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293	UNR. IND JIMA	5TH MAR DIV, X-51	
SUBJECT	•	,	
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5 1121

51 12256

QMGMN 293 GRS, Far East

SUBJECT: Unidentifiable Remains

MAR -3 1000

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.

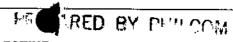
FOR THE QUARTERMASTER GENERAL:

T. H. METZ Lt Colonel, OMC Memorial Division

CC: GINCFE

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HEADQUARTERS FHILCON ZONE AMERICAN GRAVES REGISTRATION STENDS

22 January 1950 Date

SUBJECT: Unidentifiable Remains

TO: The Quartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-51, Plot 8, Row 3, Grave 2005, 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

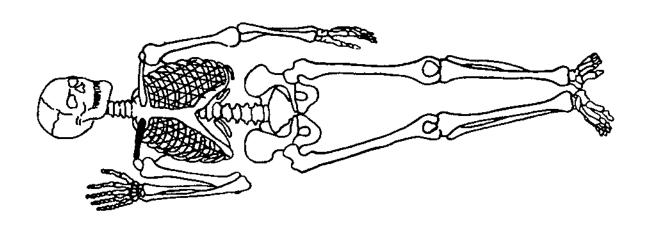
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	IDENT!	FICATION D	ATA			
1. REMAINS OF UNKNOWN X	:-51				2. DATE OF RE 22 Januar	
3. NAME OF CEMETERY	· · · · · · · · · · · · · · · · · · ·	4. PLOT	5. ROW	6. GRAVE		ATE OF
5th Mar D	div Cem Iwo Jima	8	3	2005	DISINTERMENT	REINTERMENT
	PHYS	SICAL DESCRIPTIO	•			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT	Brown			11. RACE UTD	
12.GIVE DESCRIPTION OF A	NY OFFICIAL IDENTIFICATION	FOUND WITH REMA	INS			
NONE						
13.GIVE DESCRIPTION OF TA	ATTOOS OR SCARS ON BODY AND)/OR SUCH INFORM	ATION DET	AINED FROM	OTHER SOURCES	S
NONE						
14. WAS BODY BURNED?	TO WHAT EXTENT?					
15. WAS BODY MANGLED?	10 WHAT EXTENT?			·		
YES 🛣 NO						
16. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE	MALFORMATIONS			•	
NONE						
	•					
17. LIST EVERY ITEM OF C	LOTHING, EQUIPMENT AND PERS	SONAL EFFECTS FO	OUND, SHOW	WING THE TI	TPE, COLOR, SI	ZE, MARKINGS,
SERVICE, ETC. (11 14)	undry marks are indistinct tion when facilities ere no	such notation s	should be	made and s	ipecimen forwe	rded through
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OHC FORM TOTAL TOTAL PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

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	OOTH CHART	•
MISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	G Tooth Missing	SIDE VIEW
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:	Gold Crown, Porcelaine	Crown Company
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 (Carition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed	
8 7 6 5 4 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 3 4 5 P P 1 1 5 D D D O C D D D O C D D D O G P P P P P P P P P P P P P P P P P P P	Infector Side Si
DENTURES (Places): DRAW DIAGRAM OF RELATIVE SIZE AN	D SHAPE OF PLATE, BLOCK IN TEE	TH ATTACHED AND INDICATE RETAIN-

PAUD R. NICHOLS Chief, Identification Section



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

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE 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.

"EY AZASOR (C. C.) CONTRACTOR OF THE

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 Duckals

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	certify that all the for eport above is correct		ere condu	ted and accor	mplished under	r my	immediate supervision	חב
HERSCHELL G. GUY. 1 Inf SIGNATURE OF GRS INSPECTOR								
1 Prepare Disc								
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AGRS PORT (Saipan, M I)		Transport Commander USAT DALTON VICTORY	· · · · · · · · · · · · · · · · · · ·
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SAT DALTON VICTORY		AGRS MAUSOLEUM	
TRUCK		NAME OF CONVOYER	
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NAVMED H-4" (1943)

DENTAL RECORD (To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

Unidentified #51					
(Christian name(s))					
Date					
INSTRUCTIONS					
See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.					
RECORD OF FIRST DENTAL EXAMINATION					
RBMARKS;					
Wesley R. Elle & Phylo 3/22/75 (Date and signature of examining dental officer)					
RECORD OF SUBSEQUENT DENTAL OPERATIONS					
17 18 18 20 21 22 23 24 25 26 27 28 29 30 31 38					

DENTAL TREATMENT Entries to cover entire period of service

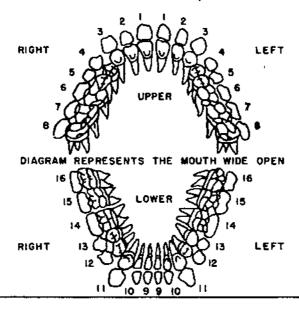
Operation or treatment	Date	Signature
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INSTRUCTIONS:

- 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:

R-16 L-8 R-8 uncrupted

PFC JUMES GOODSOn=15225520

NAME AND RANK TYPED OR PRINTED

Iwo Jima

PLACE OR HQ: WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

WOHN H. HAINES 2nd Lt., Inf

NAME AND RANK TYPED OR PRINTED

6 August 1947

DATE

and the same of th				
LNC Form 1194			• 1	DATE
Section 1	DISIFTERMENT	DIRECTIVE		DIRECTIVE NO.
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UNKNOWN, X 5.	1 8	-	<u>.</u>	:
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PLOT ROW			. 	
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OF GROSS BOVER IN D. LANG.	ليعا	SHIPP	uru addaess V	IRITIED BY (Signature)
DUTE BY				

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

\$10~

SIGNATURE OF GRS INSPECTOR

1/ Prepare discrepancy Report Form Fo. 119ha for major discrepancies.
2/ Consignee may be same as next of kin; is 6 repeat name and address.

UNKNOW	N X-51	•				
35 ^T	. IDENTIFIC DON DENT	AL CHART		DATE	أرسيس	
NAME Lest, First, Middle II		RANK		SERIAL NU	IMBER	
UNIT	ORGANIZATION	CAUSE OF DE	ATH	DATE OF I	DEATH	<u> </u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT		ROW	GRAVE	
	TH MISSING THROUGH EXTRACTION INO BY RECENT WOUNDS) SHOULD BE "X"		TOP VIEW TOOTH MISSIN	% 6	SIDE V	
	CK IN SOUD AND CROWN OF TOOTH (IJ DID AND PORCELAIN), THUS :	AMEL GOID.	COLD CROWN PORCELA	IN CROWN		55
BRIDGE WORK & BLOCK I BRIDGE, GOLD AND PORC	N SOLID AND CROWN OF TOOTH (LABEL ELAIN BRIDGE), THUS :	L GOLD	GOLD BRIDGE	6) [
FILLINGS : DRAW FILLING AND LAPEL GOLD, SILVER,	ON TOOTH AS ACCURATELY AS POSSIBLE CEMENT), THUS :	E IBLÖCK IN	GOLD FILLING SILVER FI	LLING		
CARIES : (Cavities) : OUT SHADE IN THUS :	line location and size of cavity,		CAVITY DECAYED	60		30
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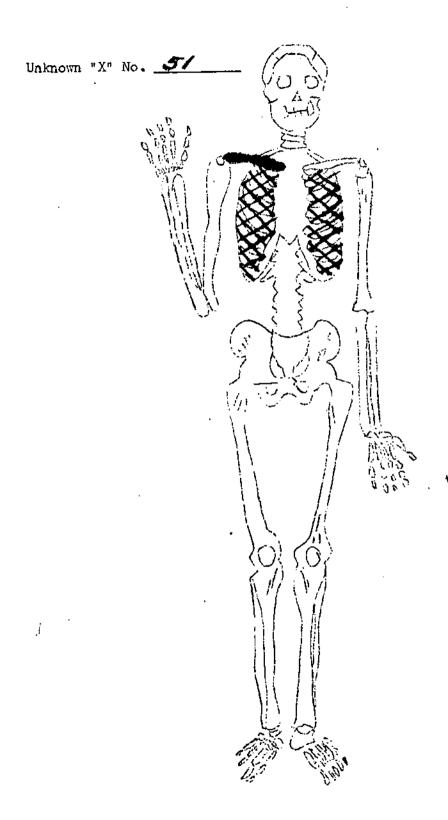
SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

OMC FORM REV 1 APR 47 1045

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

USD



SKELETAL CHART



X-51 5th Marine Div. #1 Cem. Iwo Jima Island 8 3 2005

		REST	RICTED		0_8_•		
W WICTORM 1042 W. 1 Apr. 1948) (St. Creden GRS Form 1)		REPORT OF	INTERMEN	т /	DATE	OF REPORT	
(Section GRS Form 1)		(AR 30-1810 a	nd AR 30-18	(15)		6 Augus	t 1947
Imprint Identification DO NOT TS		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)			Lecou	AL No.	
			4	_	SERG	AL NO.	
[]	\	UNKNOHN X51 -		Box No. 192	1		
REPORT OF DISINTERMEN	, o)	SANCE	ORGANIZATION		BKAN	ICH OF SERVI	CE.
] \ DISTRIBUTE	' -	RACE	<u></u>	er Div			
		MACE	RELIGION		IF OTHER TH	OUNTRY	.D, GIVE
PLACE OF DEATH		CALIFE OF DEATH]				
		CAUSE OF DEATH			DATE	OF DEATH	
IWO Jima EMERGENCY ADDRESSEE (NO		Unk	.			·,_	·
EMERGENCY ADDRESSEE (A)	ше, геншинальр, сп	G GSGreat)					
INCOMPRESENTATION TARE TOTAL	In all hand	1			·	<u>.</u> .	<u>- </u>
IDENTIFICATION TAGS FOUN (1, 2, or none)	D ON BODT	IF NO TAGS FOUND ON BODY			f unidentified, fi	ll in section 3	оп течетве)
NEDE CURTIFICATION TO SECOND				MITICIARIE			
WERE SUBSTITUTE TAGS PRO	DVIDED7(Year or no)	Vnaan	FN UNIUL	NTIFIABLE			
· · · · · · · · · · · · · · · · · · ·				EB 1.5 1950			
LIST PERSONAL EFFECTS FOR	ON BODY AND	DISPOSITION OF SAME	,	PED			
Canteen. D	ancho and	blanket found and	e nelomed w	rith remains.			
Cartion 2 RIIRIAI 7/ net	has then in actab	lished cometery, furnish sketc	<u> </u>	V			
NAME, NUMBER, COORDINAT	ES. AND LOCATION	OF CEMETERY				 -	
I	wa Jii	MA STH MI	ARINE I	Dıv. No. 1	/		
	,	BURIED IN (Shroud, blanket, or n		TYPE OF GRAVE	PLOT No.	ROW No. ,	GRAVE No.
				MARKER	8		2005
WAS THIS A REBURIAL?	IF A REBURIAL I	I Indicate name, number coord	INATES OF PREVIO	 Dus cemetery, and L	<u>, </u>	RAVE	2005
(Yes or no)					PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS	PERSON CONDUC	TING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED,	DESCRIBE IDE	NTIFICATION	DATA AND
CEREMONY			CONTAINERS B	URIED WITH BODY			
IDENTIFICATION TAG BURIES	 WITH IDENT	IFICATION TAG ATTACHED TO			No.	•	
BODY (Yes or mo)	MAR	KER (Yes of No)			-3.4K		
BODY BURIED ON DECEASED	LEFT, NAME (Last	first middle faitigh	RANK	SERIAL No.	ORGANIZATIO	N GRAVI	E NO
				SERVE NO.	ONSKINDENIC	,,,	- 110.
Hinton, Che			PVt	993735	USEC		004
		n, prim, middle thictis)	RANK	SERIAL NO.	ORGANIZATIO	ON GRAVI	_ NO.
Unknown X52			OLONIA TRICE SE			2	006
SIGNATURE OF REPSON PRET	L. Eli	ea	SIGNATURE OF	BS OFFICER VERIFYIN	G REPORT	+ 12-	O
DISTRIBUTIÓN OF REPORT	T: Signed origin	al for U.S. and allied dead, signs for retention in theater as p	ned original and	one copy for enemy	dead, to the	Quartermee	ter General
vaga maddanton On	omer. copie	s ou recention in the gree as p	TOSCITORS BY THE	ier commender.			

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₩ ₹ <u>"</u> ਹੁਵ	Section 1.	MIDENTIFIED	REMAINS					
LETT LITTLE FINGER	mains. Fil social secur planes, veh (b) A t chart at left	eat care wilf I in anatomi ity number; icles, and tai lingerprint, o t, or as many	cal charac position o nks. or prints, a y as possib	iteristics f body for tre the mo te. If no	below, and und in air; ost valuable ofingerpri	d any other d planes, vehicle le of all clues nt or prints c	clues under ''Oti es, and tanks; an Imprint all fir an be secured, th	entity of unidentified ther," such as shoe size, id serial numbers of air- neers and thumbs in the condition of each and
8 ₅	every tooth accomplished	will be indiced if one or r	ated on the more finge	e tooth cl rprints ar	e secured	ordance with ,	diagram below.	Tooth chart will not be
LEFT RING FINGER	KEIGHT	WEIGHT	COLOR O	F EYES	COLOR O	HAIR	BIRTHMARKS, SC.	ARS, OR TATTOOS
HIDOLE FINGER	OTHER IDENT	SERIAL NO.	ues	LAUNDRY	' MARKS		WHERE BODY WA	S BURIED OR FOUND
LEFT INDEX FINGER	FILLING:	्र विभागकृत	SI SI	LVER FILL	ING IG	· · · · · · · · · · · · · · · · · · ·	3. ÅÓÓ	2 3
THUMB	CAVITIES	िन		E CAVITY RESERVED	IPPA Eo		DO UPPER	
RIGHT THUMB	CROWNED	{	The	OTH MISSI		DIAGRAM	REPRESENTS THI	E MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE	ork S		GOLD B	· · · · · · · · · · · · · · · · · · ·	15 () 14 (13	I O O O O	3 15 14 13 13 13 13 13 13 13 13 13 13 13 13 13
RIGHT MIDULE FINGER	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COOL	RDINATES F	OR BURIAL IN	OTHER THAN ESTA	BLISHED CEMETERY
RIGHT RING FINGER	REMARKS:			·	<u></u>		. •	. 2 7
RIGHT LITTLE FINGER		Both sho	es mis	sing.			٠	

CERTIFICATE OF DEATH

From COMMANDING GENERAL FIFTH MARINE DIVISION F SAN-FRANCISCO: CALIF.

1. Name !	UNIDENTIFIED #	51	Rask or	raf
			3	
	.,-		• •	(Denomination)
				Sisii Weight 165
5. Marks, scars, e	tc. (noted in health reco	rd)		
				FINGERPRINTS
				ë UNOBTAINABLE
	<u> </u>			State which finger
		<u>-</u>	~ <u>-</u>	
	······································			
7. Original admiss	sion: Place	hich attached when first adu	Date .	
7. Original admiss 8. Died: Place	Sion: Place (Ship or station to w	hich attached when first adu	DateDate	Hour
7. Original admiss 8. Died: Place 9. Cause of death 0. Death(Is or its	Principal Contributory the result of owners	hich attached when first adu	Date nitted to sick list) Datein tild in tild	Hour Key Letter
7. Original admiss 8. Died: Place 9. Cause of death 0. Death(Is or its	Principal	hich attached when first adu	Date nitted to sick list) Datein tild in tild	Hour Key Letter
7. Original admiss 8. Died: Place 9. Cause of death 0. Death(Is or 18	Principal Contributory the result of owners	hich attached when first adm n misconduct and 3 GRAVE 2	Date nitted to sick list) Datein tild to sick list) Datein tild tild tild tild tild tild tild tild	Hour Key Letter

- 12. Summary of facts relative to the death:

 1. WOUND, THIRD_DEGREE BURNS. ı.
 - FINGERSPRINTS UNCETAINABLE, DUE TO CHARRED CONDITION OF BODY. 2.
 - H_4'S ENCLOSED. 3.
 - DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

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•	•	a. W. Quit	٠.		
,	. .	C. W. OLCOTT		$_{\Lambda}$ COMDR.	1. C., U. S. Navy. R.
		(Medical officer)	,,	(Rank)	,
Approved:	Court of	inquiry or board of-investigation	WILL NOT	_ be held.	•
		W. BECKETT	- (Will or will not)	COL.	J.Y.Navy.USA
		Geographic Anien) (BY DIRECTION)		(Rank)	
7	* * * * * *	The same of the sa	The second second	16 - 16650 U. S. GOVE	ANMENT PRINTING OFFICE 🛨 🙏 *

CERTIFICATE OF DEATH

From COHMANDING-GENERAL-FI	TH-MARINE DIVISION P.P.O.	SAN FRANCISCO CALIF
•		

l. Name	(See Circular Letter R.6, Append	- , -:,			
					'
, Born: Place	- *· · · · · · · · · · · · · · · · · · ·			Date	
. Nationality	(White-U.S., Colored, Sa	moan, etc.)	. Religion		(Denomination)
. Eyes	Hair BROWN	. Complexion		Height; 5.4	814. Weight 165
. Marks, scars, e	etc. (noted in health reco	rd)			
				ERPRIN	FINGERPRINTS
				_	Unobtainable
- 1					tate which finger
	·		<u> </u>		
. Original admiss		bich attached when first a	dmitted to sick lis	Date	
. Original admiss	sion: Place (Ship or station to wi	bich attached when first a	dmitted to sick lis	Date	HourKey Letter
Original admiss Died: Place Cause of death	Sion: Place (Ship or station to will Principal Contributory the result of own	hich attached when first a	dmitted to sick lis	Date	HourKey Letter
. Original admiss . Died: Place Cause of death	sion; Place (Ship or station to wi	hich attached when first a	dmitted to sick lis	Date	HourKey Letter
Original admiss. Died: Place Cause of death Death (Is or i	Sion: Place (Ship or station to will be result of own senot) remains PLOT 6 - ROW	n misconduct and	dmitted to sick lis Date (Is or is no	Date	Hour
Original admiss. Died: Place Cause of death Death (Is or. i	Sion: Place (Ship or station to wing the result of own remains PLOT & ROW	n misconduct and	dmitted to sick lis Date (Is or is no	Date	Hour Key Letter line of duty.
Original admission. Died: Place Cause of death Death (Is or. i.	Sion: Place (Ship or station to will be result of own senot) remains PLOT 6 - ROW	n misconduct and	dmitted to sick lis Date (Is or is no	Date	Hour Key Letter line of duty.
. Original admiss Died: Place Cause of death . Death	Sion: Place (Ship or station to wing the result of own remains PLOT & ROW	n misconduct and	dmitted to sick lis Date (Is or is no	Date	Hour Key Letter line of duty.
Original admission. Died: Place Cause of death Death (Is or. i Disposition of IRIED: Summary of fa	Sion: Place (Ship or station to wing) Principal Contributory the result of own remains PLOT 8 ROW DIVISION CEMETE MARCH 1945 cts relative to the death:	n misconduct and	dmitted to sick lis Date (Is or is no	Date	Hour Key Letter line of duty.
Died: Place Cause of death Death Disposition of FTH NARINT RIED: Summary of fa	Principal Contributory the result of own remainsPLOT 6 NOW DIVISION CEMETE ARCH 1945 cts relative to the death: TRIRD: DEGREE BUR FRIRTS UNOBTAINA	n misconduct and	dmitted to sick lis Date (Is or is no	Date	Hour

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\$ 1 10 to 1	C. W. OLCO	w pp al officer)	,	M. C., U. S. Navy.R.
Approved: Court of	f inquiry or-board of	investigation WILL.	NOT be held.	·
	207 0	ECKETT		, GESKNOW-USM(
	40-40	IRECTION)	16—15556 c. s. ec	PERMIENT PRINTING OFFICE
es.				
	ESS A	•	· · · · · · · · · · · · · · · · · · ·	5

F. M.F. PAC Form REPORT OF INTERMENT NIDENTIFIED #51 (Rank) (Organizati (Last Name) (First) (Initial) (Serial Number) 5th Div. No. 1 IWO JIMA (Name of Cemetery) (Name or coordinates of location) (Place of death) 2005 (Plot Number) (Religion, if known) (Grave Number) Disposition of identification tags: One Buried with body Yes No One Attached to marker Yes (If no identification tags, what means of ablished, give particulars) (If no identification tags, but iden 2006 UNIDENTIFIED #52 BODY BURIED ON RIGHT (Name) (Ser. No.) (Renk) (Org) (Grave No.) 2004 UNIDENTIFIED #50 BODY BURIED ON LEFT (Ser. No.) (Rank) (Org) (Grave No.) (Name) 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 iden.

EASE DEPOT REPRODUCTION

tified dead and all ten fingers of unidentified, if possible.

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. HE IGHT: 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.: HAND 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 buriel.)

F.M.F. PAC Form () PEPORT OF INTERMENT Graves Registration # 51 UNIDENTIFIED (Serial Number) (Rank) (Organization) (Initial) (Last Name) (First) IWO JIMA 5th Div. No. 1 (Name of Cemetery) (Name or coordinates of location) (Place of death) 2005 (Row Number) (Plot Number) (Religion, if known) (Grave Number) Disposition of identification tags: One Buried with body Yes | One Attached to marker tes No ... (If no identification tags, what means of identification or burged with body?) (If no identification tags, but identity definitely established, give particulars) BODY BURIED ON RIGHT UNIDENTIFIED # 52

(Name) # 52

(Rank) BODY BURIED ON LEFT UNIDENTIFIED # 50 (Ser. No.) (Rank) 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 iden.

BASE DEPOT REPRODUCTION

tified dead and all ten fingers of unidentified, if possible.

4 3 2 I THUN	IF DECEASED UNIDENTIFIED TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TARE THOSE YOU CAN, And fill in as many of the following as possible. HEIGHT: 5'8" APPARENT NATIONALITY; White WEIGHT: 155 LAUNDRY MARKS: Shoe size 8½ COLOR OF EYES: NUMBER OF RIFLE: COLOR OF HAIR Brown RACE IS TOOTH CHART ATTACHED? (If possible, have medical personnel take a tooth chart) H4 enclosed with form N's 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 officery We person	UMB 1
THUMB -	(Signature of officer or person reporting buris).)	THUMB