

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. TWO JIMA, 5TH MAR. DIV, X-34

SUBJECT

293
X-5 X-11 X-34
5th Marine Div
APR 3 1950

ORIGIN 293
USF Far East

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 that portion of letter, your Headquarters, file GRPZ 293, dated 7 March 1950, subject: Unidentifiable Remains, as pertains to X-5, X-11, and X-34, Fifth Marine Division, Iwo Jima.

2. The unknown remains listed above were recommended as unidentifiable per Warbo Zone letter, file 293 MBGNS, dated 12 November 1948, subject: Transmittal of New GAG Form 1044 (Resolution of Cases of Unidentified Decedent) and were approved per 1st Indorsement, this Office, file ORIGIN 293 USF Far East, dated 7 December 1948.

3. In view of the above previous action, Certificates of Unidentifiability are returned herewith for cancellation.

4. Referenced Unknowns are listed on MKA Unit 9 Roster, Page 1.

FOR THE QUARTERMASTER GENERAL:

5 Incls
1-3. Cert. of Unident.
4. Warbo Zone ltr
dtd 12 Nov 48
5. 1st Ind dtd
7 Dec 48

T. H. WATZ
Lt Colonel, GAG
Memorial Division

CC: CINCPAC

WRK 293 X-34
5th Marine Division
Iwo Jima

W. L. ...

14601825

nfm
1
/csv ✓

Interred 3 April 1950
L 2 6 F McKinley

Carl R. H. Mark

**DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM**

CARL R. H. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5532 81210

DATE
29 03 50
DAY MONTH YEAR

NAME: **UNKNOWN X-34** SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: **5TH MARINE DIVISION CEMETERY, IWO JIMA** PLOT: **5** ROW: **25** GRAVE: **1491** DISPOSITION OF REMAINS: **7701 80**
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-34** SERIAL NUMBER: GRADE: DATE OF DEATH: **30 Mar 50** DATE DISTINTERRED:

IDENTIFICATION TAG ON: REMAINS MAPLE ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: **PAUL R NICHOLS
Embalmer** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Shelter Half** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: **30 Mar 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** SHIPPING ADDRESS VERIFIED BY:

DATE: **30 Mar 50** BY: **Sgt 1c, 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, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
1 May 1950
REGISTRATION
CRUNCH
MOR. TIME

Janis

1G-9

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>Casey H. Mark</i> | DATE APR 3 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 81210

DATE

29 03 50
DAY MONTH YEAR

NAME

UNKNOWN X - 34

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

5TH MARINE DIVISION CEMETERY, IWO JIMA

PLOT

5

ROW

25

GRAVE

1491

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

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

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 5-26-50
Kirkland
Report*

Incl # 44

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 |

2-16-9 KMS

DISINTERMENT DIRECTIVE

1

H 503
R 1
F 69

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

JG UNKNOWN X-000034 0

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

IWO JIMA 5TH MARINE DIV CEM

DISPOSITION OF REMAINS

0 0391 63
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

5 25 1491 KAZAN RETTO

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY
MARIANAS ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED 22 Nov 47

UNKNOWN

X-34

Unk

Unknown

22 Nov 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unknown

IDENTIFICATION VERIFIED BY

U. E. Conerly, Capt., TC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Nature of shroud undetermined

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug. 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.

FILE
HERSCHELL, GUY, 1 Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|--|--------------------|--|-------------------|
| FROM US MAUSOLEUM (SAIPAN, M.I.) | | TO PORT STORAGE OFFICER (SAIPAN, M.I.) | |
| KIND OF CONVEYANCE Truck | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>John H. Loft</i> JOHN H. LOFT, M.I., CMP | DATE 16 Aug. 48 | SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G SNOWDEN, 1st Lt, Inf | DATE 16 Aug 48 |

2. SHIPPED

| | | | |
|---|------------------|--|------------------|
| FROM 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>Steford</i> STEFORD, 1st Lt, T.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>H. H. Newman</i> H. H. NEWMAN, 1st Lt, T.C. | DATE OCT 10 1948 | SIGNATURE OF RECEIVER <i>H. H. Newman</i> H. H. NEWMAN, Jr., Capt., FA | DATE 10 Oct 48 |

4. SHIPPED

| | | | |
|-------------------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE UNKNOWN | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|--|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE ESTABLISHMENT ORDER | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER COMM NATIONAL CEMETERY | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

7. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

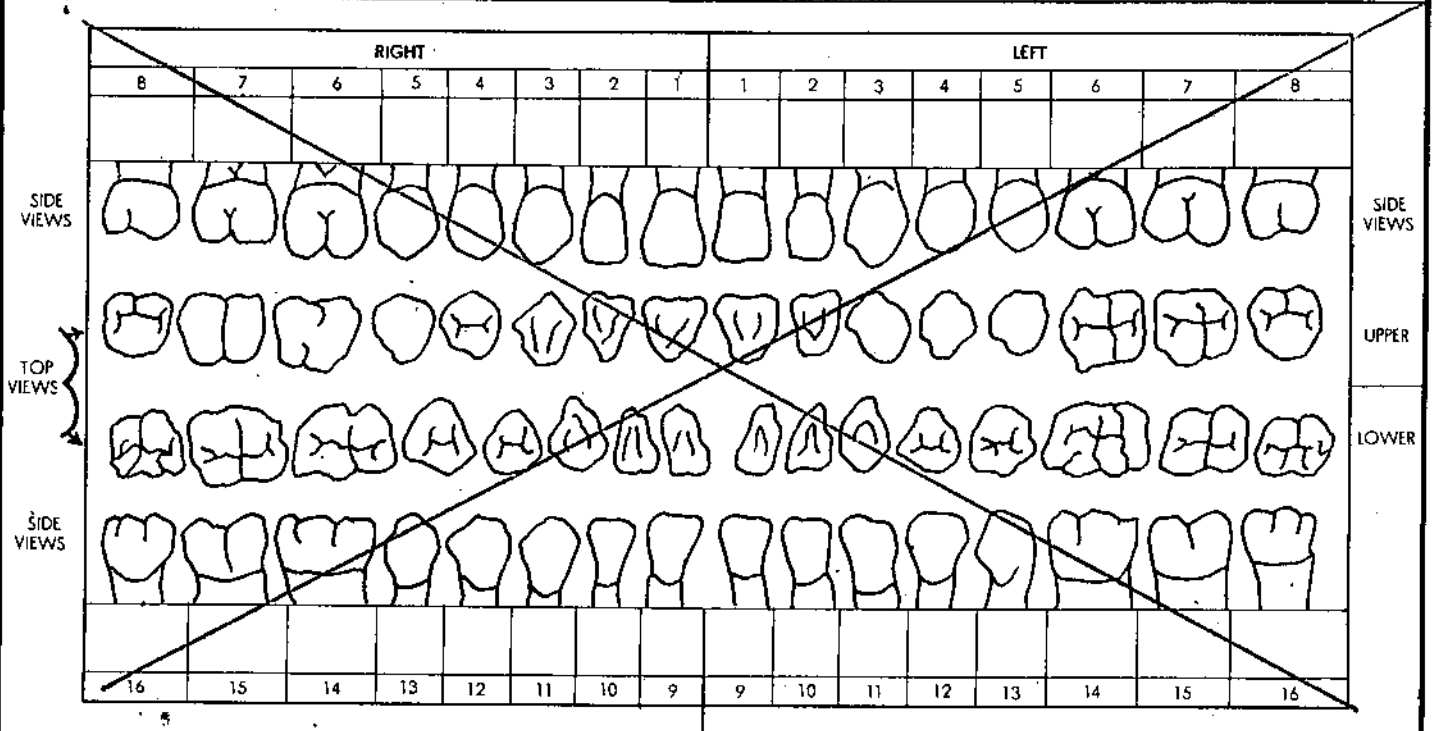
1. This case Unknown X-34 has been reviewed and the recommendation of the field as unidentifiable due to lack of sufficient identifying data is approved.

2. These remains were (^{buried}~~transferred~~) in
5th Max Oliv Cem 1400 S. 13th A

Jed & Jld
7 Dec 1948

X-34

| 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 GROWN PORCELAIN GROWN | |
| 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 | |

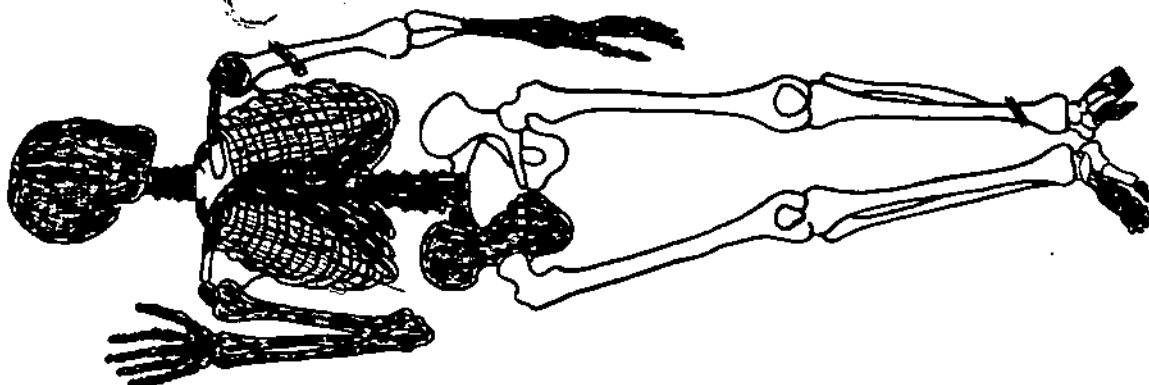


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Notes: no mandibles & maxilla remaining.

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This body was received at CIP wrapped in Army shelter half. Evidence of body burial is Army blanket. Death Certificate form present, attached to processing papers. Many bones are missing -- refer to Skeletal Chart. Bits of clothing found unable to find laundry markings.

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

IDENTIFICATION DATA

| | | | | | | | |
|--|--|--|---------------------|---------------------------------------|-------------------------|--|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-34 | | | | 2. DATE OF REPORT 11 Oct 48 | | | |
| 3. NAME OF CEMETERY 5th Mar. Div. Cen., Iwo Jima | | | 4. PLOT 5 | 5. ROW 25 | 6. GRAVE 1491 | 7. DATE OF DISINTERMENT REINTERMENT 11 Aug 47 | |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|------------------------------------|---------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5'4" | 10. COLOR OF HAIR UTD | 11. RACE UTD |
|-----------------------------------|------------------------------------|---------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

| | |
|---|-----------------|
| 14. WAS BODY BURNED? | TO WHAT EXTENT? |
| <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)

Remnants of herring bone, trousers, parts of Army blanket, one Army canteen and one left GI shoes with size 7 $\frac{1}{2}$ " , Let No. 4111B.

APPROVED UNIDENTIFIABLE

Unidentifiable by reason of lack of sufficient identifying data.

H. W. H.
H. W. HARRISMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbo Zone

BJP

| 18. TOOTH CHART | | |
|---|-------------------------------------|-----------|
| | TOP VIEW | SIDE VIEW |
| <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>Gold Crown, Porcelain Crown</p> | |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p>Gold Bridge</p> | |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | <p>Gold Filling, Silver Filling</p> | |
| <p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> | <p>Cavity, Decayed</p> | |

| RIGHT | | | | | | | | LEFT | | | | | | | | |
|------------------|----|----|----|----|----|----|----|------|---|----|----|----|----|----|-----------|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| _____ | | | | | | | | | | | | | | | | |
| Side View | | | | | | | | | | | | | | | Side View | |
| Top View | | | | | | | | | | | | | | | TOOTH | |
| | | | | | | | | | | | | | | | LOWER | |
| Side View | | | | | | | | | | | | | | | | |
| | 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."

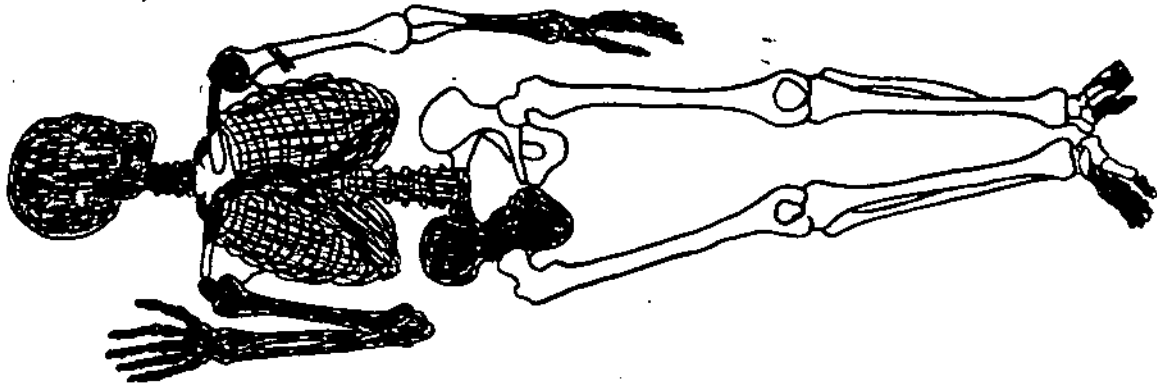
NOTE: Mandible and Maxilla missing.

Certified true copy:
H. W. Harriman
H. W. HARRIMAN
 Captain, QMC
 Operations Officer

Marion C. Teague

/s/ Uldric E. Conerly, Capt., T.C.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This body was received at CIP wrapped in Army shelter half. Evidence of body burial is Army blanket. Death Certificate form present, attached to processing papers. Many bones are missing -- refer to Skeletal Chart. Bits of clothing found unable to find laundry markings.

EJP

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. COURLY, Captain, CAC

IDENTIFICATION DATA

| | | | | | | | |
|--|--|--|---------------------|---------------------------------------|-------------------------|--|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-34 | | | | 2. DATE OF REPORT 11 Oct 48 | | | |
| 3. NAME OF CEMETERY 5th Mar. Div. Cen., Iwo Jima | | | 4. PLOT 5 | 5. ROW 25 | 6. GRAVE 1491 | 7. DATE OF DISINTERMENT REINTERMENT 11 Aug 47 | |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|------------------------------------|---------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5'4" | 10. COLOR OF HAIR UTD | 11. RACE UTD |
|-----------------------------------|------------------------------------|---------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?
 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

Remnants of herring bone, trousers, parts of Army blanket, one Army canteen and one left GI shoes with size 7½", Let No. 4111B.

APPROVED UNIDENTIFIABLE

Unidentifiable by reason of lack of sufficient identifying data.

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

BJP

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

| RIGHT | | | | | | | | LEFT | | | | | | | |
|--|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Side Views | | | | | | | | | | | | | | | |
| Top 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."

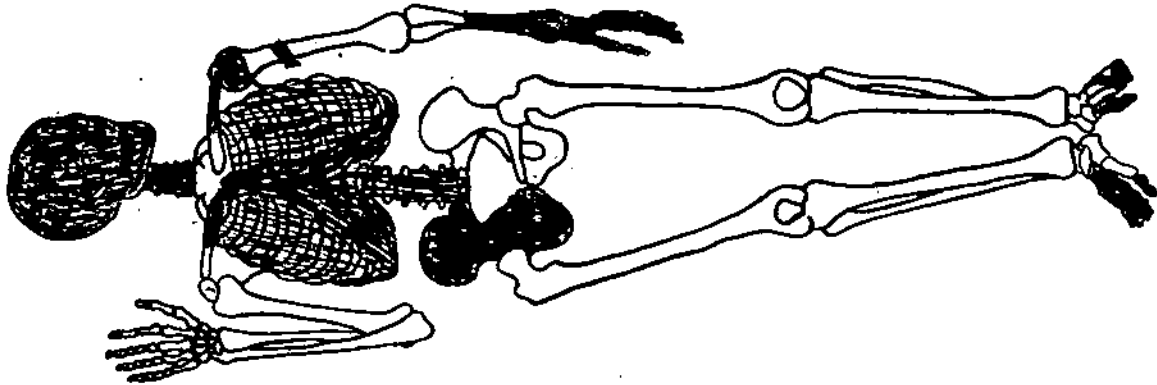
NOTE: Mandible and Maxilla missing.

Certified true copy:
H. W. Harriman
 H. W. HARRIMAN
 Captain, QMC
 Operations Officer

Marion C. Teague

/s/ Uldric E. Conerly, Capt., T.C.

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This body was received at CIP wrapped in Army shelter half. Evidence of body burial is Army blanket. Death Certificate form present, attached to processing papers. Many bones are missing -- refer to Skeletal Chart. Bits of clothing found unable to find laundry markings.

BJP

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ULDRIC E. CONERLY, Captain, CAC

IDENTIFICATION DATA

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

PHYSICAL DESCRIPTION

| | | | |
|-------------------------------------|---|-----------------------------------|--------------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT 5' 3-1/8" | 10. COLOR OF HAIR U T D | 11. RACE U T D |
|-------------------------------------|---|-----------------------------------|--------------------------|

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 humerus, tibia, fibula and right pelvic bone. |
|--|--|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

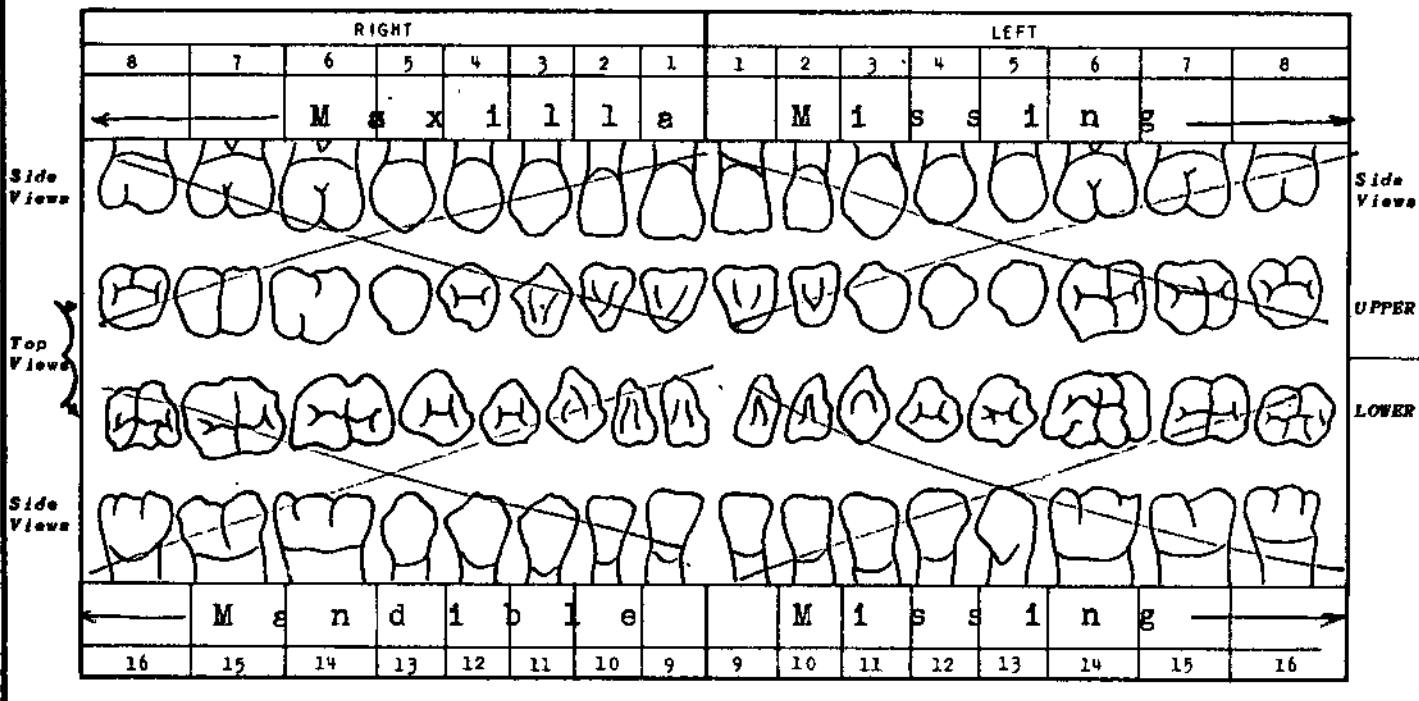
N O N E

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: 2nd 32

| 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: | | | |
| 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: | | | |



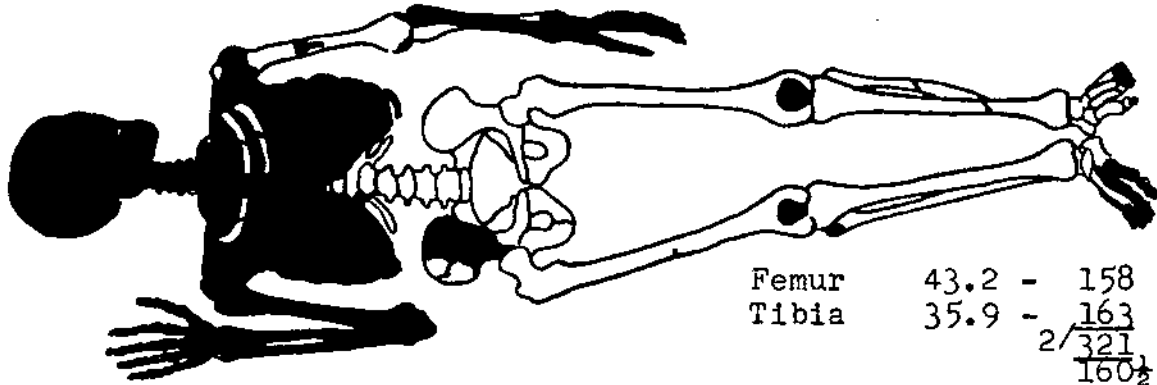
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary or mandibular teeth present with remains.

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Identification Section

Serial 32

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 5' 3-1/8"

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) Male
- (2) Height - 5' 3-1/8"

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
Paul R. Nichols

Sheet 37

IDENTIFICATION DATA

| | | | | | |
|--|--|---------------------|---------------------|---------------------------------------|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-34 | | | | 2. DATE OF REPORT 31 Oct 48 | |
| 3. NAME OF CEMETERY 5th Mar. Div. Cem., Iwo Jima | | 4. PLOT 5 | 5. ROW 25 | 6. GRAVE 1491 | 7. DATE OF DISINTERMENT 11 Aug 47 |
| | | | | REINTERMENT | |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|------------------------------------|---------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5'4" | 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?

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)

Remnants of herring bone, trousers, parts of Army blanket, one Army canteen and one left GI shoes with size 7½", Lot No. 4111B.

APPROVED UNIDENTIFIABLE

Unidentifiable by reason of lack of sufficient identifying data.

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

BJP

A. NAME AND FUNERAL LOCATION OF DECEASED

| | | | | |
|------------------------------------|------|---------------|---------------|-----------------------------|
| NAME <i>Same UNKNOWN X-34-8</i> | RANK | SERIAL NUMBER | DATE OF DEATH | REG OR DISPOST-SERVICE UNIT |
|------------------------------------|------|---------------|---------------|-----------------------------|

| | | |
|------------------------------|----------------|-------------------------|
| COUNTRY <i>5th MARINE</i> | CAUSE OF DEATH | U.S. DISTRIBUTION POINT |
|------------------------------|----------------|-------------------------|

| | | | |
|------------------|------------------|----------------------|----------------------------|
| PLCT <i>5</i> | ROW <i>25</i> | GRAVE <i>1491</i> | COUNTRY <i>Iwo Jima</i> |
|------------------|------------------|----------------------|----------------------------|

B. NEXT OF KIN AND CONSIGNEE

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

C. DISINTEGRATION AND IDENTIFICATION

| | | | | |
|---|------|---------------|----------------------------|--------------------------------------|
| NAME | RANK | SERIAL NUMBER | DATE OF DEATH | DATE DISINTEGRATED <i>8/14/57</i> |
| IDENTIFICATION TAG OF ORGANIZATION () REMAINS () MARKET | | RELIGION | IDENTIFICATION VERIFIED BY | |

D. PREPARATION OF REMAINS FOR SHIPMENT

| | |
|---|--|
| NATURE OF BURIAL | CONTENTS OF BURIAL <i>Right + Left Femur + tibia + Fibula Superior Portion of Left tibia + Left Pulvis ISCHIUM bones of - LEFT FOOT FOUND DORSAL VARIABLE FOUND LEFT SHOULDER FOUND</i> |
| OTHER MEANS OF IDENTIFICATION <i>CANTEN FOUND MARINE BLANKET FOUND</i> | |
| MINOR DISCREPANCIES 1/ | |

REMAINS PREPARED AND PLACED IN CASSET

DATE BY CASSET SEALED BY

APPROVED UNIDENTIFIABLE

STATUS FILE

CASSET 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.

SIGNATURE OF OPS INSPECTOR

#335

[Signature]

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

Unknown X-34 - 5 1/2 Mar Cem. Two females

| IDENTIFICATION DENTAL CHART | | | | DATE | | |
|------------------------------------|-----------------|----------------|-----|---------------|--|--|
| NAME (Last, First, Middle Initial) | | RANK | | SERIAL NUMBER | | |
| 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 | |
| | MAXILLA MISSING | | | | | | | | | | | | | | | | |
| 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 | |
| | MANDIBLE MISSING | | | | | | | | | | | | | | | | |

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

All maxillary and mandibular teeth are missing. (no skull).

| | |
|--|-------------------------|
| SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART | VERIFIED BY GRS OFFICER |
| <i>B. Melton, Emb 13-8-48</i> | |

Unknown "X" No. X-34



*Skeletal Remains
Incomplete*

SKELETAL CHART

REPORT OF INTERMENT

FILE ✓

7-50

P. J. ...

UNIDENTIFIED # 34
(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)

1491 25 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 | <u>POARCHE</u> | <u>264470</u> | <u>USMCR</u> | <u>1492</u> |
| | (Name) | (Ser. No.) | (Org) | (Grave No.) |
| BODY BURIED ON LEFT | <u>MARTIN</u> | <u>987342</u> | <u>USMC</u> | <u>1490</u> |
| | (Name) | (Ser. No.) | (Org) | (Grave No.) |

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

APPROVED UNIDENTIFIABLE

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: Shoe Size 7½ F
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.:

Lot # 4411B

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

A. W. Ireland Jr.

(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

1

2

3

4

4

3

2

1

THUMB

REPORT OF INTERMENT

CASUALTY SEAL
NOTED

~~UNIDENTIFIED~~ # 34
(Last Name)

(First)

(Initial)

(Serial Number) (Rank) (Organization)

IWO JIMA

6th Div No. 1

147-J

(Place of death)

(Name of Cemetery) (Name or coordinates of location)

1401

(Grave Number)

25

(Row Number)

8

(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)

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

BODY BURIED ON RIGHT

POARGHE

(Name)

264470

(Ser. No.)

(Rank)

USMCR

(Org) (Grave No.)

1492
1500

BODY BURIED ON LEFT

MARTIN

(Name)

987342

(Ser. No.)

(Rank)

USMC

(Org) (Grave No.)

1490

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
NAVY SECTION
G. J. MOYER

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 _____ person reporting burial.)

LEFT HAND

RIGHT HAND

4

4

3

3

2

2

1

1

THUMB

THUMB

CERTIFICATE OF DEATH

59

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 # 34 Rank or rate _____

2. Born: Place _____ Date _____

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

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

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

FINGERPRINTS
UNAVAILABLE

State which finger _____
(Right index preferred)

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 APPROVED UNIDENTIFIABLE

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 25 GRAVE: 1491

FIFTH MARINE DIVISION CEMETERY, IWO JIMA, VOLCANIC GROUP

BURIED: 13 MARCH 1945

12. Summary of facts relative to the death:

1. WOUNDS, UPPER EXTREMITIES MISSING.
2. FINGERPRINTS AND H-4'S UNAVAILABLE.
3. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

Summary of facts—Continued

1. Name of vessel or aircraft to which attached

2. Description of service

3. Name of commanding officer and rank

4. Name of vessel

5. Date

6. Name of vessel

7. Name of vessel and address of next of kin of victim

8. Name of vessel (if not reported)

9. Name

C. W. Elliott

C. W. ELLIOTT

(Medical officer)

COMDR.

(Rank)

M. C., U. S. Navy.

R.

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

J. W. Bennett
J. W. BENNETT

(Commanding officer)

COL.
(Rank)

U. S. Navy.

(BY DIRECTION)