

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. TWO SIMA, 5TH. MAR DIV., X-8

SUBJECT

AIRMAIL

QMGNT 293

13 March 1950

Unknown X-8
5th Mar. Div. Com.
Iwo Jima

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 Unknown X-8, 5th Marine Division Cemetery, Iwo Jima, Unit 4, Page 14.
2. Subject case has been reviewed and this Office approves the classification of the above listed Unknown as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc
 Salser
 JW
 cc--Administrative Section
 cc--Cincfe

T. H. METZ
 Lt. Colonel, GEC
 Memorial Division

JMN
 TEC

Mar 13 11 25 AM '50
 CCMC M&R BR

MAR 13 1950
 U.S. ARMY
 QUARTERMASTER GENERAL
 WASHINGTON, D.C.

MAR 13 1950
 U.S. ARMY
 QUARTERMASTER GENERAL
 WASHINGTON, D.C.

AIRMAIL

18 FEB 52

/bpm

Interred ~~8 March 1950~~

N ~~7-102~~ Ft McKinley

B ~~3-12~~ *Carl R. H. Mark*

PREPARED BY PHILCOM
PER 1042 DTD 18 FEB 52
DISINTERMENT DIRECTIVE

1

CARL R. H. MARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5532 81157

DATE

28 02 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 8				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
5TH MARINE DIVISION, IWO JIMA	2	8	444	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNK X - 8				6 Mar '50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 Mar '50 BY PAUL R NICHOLS,

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

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 6 Mar '50 BY RAYMOND H TANGUAY, 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
L. W. RICHARDSON, M/Sgt, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORDS ASSOCIATE
DATE 28 Feb 50
NAME *J. B. ...*
R & R BR.

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>Emmett ...</i>	DATE MAR 8 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

3

SIGNATURE OF PREPARED BY DATE SIGNATURE OF RECEIVING OFFICE DATE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
 5532 81157 28 02 50
 DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
 UNKNOWN X-8

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
 5TH MARINE DIVISION, IWO JIMA 2 8 444 7701 80
 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN
 UNITED STATES MILITARY CEMETERY (BY ADMINISTRATIVE DECISION)
 FT. WM. MCINLEY, P. I.

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
 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 PREPARED BY DATE SIGNATURE OF RECEIVING OFFICE DATE
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
 FILE RECORDS ANNOTATED
 DATE 27 Apr 50
 NAME S. J. Johns
 1ST MARINE DIV.

517

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

C
O
P
Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

Jan 30 1950

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

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

UNKNOWN	X-6	5th Mar. Div Cem., Iwo Jima					
"	X-8	"	"	"	"	"	"
"	X-10	"	"	"	"	"	"
"	X-12	"	"	"	"	"	"
"	X-25	"	"	"	"	"	"
"	X-31	"	"	"	"	"	"
"	X-41	"	"	"	"	"	"
"	X-51	"	"	"	"	"	"
"	X-52	"	"	"	"	"	"
"	X-63	"	"	"	"	"	"
"	X-64	"	"	"	"	"	"

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

FOR THE COMMANDING OFFICER:

11 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
FHLCOB ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 8 , Plot 2 ,
Row 8 , Grave 444 , USMC 5th Mar Div Cam 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
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 8 Mar 1950 0023
Not identifiable from
information presently
available Robert W. Kelly

~~APPROVED-UNIDENTIFIABLE~~

~~FEB 15 1950~~

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknowns X-8				2. DATE OF REPORT 22 Jan '50	
3. NAME OF CEMETERY 5th Marine Div Cem., Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2	8	444	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
---------------------	---------------------	-------------------	----------

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

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? See skeletal chart
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

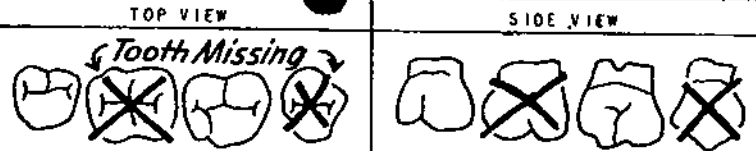
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

UNIDENTIFIABLE
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

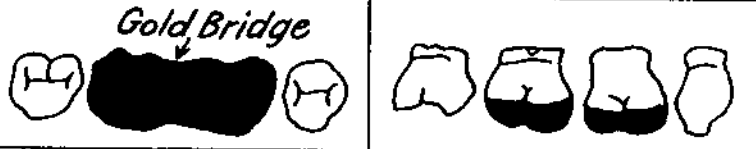
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



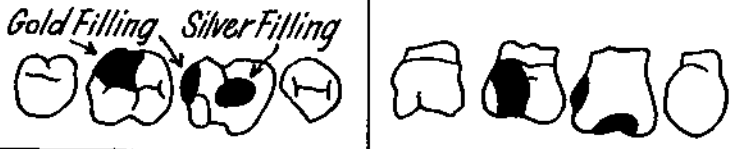
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



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:

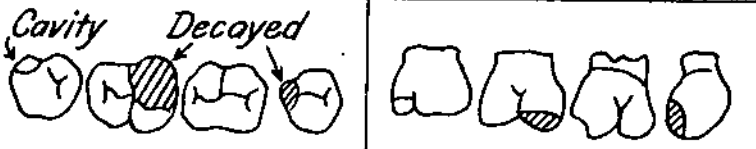
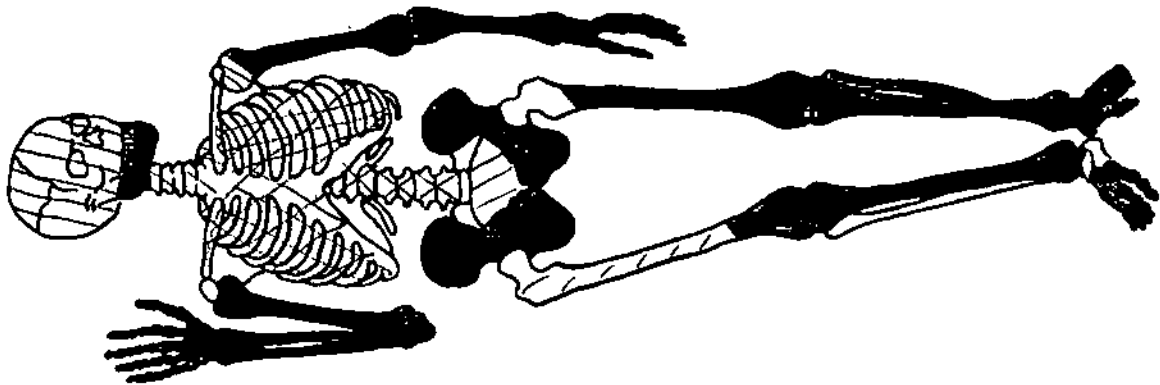


Table with columns for tooth numbers (RIGHT 8-1, LEFT 1-8) and rows for Side Views, Top Views (UPPER, LOWER), and Side Views. Includes handwritten 'Missing' labels and a grid of tooth diagrams.

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."

UNIDENTIFIED: 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 ID tags, burial bottle, personal effects or other means of identification, found with remains.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT REMAINS FOR IDENTIFICATION"

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

13-788

RHS

IRR

H803
R/B
F/S
H. B
R1
F66

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5532 00000

DATE
15 | 11 | 47
DAY | MONTH | YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-000008	0	0	
CEMETERY					DISPOSITION OF REMAINS
IWO JIMA 5TH MARINE DIV CEM					0 0391 63 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	8	444	KAZAN RETTO		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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN	X-000008	Unk	Unknown	21 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN	Unknown	U. E. CONERLY, Capt., TC NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasketed, 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 G. H. HILL, Emb

CASKET SEALED BY G. H. HILL, Emb	EMBALMER (Signature) <i>O. D. Campbell</i> O. D. CAMPBELL
-------------------------------------	---

CASKET BOXED AND MARKED DATE 13 Aug 48 by P. SAYAN	SHIPPING ADDRESS VERIFIED BY MAX CHELOFSKY, 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 Groodt
F. T. DE GROODT, Clerk
SEP 1 1949
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	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Major, 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>Laf Nordmann</i> LAF. 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>Laf Nordmann</i> LAF NORDMANN 1ST LT IC	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt, FA	DATE 10 Oct 48

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

A. NAME AND BURIAL LOCATION OF DECEASED

NAME	RANK	SERIAL NUMBER	DATE OF DEATH OR DISPOSTAL SERVICE	TYPE
UNKNOWN X-8-8	X	* * *	X	X

Cemetery	CAUSE OF DEATH	U. S. DISPOSITION POINT
5 th Marine		

PLCT	ROW	GRAVE	COUNTRY
2	8	411	Iwo Jima

B. NEXT OF KIN AND CO/SIGNEE

NAME AND ADDRESS OF NEXT OF KIN	NAME AND ADDRESS OF CO/SIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERMENT
				8-11-64

IDENTIFICATION TAG OR ORGANIZATION: () REMAINS () MARKED

RELIGION: _____ IDENTIFICATION VERIFIED BY: _____

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	Complete body fragmentary.

OTHER MEANS OF IDENTIFICATION
plac. of silver inscribed (ORD DEPT. USA OF - 08084)

MINOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

DATE _____ BY _____
 CASKET SEALED BY _____ EMBALMER (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.

#303

SIGNATURE OF GRS INSPECTOR *R.A.D.*

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

Unkown X-8 *Dr. Juma* - 5th Mar Sur Com.

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:		<p><i>Tooth Missing</i></p>	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		<p><i>Gold Crown, Porcelain Crown</i></p>	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<p><i>Gold Bridge</i></p>	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<p><i>Gold Filling, Silver Filling</i></p>	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A										A		A	A	A
Side View															
Top View															
Side View															
	16	15	14	13	12	11	10	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."

O.P. Campbell Denturist

Unknown "X" No. 8



Skeletal Remains Incomplete

SKELETAL CHART

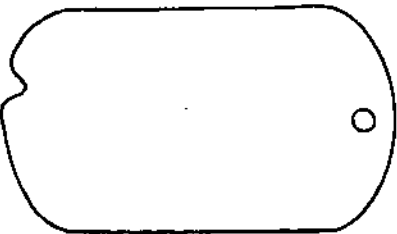
RESTRICTED

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

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

DATE OF REPORT

18 Feb 1952

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-8 5th Mar Div, Iwo Jima</p>		<p>SERIAL NO.</p> <p>Unknown</p>
	<p>GRADE</p> <p>Unknown</p>	<p>ORGANIZATION</p> <p>Unknown</p>	<p>BRANCH OF SERVICE</p> <p>Unknown</p>
	<p>RACE</p> <p>Unknown</p>	<p>RELIGION</p> <p>Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH</p> <p>Unknown</p>	<p>CAUSE OF DEATH</p> <p>Unknown</p>	<p>DATE OF DEATH</p> <p>Unknown</p>	
<p>EMERGENCY ADDRESSEE (Name, relationship, and address)</p> <p align="center"><i>293 Tank Iwo Jima (5th Mar. Div.)</i> Unknown <i>X-8</i></p>			
<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>1 (Substitute)</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION. (If unidentified, fill in section 3 on reverse)</p> <p align="right"><i>Ja</i></p>		
<p>WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)</p> <p>Yes</p>			
<p>LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME</p> <p align="center">None</p>			

Section 2.—BURIAL. *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

<p>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY</p> <p align="center">UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.</p>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Feb 52	--	Casket	Cross	B	3	12
<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p align="center">US MILITARY CEMETERY, FT WM MCKINLEY, P.I.</p>			PLOT No.	ROW No.	GRAVE No.
<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p> <p align="center"><i>Name: Mc</i> <i>Action: NAT</i> <i>18 Mar 52</i></p>		N	7	102
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>Yes</p>					
<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Roger L. Dion</i> ROGER L. DION, Sgt., RA</p>			<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC</p>			

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

Dcd 4731

copy to ABMC

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
--------	--------	---------------	---------------	-------------------------------

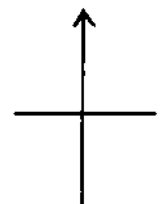
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	<p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	<p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT INDEX FINGER			

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

01-19
col. 11



REMARKS:

Grave 12, Row 3, Plot B, was formerly occupied by Mr. Hugh A. WILSON, Civilian, disinterred and delivered to next of kin in P.I.

REPORT OF INTERMENT

FILE

53

UNIDENTIFIED #

8

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

TWO JIMA

5th Div No. 1

147-J

(Place of death)

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

444

8

2

(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 of (Name, rank, organization, and particulars)

APPROVED - UNIDENTIFIABLE
FEB 13 1950

BODY BURIED ON RIGHT HOWE

477511

USMCR

445

(Name)

(Ser. No.) (Rank)

(Org) (Grave No.)

KLING

6449090

USNR

443

BODY BURIED ON LEFT

(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: 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.

A. P. Ireland Jr.
(Signature of officer person reporting burial.)

This body had no possible means of identification.

None Available

LEFT HAND

RIGHT HAND

THUMB

THUMB

4

4

3

3

2

2

1

1

REPORT OF INTERMENT

CASUALTY STAT.
NOTED

UNIDENTIFIED #8
(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)

444

8

2

(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?)

FILE
NAVY SECTION
C. J. MOYER

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

BODY BURIED ON RIGHT HOWE 477511 USMCR 445
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT KLING 6449090 USNR 443
(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: 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 or person reporting burial.)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

CERTIFICATE OF DEATH

From: ~~COMMANDING GENERAL, FIFTH MARINE DIVISION, P.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 #8 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) _____

FINGERPRINT

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 2 Row 8 Grave 444

Fifth Marine Division Cemetery, Iwo Jima Island, Volcanic Group

Buried 28 February 1945

12. Summary of facts relative to the death:

1. Decapitated and body completely deteriorated.
2. No identifying marks on clothing, no tattoos or identifying scars on body.
3. The deceased was killed while in operation against an organized enemy on Iwo Jima Island, Volcanic Group.

Summary of facts—Continued

C. W. Clout

C. W. CLOUT
(Medical officer)

Contr., M. O., U. S. Navy.

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

[Signature]
XXXXXXXXXX
(Commanding officer)

Col., U. S. Navy.
XXXXXXXXXX
(Rank)

(By direction)