M	A/O	X	A/O		
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	X		A/A						S/D	S/M			A/OB	X		X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
<i>B. M. ...</i>	

Unknown "X" No. X-23
5th Marine
1WO Jim B

Multiple fractures of
skull



Skeletal Remains
Incomplete

SKELETAL CHART

Shattered

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

Unidentified #23

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

(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)

7-10

1189 10 5 Rel. Ukn
(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)

84A

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

IF DECEASED UNIDENTIFIED

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

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

TRUE COPY

~~E. A. Miller Jr.
1st Lt. QmC~~

8075 

RIGHT HAND

4

3

2

1

THUMB

RIN

REPORT OF INTERMENT

FILE

J. K. Waite

UNIDENTIFIED # 23

(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)

1188

10

5

(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?)

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

BODY BURIED ON RIGHT UNIDENTIFIED # 24 - WHITE 358456 USMC 1190
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT UNIDENTIFIED # 22
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, 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
JUL 13 1946
1188 Waite
BASE DEPOT REPRODUCTION

Unidentified # 23.
1776
Measure to identify CS [

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: 6' APPARENT NATIONALITY: white
WEIGHT: 165 LAUNDRY MARKS:
COLOR OF EYES: NUMBER OF RIFLE:
COLOR OF HAIR: Brown RACE
IS TOOTH CHART ATTACHED?

LEFT HAND

(If possible, attach a tooth chart.)
In space birthmarks
The records of Thomas, George W. 909447 have been checked for possible clues, none were found. Ident: Fied J.H.

RIGHT

NOTE below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:
shoe size 11 - Found in 26th Marines Area
locked arm in arm with Thomas, G.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS 909447

R. J. Ireland
(Signature of officer or person reporting burial.)

4

3

2

1

THUMB

4

3

2

1

THUMB

CERTIFICATE OF DEATH

8

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 E-6, Appendix D, Manual of the Medical Department, for instructions)

- 1. Name **UNIDENTIFIED # 25** Rank or rate _____
- 2. Born: Place _____ Date _____
- 3. Nationality _____ Religion _____
(White, Colored, Samoan, etc.) (Denomination)
- 4. Eyes _____ Hair **BROWN** Complexion _____ Height _____ Weight **165**
- 5. Marks, scars, etc. (noted in health record) _____

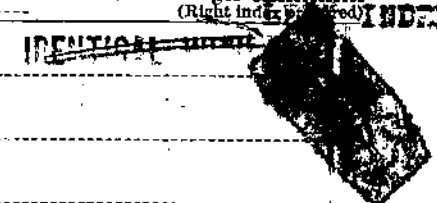
WHY hair 7 B.S. noted and 1/2/46

FINGERPRINT

28579



State which finger (Right index finger) **INDEX**



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

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

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

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

11. Disposition of remains **PLOT 5 ROW 10 GRAVE 1189**

FIFTH MARINE DIVISION CEMETERY, IWO JIMA ISLAND, VOLCANIC GROUP

BURIED: 5 MARCH 1945

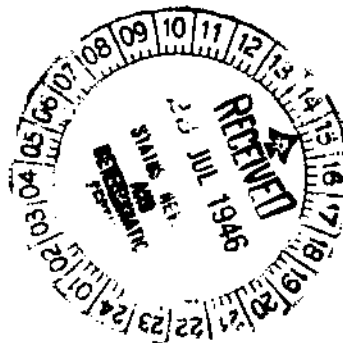
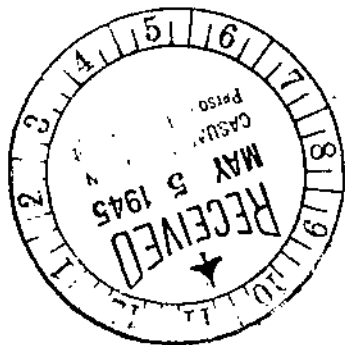
12. Summary of facts relative to the death:

- 1. Body severely burned.
- 2. Legible prints and H-4's unobtainable.
- 3. Deceased was killed while in operation against an organized enemy on Iwo Jima Island, Volcanic Group.

CASUALTY STATISTICS
NOTED *1/1*

Incl # 2

Summary of facts—Continued



C. W. Olcott
C. W. OL COTT

COMDR

R

Approved: Court of inquiry or board of investigation WILL NOT be held COL., M. C., U. S. Navy.
(Medical officer) (Rank)
J. C. Gillon
(BY DIR. GILLON) (Will or will not) U. S. N. O.
(Commanding officer) (Rank) XXXXXX
U. S. Navy.

H3