

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. TWO JIMA, 5TH MAR. DIV, X-58

SUBJECT

QMONT 293
GRS Far East

19 May 1950

Ident
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. Com., 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 " " " " Okinawa "	4 " 18
"	X-10	7th " " " " " "	4 " 18
"	X-12	" " " " " "	4 " 18
"	X-70	Island Command Com. " " " "	4 " 14
"	X-170	" " " " " "	4 " 35
"	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

293 unk found Serial #5 X-58

*Copy
found in serial #5*

AIRMAIL

18 May 1950

Ident.
GCS Far East

SUBJECT: Identification of World War II Deceased

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

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UNKNOWN	X-5	4th Mar. Div. Com., Iwo Jima, Unit	4	Page	13
"	X-92	" " " " " "	"	9	" 1
"	X-96	" " " " " "	"	4	" 14
"	X-23	5th Mar. Div. Com. " "	"	4	" 14
"	X-58	" " " " " "	"	4	" 14
"	X-69	6th " " " OKINAWA	"	4	" 18
"	X-10	7th " " " "	"	4	" 18
"	X-12	" " " " " "	"	4	" 18
"	X-70	Island Com. Com., 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

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

FOR THE QUARTERMASTER GENERAL:

J. Millerslak
Salsar

THOMAS H. OCK
Capt GRC
Memorial Division

cc: Administrative Section

DC: GINGFE

X293
USMC #1
5th Mar Div Com
X58

AIRMAIL

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	18 Apr 50	<p>Attached certificates of unidentifiability and allied Reports of Burial and papers forwarded for any action deemed necessary.</p> <p style="text-align: right;">NEFF 2462</p> <p style="text-align: right;"><i>B. Stevens</i> STEVENS 76128</p> <p>4 Incls: Case folders for: X-58 - 5th Mar Div Iwo Jima X-12 - 7th Div Cem Okinawa X-4320 - Manila Mausoleum <i>worked</i> X-223 - Leyte # 1 <i>worked</i></p>

PREPARED BY PHILCOM

1

nfm

Interred 13 April 1950
L 11 24 Ft. McKinley

DISINTERMENT DIRECTIVE

Carroll Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5532 81393

DATE
10 04 50
DAY MONTH YEAR

NAME *g/h* UNKNOWN X-58 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 5TH MARINE DIVISION, IWO JIMA PLOT 8 ROW 3 GRAVE 2040 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-58 SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED 12 April 50

IDENTIFICATION TAG ON 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 12 April 50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) *Paul R Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE 12 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
✓ MAY FILE RECORDS ANNOTATED DATE 22 May 50 NAME Janis RR. MAR. 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>Carroll Bonack</i>	DATE Apr 13 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

3

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5532 81993

DATE
10 04 50
DAY MONTH YEAR

NAME UNKNOWN I - 58 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 5TH MARINE DIVISION, IWO JIMA PLOT 8 ROW 3 GRAVE 2040 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. MCINLEY, 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
nat file 8/1/50 Report: bc

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
PHILCOM ZONE

GEPZ 293

APO 900
24 Mar 1950

SUBJECT: Unidentifiable Remains

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:

UNKNOWN	X-12	7th Div. Cem.	Okinawa	Shima
"	X-15	" " "	" "	" "
"	X-15	77th "	" "	" "
"	X-16	Island Command Cem.	#1	Okinawa
"	X-19	7th Div. Cem.	Okinawa	Shima
"	X-58	5th Mar. Div. Cem.	Iwo	Jima
"	X-89	4th Mar Div.	Iwo	Jima

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

FOR THE COMMANDING OFFICER:

7 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ Harry C. Thornsvard
HARRY C. THORNSVARD
WOJG, USA
Assistant Adjutant

C
O
P
Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APD 900

23 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- 58, Plot 8,
Row 3, Grave 2040, USMC 5th Mar. Div 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, QMC
Chief, Records Branch

Received 7 Apr 50 0307
Not identifiable from
information presently
available

J. Miller - Ident Sec.
17 May 50

61

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN - UNKNOWN X-58			2. DATE OF REPORT 23 March 1950	
3. NAME OF CEMETERY 5th Mar. Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	8	3	2040	DISINTERMENT 6 Aug 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 4 1/2"	10. COLOR OF HAIR Brown	11. RACE White (U.S.)
----------------------------	----------------------------------	----------------------------	--------------------------

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

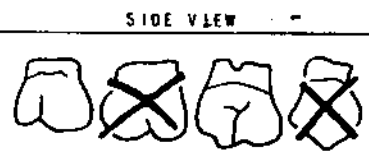
N O N E

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

TOOTH CHART

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



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



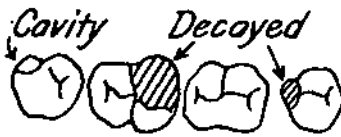
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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

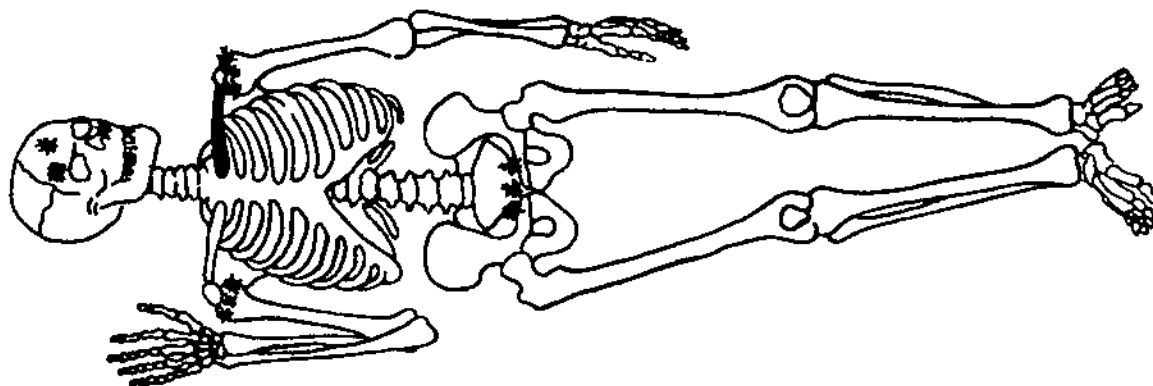


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Impacted</i>					<i>X</i>		<i>X</i>	<i>X</i>							<i>Impacted</i>
<i>Side Views</i>															<i>Side Views</i>
<i>Top Views</i>															UPPER
															LOWER
<i>Side Views</i>															
<i>Impacted</i>	<i>X</i>						<i>X</i>						<i>X</i>	<i>A</i>	<i>Impacted</i>
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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

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, Ident. Section

SIGNATURE

2-15-56 H-5

1

H803 H803
R/4 R1
F/29 F39

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5532 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
293 UNKNOWN

SERIAL NUMBER
X-000058

RANK
0

ARM
0
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
8 3 2040 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-000058

RANK
Unk

DATE OF DEATH
Unknown

DATE DISINTERRED
6 August 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unknown

IDENTIFICATION VERIFIED BY
L. TUCKER, 1st Lt., Inf.
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 August 48

BY J. L. SIBLEY, Emb

CASKET SEALED BY
J. L. SIBLEY, Emb

EMBALMER (Signature)
R. V. WERST

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

SHIPPING ADDRESS VERIFIED BY
G. D. JACABA, Clerk

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

F. T. DE GROOD
Capt. 303
SIGNATURE OF GRS INSPECTOR

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 <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i> JOHN H. LOTT, MAJ., CMP	DATE 16 Aug 48	SIGNATURE OF RECEIVER <i>[Signature]</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>[Signature]</i> ROBERT G SNOWDEN, 1st Lt, Inf	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>[Signature]</i> 1st Lt. T.S.	DATE 6 Oct 48

3. SHIPPED

FROM Transport Commander USAT DALTON VICTORY		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i> CLAF NORDMANN 1ST LT. TC	DATE Oct 10 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> E. J. NEWMAN, Jr., Capt. FA.	DATE 10 Oct 48

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i> GRAN NATIONAL CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM B. 375040 KASVA BELLO		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

Unidentified #58

(Surname)

(Christian name(s))

Born: Place _____ Date _____

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION

X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

REMARKS: _____

23 March 1945 Roy C. Blount M/C
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS

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

A. NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN X 58	RANK	SERIAL NUMBER	DATE OF DEATH (AT OR DISPOSTION) SERVICE PION
-----------------------------	------	---------------	--

CAUSE OF DEATH	U.S. DISPOSITION POINT
5th MARINE	

PLC#	ROW	GRAVE	COUNTRY
8	3	2040	IWO JIMA

B. NEXT OF KIN AND CONSIGNEE

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

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERMENT
				8/6/47
IDENTIFICATION TAG OF ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKED				

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	NO SHOES

OTHER MEANS OF IDENTIFICATION
CANTON²⁹ & PANCHO & BLANKET REMAINS

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASNET

DATE BY
 CASKET SEALED BY _____ EMBLNER (signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY (signature)

DATE BY

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

SIGNATURE OF GCS INSPECTOR

OK M.M.W.

#183

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

IDENTIFICATION DENTAL CHART

DATE

NAME (Last, First, Middle initial)

RANK

SERIAL NUMBER

UNKNOWN X-58

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

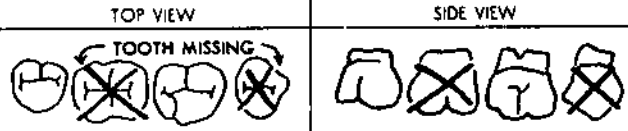
PLACE OF BURIAL

PLOT

ROW

GRAVE

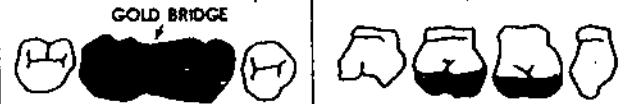
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



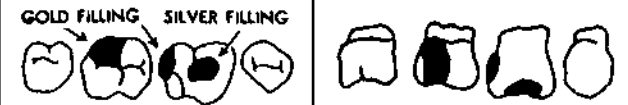
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



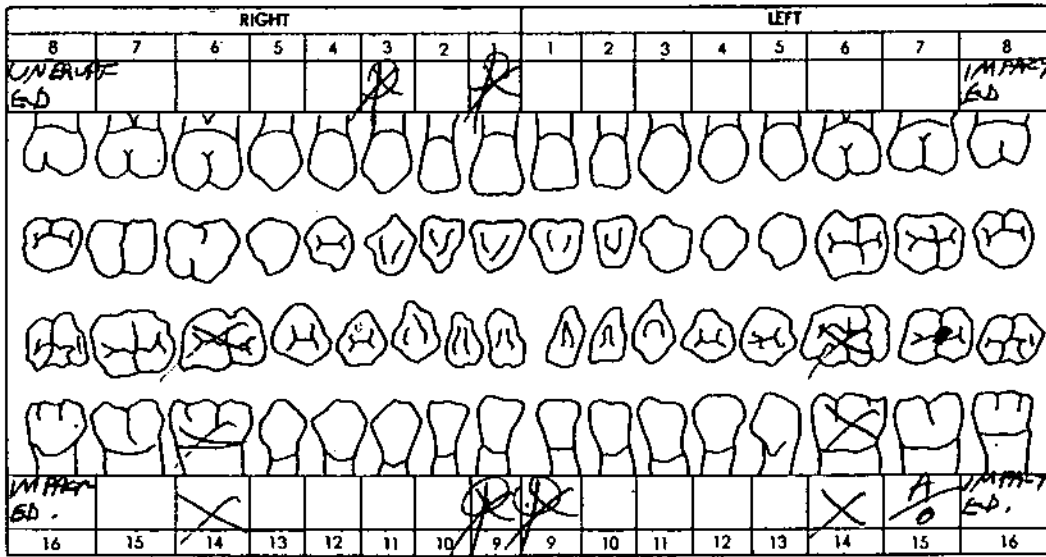
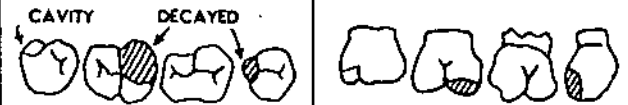
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

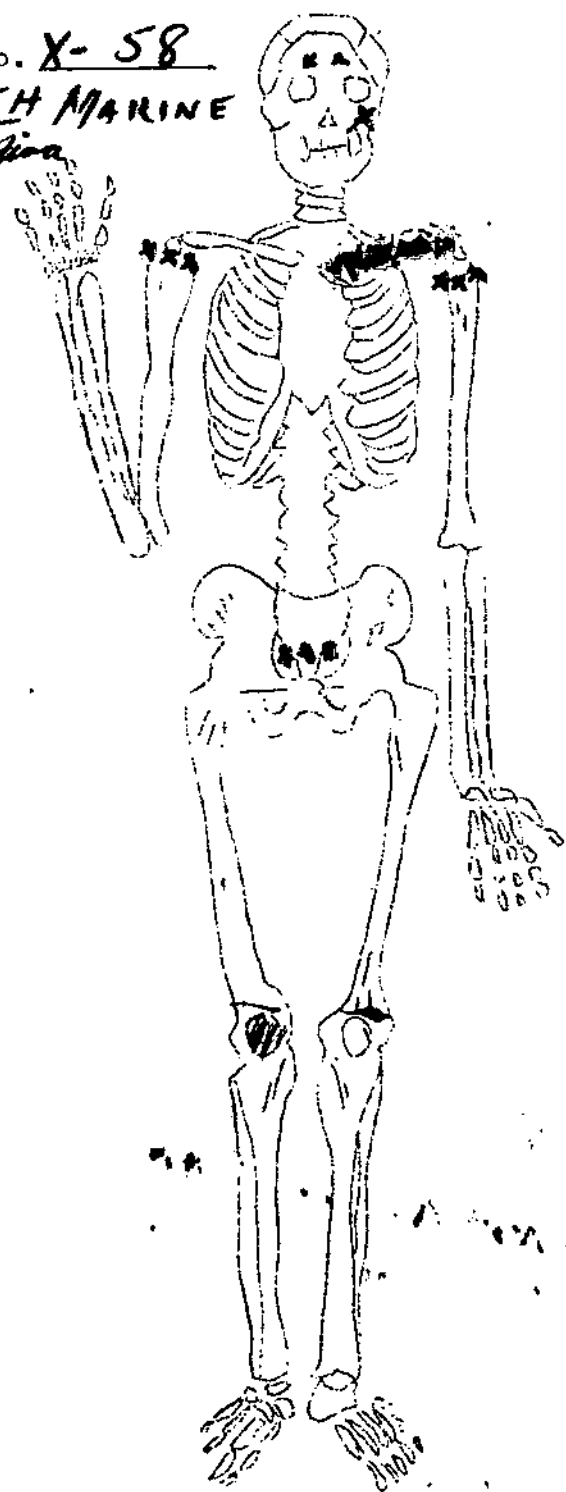
VERIFIED BY GRS OFFICER

Charles W. Jones

W. E. Howard

Unknown "X" No. X-58

5TH MARINE
Inojia



SKELETAL CHART

RESTRICTED

WAR - 15-56

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

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

DATE OF REPORT

6 August 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

X-58

SERIAL NO.

UNKNOWN 158 446

Box No. 183

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 ✓

Uak

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

Canteen, pancho and blanket found in remains and enclosed same with remains.

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.
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~~XXXXXXXXXXXXXXXXXXXX~~

WAS THIS A REBURIAL?
(Yes or no)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Previous Cemetery

PLOT No.	ROW No.	GRAVE No.
8	3	2010

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

STATION E44

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.

Doc, Richard P.

Pvt

976159

TSGMR

2039

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

End of Row

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Rose L. Elvies

L. L. ...

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.


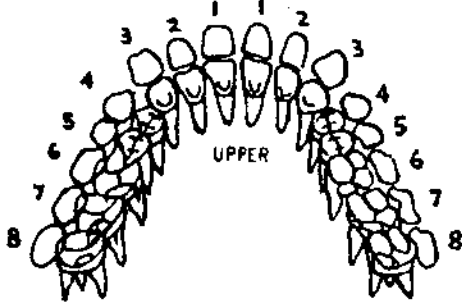




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

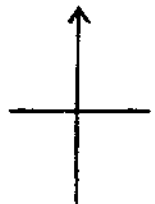
SEE IDENTIFICATION CHECKLIST

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

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

ABOVE GROUND STORAGE

W - 2 K - 56



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

REPORT OF INTERMENT

CASUALTY STAT.
NOTED *lv*

FILE *lv*

10

UNIDENTIFIED # 58

(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)

2040

3

8

(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?)

USMC 14413 ENGRAVED ON WATCH

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

BODY BURIED ON RIGHT

(Name)

(Ser. No.) (Rank)

(Org) (Grave No.)

BODY BURIED ON LEFT

DEE

9 76459

USMCR

2039

(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.

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: 5'9" APPARENT NATIONALITY: WHITE

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED? YES

(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.

US MARINE CORPS NO. 14413
NOT A CASUALTY

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

LEFT HAND

RIGHT HAND

THUMB

The serial number 14413 USMC belongs to PETT, Jack W, Captain, USMC. Capt. PETT was killed in a different area than Unknown X-58. No other possible clues.

Dental Data Contradictory, Navy Section
A. Burns

J. J. M.

CERTIFICATE OF DEATH

MEDICINE AND SURGERY
OFFICE
SAN FRANCISCO, CALIF.

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 # 58 Rank or rate _____

2. Born: Place _____ Date _____

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

4. Eyes _____ Hair _____ Complexion _____ Height 5' 9" Weight _____

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

FINGERPRINT

FINGERPRINTS

UNOBTAINABLE

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 _____

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: 8 ROW: 3 GRAVE: 2040

FIFTH MARINE DIVISION CEMETERY IWO JIMA ISLAND VOLCANIC GROUP

BURIED: 23 MARCH 1945

12. Summary of facts relative to the death:

1. WOUND, THIRD DEGREE BURNS.
2. FINGERPRINTS UNOBTAINABLE DUE TO CHARRED CONDITION OF BODY.
3. H-4'S ENCLOSED
4. WATCH FOUND ON DECEASED WAS ENGRAVED " USMC, (14413)"
5. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

Summary of facts—Continued

[Faint, mostly illegible text from the main body of the report]

C. W. Olcott
C. W. OLCOTT
(Medical officer)

COMDR, M. O., U. S. Navy.^R
(Rank)

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

W. Beckett
W. BECKETT
(Commanding officer)

COL., U. S. Navy.
(Rank)

(BY DIRECTION)

CERTIFICATE OF DEATH

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 # 58 Rank or rate _____
 2. Born: Place _____ Date _____
 3. Nationality WHITE U. S. Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)
 4. Eyes _____ Hair _____ Complexion _____ Height 5' 9" Weight _____
 5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT

FINGERPRINTS

UNOBTAINABLE

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 _____

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: 9 ROW: 3 GRAVE: 2040
FIFTH MARINE DIVISION CEMETERY, IWO JIMA ISLAND, VOLCANIC GROUP
BURIED: 25 MARCH 1945

12. Summary of facts relative to the death:
 1. WOUND, THIRD DEGREE BURNS.
 2. FINGERPRINTS UNOBTAINABLE DUE TO CHARRED CONDITION OF BODY.
 3. H-2'S ENCLOSED
 4. WATCH FOUND ON DECEASED WAS ENGRAVED " USMC, (144131"
 5. DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY ON IWO JIMA ISLAND, VOLCANIC GROUP.

Summary of facts—Continued

[Faint, mostly illegible text from the main body of the report, including what appears to be a date and possibly a name at the top left.]

C. V. Alcott
C. M. OLCOMM
(Medical officer)

COMDR, M. O., U. S. Navy-R
(Rank)

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

John B. ...
S. (Commanding officer)
XXXXXX

SOI, U. S. Navy
(Rank)

(BY DIRECTION)

REPORT OF INTERMENT

CASUALTY REAR.
NOTED

FILE

UNIDENTIFIED #58

(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)

2040

8

8

(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?)

USMC 14413 ENGRAVED ON WATCH

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

BODY BURIED ON RIGHT

(Name)

(Ser. No.)

(Rank)

(Org)

(Grave No.)

BODY BURIED ON LEFT

DEE

976459

USMCR

2039

(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.

NAVY FILE
C-1
MAY 1950

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.

US MARINE CORPS NO. 14413
NOT A CASUALTY
... for person
(11.)

LEFT HAND

RIGHT HAND

THUMB

THUMB

1

2

3

4

THUMB

2

3

4