FILE IDENTIFICATION TOPPER FILE NUMBER 293 UNK. INO SIMA, STHMAR. DIV. X-63

QMC FORM 1121

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QMGMM 293 GRS, Far Bast

SUBJECT: Unidentifiable Remains

MAR - 3 1960

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 UENERAL:

T. H. METZ Lt Golonel, CMC Memorial Division

CC: CINCFE

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HEADQUARTERS PHILCOM ZONE AMERICAN GRAVES REGISTRATION JULIUSE

22 January 1950 Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-63, Plot 8, Row 8, Grave 2231, 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:

APPROVED UNIDENTIFIABLE
17 FEB 1950

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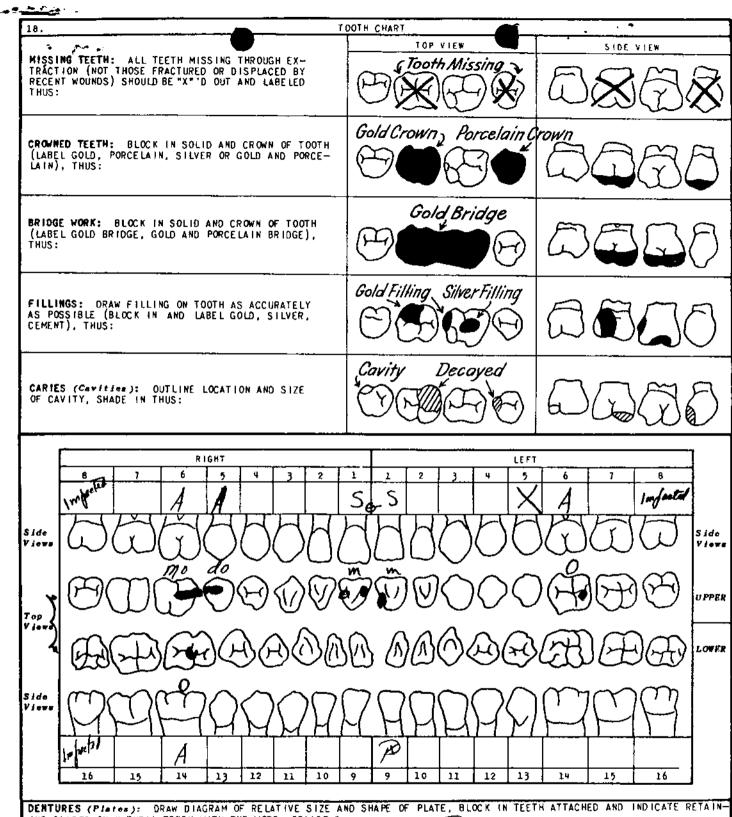
Captain, QMC

Chief, Records Branch

Attch: Form 1044

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PAUL R. NICHOLS

Chief, Identification Section

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(Wherein megregation 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: RUMBER
SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION
No I.D. tags, purial bottle, personal effects, or other means of identification found with remains.

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

SIGNATURE

L'aul R. Muhalo

OMC FORM 10446

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

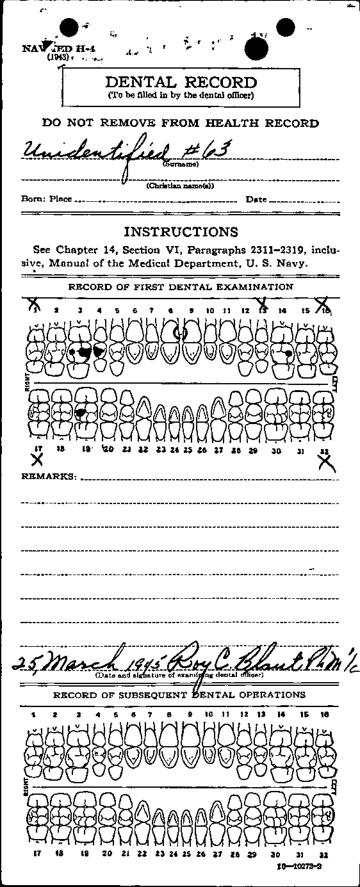
Chief, Identification Section

PAUL R. NICHOLS

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Side Views And	MANA
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This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), and molars cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars cuspids or canines (tearing teeth). An examination should be made and findings charted (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge to cover the following basic conditions: Lost teeth, and any work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who Dood Capt in

prepared Tooth chart

Verified by G.R.S. Officer

GP. AGRS 23 Jun 47/

MISSING TEETH... All teeth missing through previous extraction(not those fractured or displaced by recent wounds should be "X" dout and labeled. Tooth missing. thus: CROWNED TEETH ... Block in solid the crown of tooth (label gold, porcelain. Gold crown (Porcelain crown Silver or gold and porcelain) thus: BRIDGE WORK ... Block in solid the 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, siltor, cement), thus: CARIES (CAVITIES). Outline location Cavity (Decayed 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"

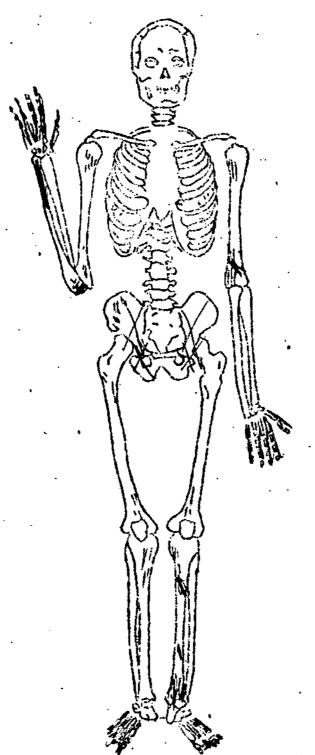
ADDITIONAL SPACE FOR FURTHER REMARKS

· 🖏 🍖

(Rank)

(Sor No.)

(Br of Sv)



Skeletal remains freezelete

F.M.F. PAC Form Graves Registration REPORT OF INTERMENT UNIDENTIFIED #63 (Serial Number) (Rank) (Organization) (Initial) (Last Name) (First) 5th Div. No. 1 147-J AMIL OWI (Name of Cemetery) (Name or coordinates of location) (Piace of death) 2231 (Row Number) (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 identification are buried with body?) NAV , MOVERNED, give particulars) (If no identification tags, but identity definitely BLANKENFIEDD 888123 BODY BURIED ON RIGHT (Renk) (Org) (Grave No.) (Ser. No.) (Name) USMCR 2230 SMITH 931152 BODY BURIED ON LEFT (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.

4	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	•
ເນ	the following as possible. HEIGHT: APPARENT NATIONALITY: WEIGHT: LAUNDRY MARKS: COLOR OF EYES: NUMBER OF RIFLE: COLOR OF HAIR: RACE IS TOOTH CHART ATTACHED?	
m ,	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:	·
P-4	NOTE below any identifying clues found, such as letters, photographa, probable organizat- ion of deceased, etc.: IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.	•
тнимв	(Signature of officer or person reporting burial.)	, and a

Graves Registration Form No. 1 (Revised May 11, 1943)		F INTERMENT AND AR 30-1815			
UNIDENTIFIED (First)	63	(Serial num	ber) (F	Rank) (Org	ganization)
(Place of death) 25 1/4R-45		e of death)	lima	(Cause of deatl	h)
(Time and date of burial)		of cemetery)		ne or coordinates of	location)
2 231 8	·····	8	***************************************		*
	RBWEA JAMPEA	ITELABLE, d		arker—Regulation T to marker Y	• •
Body decon	Maced: X	man O	ried with the box	und	twingfo
(If no lde	entification tags, but identi	ty definitely established	, give particular	s)	
Body buried on RIGHT	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	(Name)	(Serial number)	(Ránk)	(Organization)	(Grave number)
(Name and address of EMERGENG	CY ADDRESSEE)	(Nam	e and address of	LEGAL NEXT OF	KIN)

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

INDENTITIED 463 IF DECEASED UNIDENTIFIED TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints. TAKE THOSE YOU CAN, and fill in as many of the following as you are able: Height: 5'7" Apparent nationality: . Weight: /40 Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: W-US 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. Interment Report ENclosed

H'4'S Enclosed IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

Graves Registration Form No. 1 (Revised May 11, 1848)		RT OF INTERMENT 10-630 AND AR 30-1815			· ·		
(Last name)	(First) (Initial)	(Serial num	iber) (Ran	ik) (Org	anization)		
(Place of death)		(Date of death)	······································	(Cause of death			
(Time and date of bur	rial)	(Name of cemetery)	(Name	(Name or coordinates of location)			
(Grave number)	(Row number)	(Plot number)		ker—Regulation \	/-shaped or other)		
Disposition of identificat	ION tags: Buried with PPROVED UNIDE	NTIFIABLE 17 FEB	Attached to	marker Y	ев 🗍 No 🗍		
·	(If no identification tags, wha	t means of identification are bu	ried with the body	······································	*****************		
· · · · · · · · · · · · · · · · · · ·	(If no identification tags, bu	it identity definitely established	l, give particulars)		*****		
Body buried on RIGHT	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)		
Body buried on LEFT	· (Name)	(Serial number)	(Rank)	(Organization)	(Grave number)		
(Name and address of E	MERGENCY ADDRESSEE)	(Nam	ne and address of L	EGAL NEXT OF	KIN)		

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

(Verified by Army GRS Officer)

	UNIDENTIFICATION	
1	IF DECEASED UNIDENTIFIED	ł
4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:	
ω	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached?	
	(If possible, have medical personnel take a tooth chart)	
	In space below, locate and describe any scars, birthmarks, moles,	
N	·	
	Note below any identifying clues found, such as letters, photo- graphs, probable organization of deceased, etc.:	
_	;	
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.	<u> </u>
THUM	(Signature of officer or other person reporting burial)	
Įž,	(angulations of other or other person reporting burnit)	

Graves Registration Form No. 1 (Revised May 97, 1945)	FIED	REPORT (TM 10-		INTERI ND AR 30		•	•	- ;		į
(Last name)	(First)	(Initial)	*********	(S	erial numi	oer)	(Rank)	(0	rganizatio	1)
(Piace of death	,		(Date o	of death)		••••••	. (1	Cause of dea	th)	
(Time and date of burial)		. (2	ame of	cemetery)		•	(Name or coordinates of location)			
(Grave number)	(Row numb			(Plot num)		(Type	of marker	Regulation	V-shaped	or other)
Disposition of identification	tion tags: Bu	ried with l	oody	Yes 🗌	No 🗆	Attach	ed to r	narker	Yes 🗆	No 🗆
	APPROVED	UNIDEN	TIF	ABLE	17 F	EB 195	0			,
·	(If no identification									
***************************************	(If no identificat	ion tags, but ic	lentity	definitely es	stablished,	give partic	ulars)		***************************************	
Body buried on RIGHT.		ame)		(Serial n	umber)	(Rank) (0	rganization	(Grave	number)
Body buried on LEFT	:	-4						**********	4	
	· (Nar	nė)		(Serial n	umber)	(Rank) (0	rganization)	(Grave	number)
(Name and address of	EMERGENCY ADD	RESSEE)	•	************	(Name	and addres	sa of LEG.	AL NEXT O	F KIN)	64A

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

	UNIDENTIFIED#63	
	IF DECEASED UNIDENTIFIED	1 1
	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:	4
ω	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached? (If possible, have medical personnel take a tooth chart)	60
	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:	N
,	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.	-
THE	(Simplifyer of officer or other person reporting hunter)	8

(Verified by Army GRS Officer)

Form No. 1 (Revised May 17, 1943)	IFIFTS		O AND AR 3					
(Last name)	(First)	(Initial)	. (5	Serial numb		ank) (O	rganization)	
(Place of death)	,	(D	ate of death)			(Cause of dea	th)	
(Time and date of burial)			ne of cemetery)			(Name or coordinates of location)		
;	APPRUVE	D UNIDER	TIFIABLE	FEB	17 1950			
(Grave number)	(Row numb	er)	(Plot num	ber)	(Type of me	arker—Regulation	V-shaped or other)	
Disposition of identificat	tion tags: Bu	ried with boo	dy Yes □	No 🗀	Attached	to marker	Yes No	
	(If no identification	tage, what mea	ns of identificat	ion are bur	led with the bod	ly?) ;	***************************************	
******	(If no identificat	ion tags, but iden	tity definitely e					
Body buried on RIGHT.	***************************************		******				.,	
•	(Na	ime)	(Serial 1	number)	(Rank)	(Organization)	(Grave number)	
Body buried on LEFT					********			
•	· (Nan	ie)	(Serial i	umber)	(Rank)	(Organization)	(Grave number)	
(Name and address of I	EMERGENCY ADD	RESSEE)		(Name	and address of	LEGAL NEXT O	F KIN)	

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

		IF DECEASED UNIDENTIFIED	1	1
	4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:	4	-
	თ	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached? (If possible, have medical personnel take a tooth chart)		
LEFT HAND	, No	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:		3
ND		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		-[
	·	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.		
	тномв	(Signature of officer or other person reporting burial) 8075 65A (Verified by Army GRS Officer)	88 ⊃ 1	
	•	(vermoun) arm differ	I	

Graves Registration Form No. 1 (Revised May 11, 1948)	(TM 10-630	OF INTERMENT AND AR 30-1815			:	
(Last name)	(First) (Initial)	(Serial numbe	r) (Ra	nk) (Org	anization) .	
(Place of death)	(Da	ate of death)	(Cause of death)			
(Time and date of burial)		e of cemetery)	(Name or coordinates of location)			
(Grave number)		(Plot number)			V-shaped or other)	
Disposition of identification	PROVED UNIDENTIF	ABLE 17 FEB	Attached t	o marker Y	ев 🗌 No 🗍	
•	no identification tags, what mean		_	•	·	
	If no identification tags, but ident					
Body buried on RIGHT	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
Body buried on LEFT	· (Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
(Name and address of EME	RGENCY ADDRESSEE)	(Name t	and address of I	LEGAL NEXT OF	KIN)	

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

UNIDENTIFIED #63

1	IF DECEASED UNIDENTIFIED	1
4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:	4
. w	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached? (If possible, have medical personnel take a tooth chart)	
ю	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:	ю
	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	
-		-
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.	
THUMB:	(Signature of officer or other person reporting burial)	THUMB
1	8075 65A (Verified by Army GRS Officer)	1 •

Graves Registration Form No. 1 (Revised May 11, 1948)		REPORT OF (TM 10-630 A	INTERMEN ND AR 30-1815			,
(Last name)	(First)	(Initial)	(Serial n	umber)	(Rank) (O	rganization) 5
					†	
(Place of dea	th)	(Date	of death)		(Cause of dea	ith)
					, ;	
(Time and date of		(Name o	f cemetery)	(N	ame or coordinates	
(Grave number)	. (Row number		(Plot number)	(Type of	markerRegulation	.V-shaped or other)
Disposition of identific	-	UNICENTI				res [No [
	(If no Identification	•		•	• • •	**********
		n tags, but identity				
Body buried on RIGHT	ſ(Nan	ne)		(Rank)) (Grave number)
Body burled on LEFT.	· (Name	······	(Serial number) (Rank)	(Organization) (Grave number)
(Name and address	of EMERGENCY ADDR	ESSEE)	(N	Name and address	of LEGAL NEXT O	F KIN)

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

UNIDENTIFIED #63

1		IF DECEASED UNIDENTIFIED	1
4	£ .	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:	
60	•	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached? (If possible, have medical personnel take a tooth chart)	es (
LEFT H	,	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:	N
- A		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	
-		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.	
THUMB		(Signature of officer or other person reporting burial) (Verified by Army GRS Officer)	THUMB

F.M.F. PAC Form REPORT OF INTERMENT (Initial) (Serial Number) (Rank) (Organization) (First) 5th Div No. (Name of Cemetery) (Name or coordinates of location) (Place of death) 2231 (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?) 1 7 FEB 1950 (If no identification tags, but identity definitely established, give particulars) BODY BURIED ON RIGHT BLANKENFIELD 888123 USMCR (Name) (Ser. No.) (Rank) (Org) (Grave No.) BODY BURIED ON LEFT SMITH 931152 USM CR (Name) (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. tified dead and all ten fingers of unidentified, if possible.

ī.	•		
4	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	-	₩.
ω .	the following as possible. HEIGHT: 5'7" APPARENT NATIONALITY: White WEIGHT: 145 LAUNDRY MARKS: COLOR OF EYES: NUMBER OF RIFLE: COLOR OF HAIR: Br. RACE IS TOOTH CHART ATTACHED?		3
N	(If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:		7
у <u>г</u>	NOTE below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH		
THÙMB	OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS. (Signature of officer person reporting burish)	14,	THUMB

CERTIFICATE OF DEATH

Fro	m: COMMANDING	GENERAL FIFTH	MARINE DI	LVISION E	LP.O. S	空 PR	M CISCO,	-CAI,I
То	: Bureau of Medici	ne and Surgery, Navy (See Circular Letter R-6, Append	Department, We	shington, D.	C.		25 PM	
1.	Name	UNIDENTIFIED	# 63		Rank or ra	rte	37)	
2.	Born: Place	,			Date			
3.	Nationality	WHITE U. S (White—U. S., Colored, Sa	moan, etc.)	Religion	l	(Denom	ination)	
		Hair BROWN						
		(noted in health recor						
					FINGERPRINT	FINC UNO	ERPRINT STAINABL	
		nd address of next of k				•	eh finger (Right index p	
		n : Place						
8.	Died: Place		<u>.</u>	Date		Но	tı r	
9.	Cause of death	Principal						
	Death	the result of own		(Is or is a	net)		duty.	
		DIVISION CEMEN						
<u>. F</u>	URIED: 25 1	ARCH 1945	<u></u>	<u></u>				
12. 1.	サイナイグコファフフス	s relative to the death NTS UNEOTAINABI	: E DUE TO	ADVANCED	STAGES	OF DE	COMPOSTI	CN.

DECEASED WAS KILLED WHILE IN OPERATION AGAINST AN ORGANIZED ENEMY

2.

3.

H-4'S ENCLOSED

ON INO JIMA ISLAND, VOLCANIC GROUP.

NAVMED-Form N (1943)

	C. (a). Oleov		
	C. W. OLCOTT	COMDR	, M. C., U. S. Navy. R
	(Medical officer)	(Bank)	, (1)
Approved:	Court of inquiry or board of investigation WILL NC	OT be held.	
	(Will or Will	1 1304)	USMC
	(XI. W. BECKETT	COL.	, # S. Navy.
	(Commissions officer)	(Rank)	•
	(BY DIRECTION)		

rěti

CERTIFICATE OF DEATH



0

From: COMMANDING GENERAL FIFTH NARINE DIVISION F.P.O. SAN PRANCISCO, CALIF

. Name	unidentified # 63		Rank or rat	ie
. Born: Place .	·	1	Date	X
	(White—U. S., Colored, Samoan, etc.)			
	Hair BROWN Complex			
	etc. (noted in health record)			
			<u> </u>	FINGERPRINTS UPODTAIN DELE
•				tate which finger
	ssion: Place(Ship or station to which attached wi	nen first admitted to slok b	Date	
		Date		
Died: Place				
•	Principal			
Cause of deat	Principal Contributory the result of own misconductions	ct and		
Cause of dead Death	Principal Contributory the result of own misconducts not) remains PLOT 6 ROW 6 GH	ct and	in the	line of duty.
Cause of deat Death Disposition of	Principal Contributory the result of own misconductions	ct and	in the	line of duty.

· / ·	C. We OR PH	· •	
	C. W. OLCOTT	CONDR	1. C., U. S. Navy. 1
<u> </u>	(Medical officer)	(Rank)	20 0-1 0 1 0 1 2 1 acg.
pproved:	Court of inquipy or board of investigation WIL. NO.	be held.	
	tersukov o (Will or Will no	o 5)	USMC
4	A PARTY	,	, UNS Mary.
	(Commanding officer)	(Rank)	
•	(BY TIBECTICE)	•	

10--15550