

UNIDENTIFIED # 60

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)
 Okinawa Shima Sixth Marine Division Cemetery # 1

(Place of death) (Name of Cemetery) (Name or coordinates of location)
 742 30 B

(Grave Number) (Row Number) (Plot Number) (Religion, if known)

Disposition of identification tags: One Buried with body Yes No
 One Attached to marker Yes No

(If no identification tags, what means of identification are buried with body?)

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

BODY BURIED ON RIGHT Watlington, P.E. 977869 Pvt. USMCR 743
 (Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Decker, C.A. 878263 PTC USMCR 741
 (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.



REPORT OF INTERMENT

CASUALTY REPORTING
NOTED: *[Signature]*

UNIDENTIFIED # 60

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

Okinawa Shima Sixth Marine Division Cemetery # 1

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

742

30

3

(Grave Number) (Row Number) (Plot Number) (Reference, if known)

Disposition of identification tags: One Buried with body Yes No
Form N in bottle One Attached to marker Yes No

(If no identification tags, what means of identification are buried with body?)

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

BODY BURIED ON RIGHT Watlinton, P.E. 977869 Pvt. USMCR 743
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Deckers, C.A. 878263 PFC USMCR 741
(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.

BASE DEPOT REPRODUCTION

APPROVED UNIDENTIFIABLE
FEB 7 1950

21

THUMB

1

2

3

4

LEFT HAND

Impossible

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: 6'1" 170

WEIGHT: 170

COLOR OF EYES: LAUNDRY MARKS:

COLOR OF HAIR: Br. RACE Yes

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.

Allen Cramer 1st Lt. USMC

(Signature of officer or person reporting burial.)

RIGHT HAND

Impossible

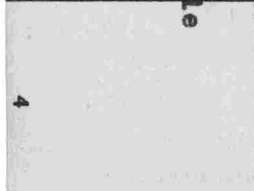
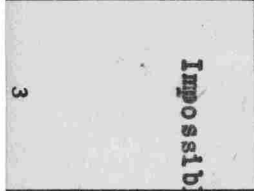
THUMB

1

2

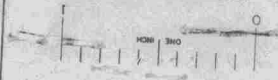
3

4



WC #1034

CASE NO.
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



RESTRICTED

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

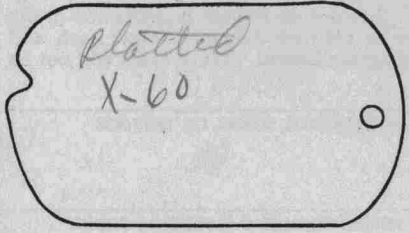
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

sup

CERTIFIED TRUE COPY

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNIDENTIFIED NO. #60		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Okinawa Shima		

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

A TRUE COPY:

APPROVED UNIDENTIFIABLE

FEB 7 1950

George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Inf.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Sixth Marine Division Cemetery #1, Okinawa Shima

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			Cross	B	30	742

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY. AND LOCATION OF GRAVE
No	

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
No	No

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Decker, C.A.	Pfc.	878263	USMCR	741
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Watlington, P.E.	Pvt	977869	USMCR	743

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
	<i>/s/t/ Allen Cramer 1st Lt., USMCR</i>

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 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				

Right index fingerprint chart on Original Form

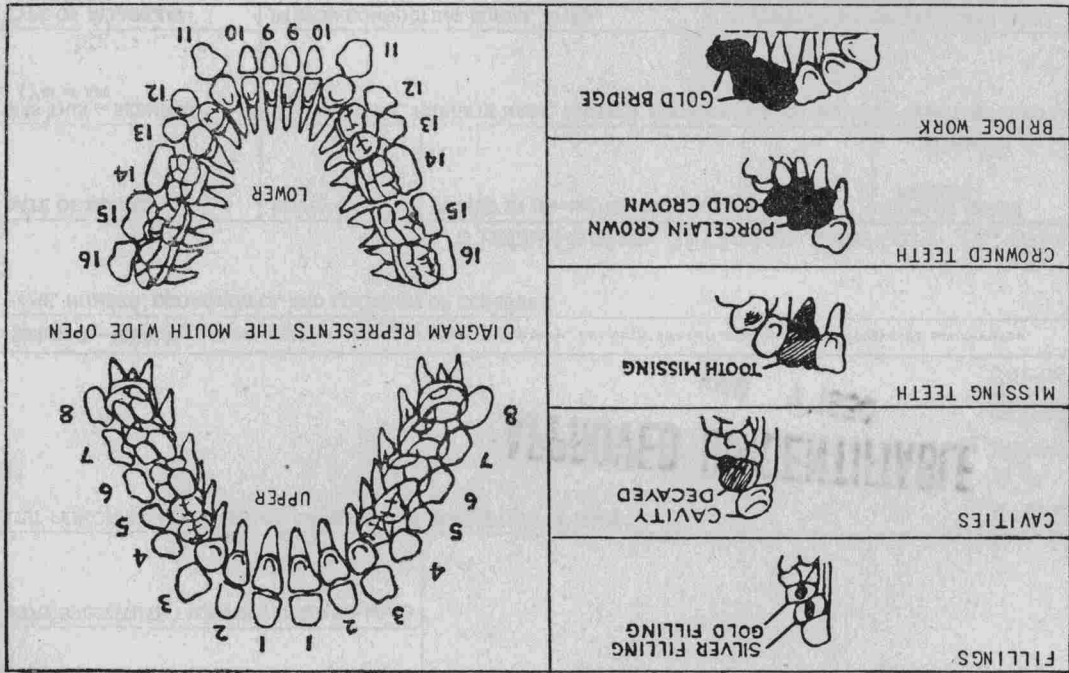


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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

"Certified True Copy"

Verified by: /s/ EUGENE W. CARMAN
2d Lt., Inf GRO

REMARKS:

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT INDEX FINGER

RIGHT THUMB

LEFT THUMB

LEFT INDEX FINGER

LEFT MIDDLE FINGER

LEFT RING FINGER

LEFT LITTLE FINGER

RESTRICTED

U-4472

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

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

DATE OF REPORT

CERTIFIED TRUE COPY

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNIDENTIFIED NO. #60

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Okinawa Shima

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)

None

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

APPROVED UNIDENTIFIABLE

FEB 7 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Sixth Marine Division Cemetery #1, Okinawa Shima

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

Cross

B

30

742

WAS THIS A REBURIAL?
(Yes or no)

No

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

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

No

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

No

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

Decker, C.A.

RANK

Pfc

SERIAL No.

878263

ORGANIZATION

USMCR

GRAVE No.

741

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

Watlington, P.E.

RANK

Pvt

SERIAL No.

977869

ORGANIZATION

USMCR

GRAVE No.

743

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

s/t/ **Allen Cramer 1st Lt., USMCR**

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

Feb 65

Section of UNIDENTIFIED REMAINS.

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

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.
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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

Right Index Fingerprint chart on Original Form

FILLINGS SILVER FILLING	CAVITIES CAVITY DECAYED	MISSING TEETH TOOTH MISSING	CROWNED TEETH PORCELAIN CROWN GOLD CROWN	BRIDGE WORK GOLD BRIDGE
----------------------------	----------------------------	--------------------------------	--	----------------------------

Diagram represents the mouth wide open

UPPER
1 2 3 4 5 6 7 8

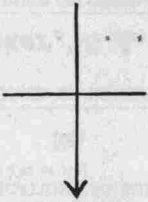
LOWER
11 12 13 14 15 16

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

"Certified True Copy"

Verified by - *Eugene W. Carman*
 Eugene W. Carman
 2d Lt., Inf GRC

REMARKS:



9461 APR 92

CERTIFICATE OF DEATH

From: SIXTH MARINE DIVISION, 4 FPO. San Francisco, California

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 # 60 Rank or rate _____

2. Born: Place _____ Date _____

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

4. Eyes Imp. Hair Brown Complexion Imp. Height 72" Weight 170

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

Rt. Ind. & 2nd. finger possible.

FINGERPRINT



Dental Chart Enclosed

State which finger Rt. Index
(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 Wounds, Gunshot, (head) 2878 Key Letter K
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 X Row 30 Grave 742 Sixth Marine Division
Cemetery # 1. Okinawa Chima, Honkyu Betto. Buried 8-10-45

12. Summary of facts relative to the death:

CASUALTY STATES
NOTED MM



Incl 4

CERTIFICATE OF DEATH

10-1553a

U. S. Navy.

(Rank)

(Commanding officer)

Approved: Court of inquiry or board of investigation _____ be held.

(Will or will not)

M. O., U. S. Navy. R.

(Rank)

(Medical officer)

Lt. Comdr.

James W. Dunn

Rt. Hand 2nd.



Summary of facts—Continued

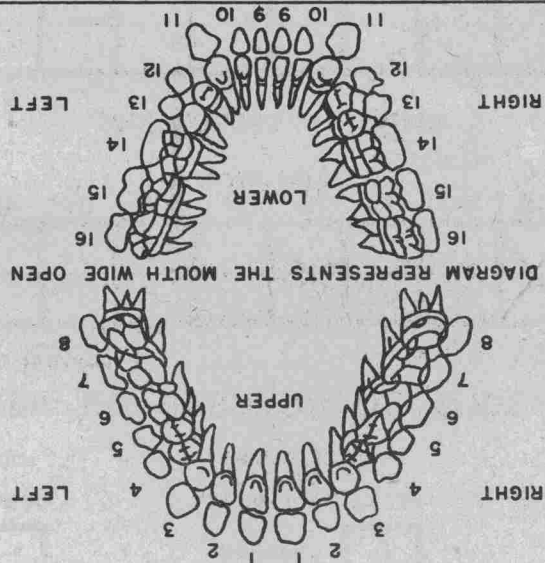
INSTRUCTIONS:

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, eg, 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:

OMC Form #1045 completed from information on NAMED H-4
 Fillings are assumed to be Amalgam.

SIGNATURE OF PERSON WHO PREPARED CHART

Sgt. Carl D. Brennan

VERIFIED BY GRS OFFICER

Eugene W. Carman

NAME AND RANK TYPED OR PRINTED
 Earl D. Brennan S/Sgt., OMC

NAME AND RANK TYPED OR PRINTED
 EUGENE W. CARMAN 2d Lt., INF GRO

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED
 3008th Quartermaster G.R. Company #331

DATE
 22 May 1946

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

	WHOLE BOX IN SYMBOLS		CAVITY, INDICATE LOCATION		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	EXTRACTED		OCCUSAL (BITING SURFACE BACK TEETH)		GOLD		DISTAL (BETWEEN-TOWARD BACK)
	FIXED BRIDGE (INCL. ABUTMENTS)		LINGUAL (TOWARD TONGUE)		SILICATE OR PORCELAIN		FACIAL (TOWARD CHEEK)
	TEETH REPLACED BY DENTURE		LOWER HALF OF BOX IN TYPE OF FILLING		OXYPHOSPHATE (CEMENT)		UPPER HALF OF BOX IN TYPE OF FILLING
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)		LOWER HALF OF BOX IN LOCATION OF FILLING		AMALGAM (SILVER)		LOWER HALF OF BOX IN LOCATION OF FILLING

INSIDE — LOOKING OUT

TYPE	LOCATION	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE	LOCATION
				H									X						
				H									X						
				0									X						
				0									X						
				H									X						
				H									X						

TYPE	LOCATION	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	TYPE	LOCATION

Oklawaha Shima
 PLACE OF DEATH: 6th Marine Div. Gem.
 UNIT: B
 ORGANIZATION: 30

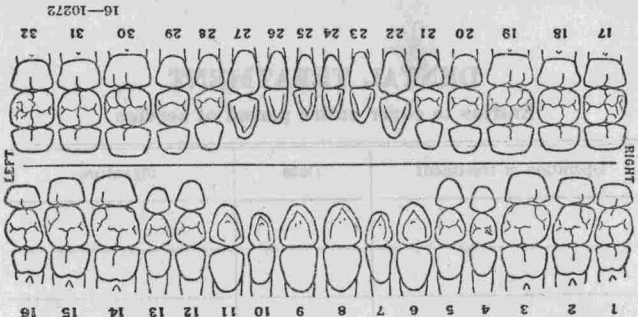
UNIDENTIFIED X-60
 LAST NAME: _____
 FIRST: _____
 INITIAL: _____
 RANK: _____
 SERIAL NO.: _____

DATE: 22 May 1946

AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

IDENTIFICATION DENTAL CHART

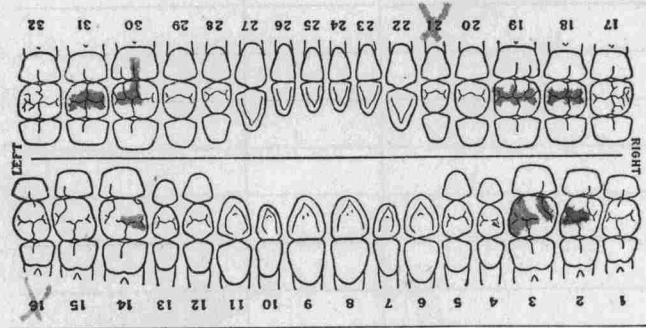
TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,



RECORD OF SUBSEQUENT DENTAL OPERATIONS

(Date and signature of examining dental officer)
 6-19-45 R R B

REMARKS:



RECORD OF FIRST DENTAL EXAMINATION

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

INSTRUCTIONS

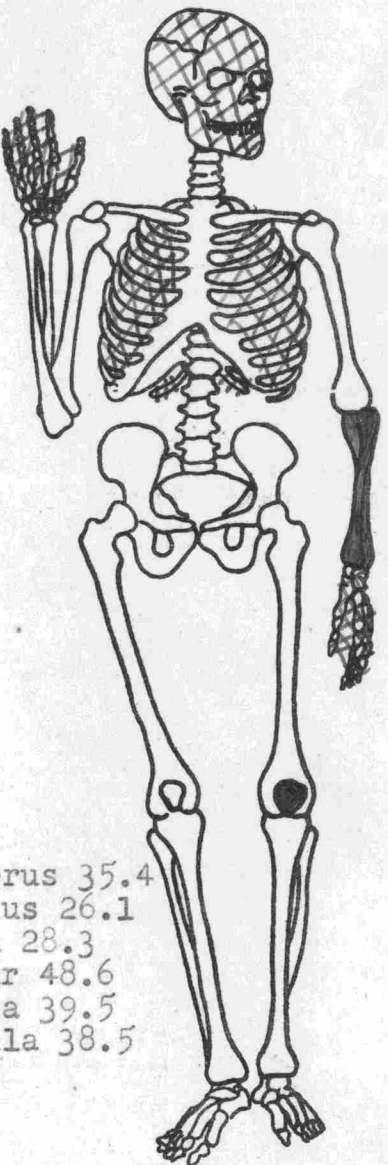
Born: Place _____ Date _____
 (Christian name(s))

(Surname) UNIDENTIFIED # 60

DO NOT REMOVE FROM HEALTH RECORD

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

Unknown X-60: 6th Mar. Div. Cem. : P B, R 30, G 742
19. BLACK OUT PARTS OF BODY NOT COVERED



Height Chart 5'11 $\frac{1}{2}$ "

Humerus 35.4
Radius 26.1
Ulna 28.3
Femur 48.6
Tibia 39.5
Fibula 38.5

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ NUMBER _____ Decedent's Based on the Presence of One or More of the Following Anatomical Parts:

Not applicable.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Fingerprints of First & Second Fingers of Right Hand were placed on Original F.M.F P A C Form # 9
ROI buried with remains.
Flesh 95% decomposed.
There was nothing else found to help identify these 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

MAYNARD A. BRIGGS
Operation Officer, CIP, AGRS

SIGNATURE

Maynard Briggs

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

Handwritten signature

of Federal need and non-availability of other information has been recorded in
this report. It is requested that you advise the Bureau of any change in
status of this case.

1. Name of subject
2. Date of birth
3. Place of birth
4. Race
5. Sex
6. Height
7. Weight
8. Complexion
9. Hair
10. Eyes
11. Occupation
12. Education
13. Social Security Number
14. Other identifying information



15. Description of physical characteristics
16. Description of clothing
17. Description of accessories
18. Description of other identifying marks
19. Description of other identifying information

20. Description of activities
21. Description of contacts
22. Description of other identifying information

23. Description of other identifying information

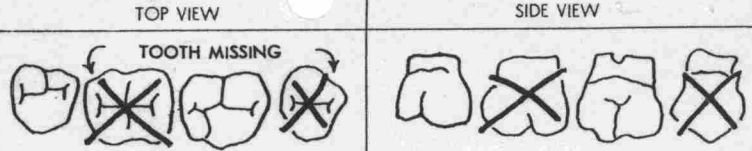


Height 39.2
Weight 30.2
Chest 48.2
Arm 59.2
Leg 66.2
Foot 22.2

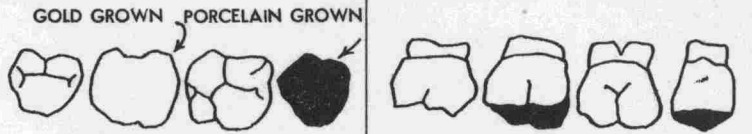
18.

TOOTH CHART

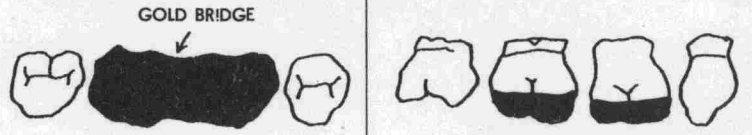
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



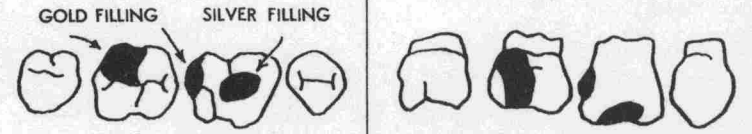
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



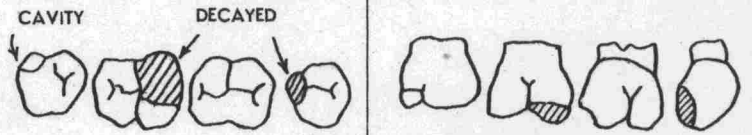
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
P	A O	A MOL						P	P			P	A O / A O	A O	A O
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">X-60</p>				2. DATE OF REPORT <p style="text-align: center;">2 Jan. '48</p>	
3. NAME OF CEMETERY <p style="text-align: center;">USAF 6th Marine Div. Cem.</p>	4. PLOT <p style="text-align: center;">B</p>	5. ROW <p style="text-align: center;">30</p>	6. GRAVE <p style="text-align: center;">742</p>	7. DATE OF	
			DISINTERMENT <p style="text-align: center;">2 Jan. 48</p>		REINTERMENT <p style="text-align: center;">2 Jan. 48</p>

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center;">UTD</p>	9. ESTIMATED HEIGHT <p style="text-align: center;">5'11 1/2"</p>	10. COLOR OF HAIR <p style="text-align: center;">UTD</p>	11. RACE <p style="text-align: center;">Unknown</p>
---	---	---	--

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

1 pair service size 6EE. No other markings.

293 - Unk. X-60, Okinawa (6th Marine Div.,)

INDEX SHEET

LETTER:

SYNOPSIS

8/15/46

FROM: OQMG.,
TO: THE FEDERAL BUREAU OF INVESTIGATION, DEPARTMENT OF JUSTICE,
ATT: MR. J. EDGAR HOOVER,
THRU: STATUS REVIEW & DETERMINATION, CASUALTY BR.,

SUBJ: Fingerprint Comparison.

DOCUMENT FILED UNDER NO. 293 - Unk. X-56, Okinawa (6th Marine Div.,)

ead.



WAR DEPARTMENT
~~ARMY SERVICE FORCES~~



IN REPLY REFER TO QMGYG 293

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

Unknowns - Okinawa
(6th Marine Division)
#56 and #60

15 August 1946

SUBJECT: Fingerprint Comparison

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover
THRU : Status Review & Determination, Casualty Branch,
1 E 525-A Pentagon, Washington, D. C.

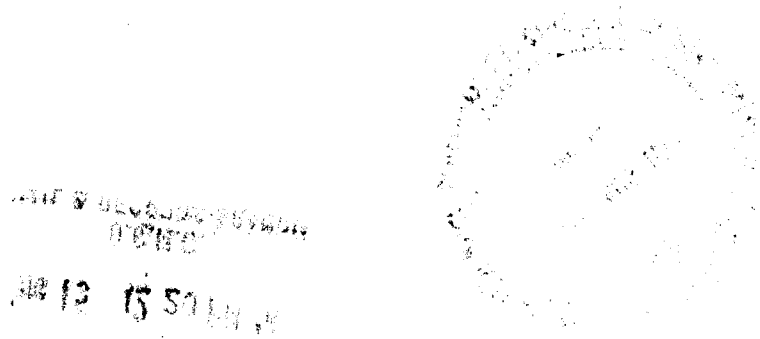
1. The inclosed Interment Reports and Death Certificates are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the inclosures.

FOR THE QUARTERMASTER GENERAL:

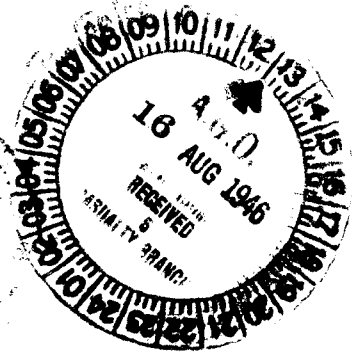
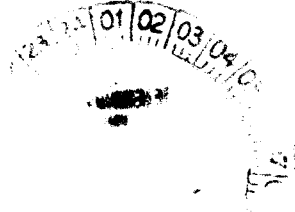
4 Incls ✓
2 Interment Reports
2 Certificate of Deaths

James C. MacFarland
JAMES C. MACFARLAND
Major, QMC
Assistant



Aug 15 12 20 PM '46

O. O. M. G.
MAIL & RECORDS BRANCH



AGPC-S 293 (20 Sep 46)

1st Ind.

MG/SFW/js/1E471

War Department, AGO, Washington 25, D.C., 15 October 1946.

To: The Quartermaster General, Washington 25, D.C. Attention: Chief,
Identification Section, Repatriation Records Branch, Room 2320,
Temporary Bldg B.

Fingerprints on Report of Burial and NMS Form N for deceased buried as Unidentified #60, 6th Marine Division Cemetery, Okinawa, could not be identified. Both Report forms are returned herewith. Report for Unidentified #56 has been previously returned.

FOR THE ADJUTANT GENERAL:

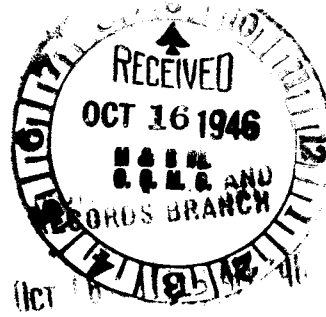
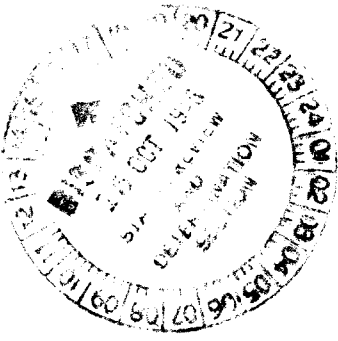
M. Grano

M. Grano
Captain, AGD
Officer in Charge
Status Review and
Determination Section

2 Incls:

- 1 Interment Rpt
- 1 Cert of Death
- W/D 1 Interment Rpt
- 1 Cert of Death

293 Okinawa # 56 6th Marine Div



OCT 16 1946
MAIL ROOM AND
RECORDS BRANCH

QMGYG 293
Unknown #60
Okinawa (6th Marine Division)

23 October 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General
U. S. Army Forces
Western Pacific (Manila)
APO 707, c/o Postmaster
San Francisco, California

1. The fingerprints submitted for Unidentified #60, Sixth Marine Division Cemetery #1, Okinawa, Plot B, Row 30, Grave 742, have been compared, insofar as possible, but were not found to be identical.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

NJS

Oct 23 3 15 PM '46

QMG
MAIL BRANCH

MEMORIAL DIVISION

Oct 23 2 12 PM '46

RECORDS BRANCH

IRB 92

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

0072 00040

23 DAY 09 MONTH 48 YEAR

NAME ²⁹³
UNKNOWN NO 60

SERIAL NUMBER GRADE ARM RACE RELIGION
8 0 6

CEMETERY
OKINAWA 6TH MARINE DIV CEM NO 1
RYUKYU RETTO

PLOT ROW GRAVE DISPOSITION OF REMAINS
B 30 742 7701 CODE 60 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN NAME AND TITLE
 MARKER

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

Handwritten notes: 12-1-48

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

DAY MONTH YEAR

CODE DIST. PT. CAUSE OF DEATH

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000060

Q

CEMETERY

DISPOSITION OF REMAINS

PLOT ROW GRAVE COUNTRY

CODE DIST. PT. CAUSE OF DEATH

B 30 742 OKINAWA 6 MAR DIV RYUKYU RETTO

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

Unknown X-60

Unk

Unk

Unk

25 July 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

Unk

Unk

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

Byron J. Donaldson, Lt. jg

NATURE OF BURIAL

CONDITION OF REMAINS

Indv-Uncasketed, Shroud, Shelter-half

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 2

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

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.

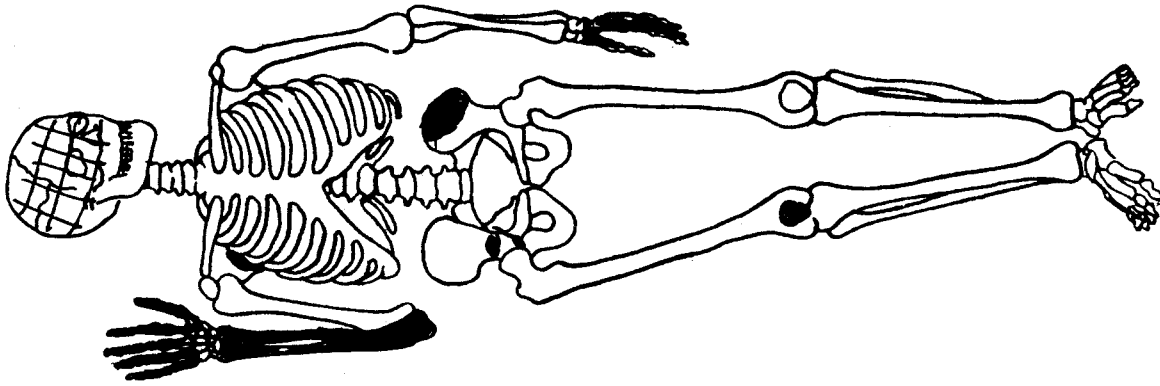
Flwoodward
Flwoodward, 1st Lt USARV

SIGNATURE OF GRS INSPECTOR

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

Richard King

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.

Estimated weight of remains - 8 lbs.

UNIDENTIFIED
THE OFFICE OF THE ADJUTANT GENERAL

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

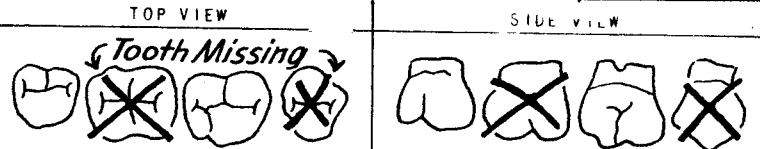
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Sec.

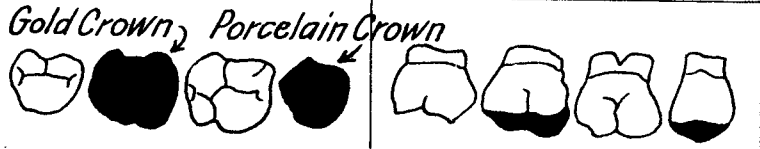
SIGNATURE

Paul R. Nichols

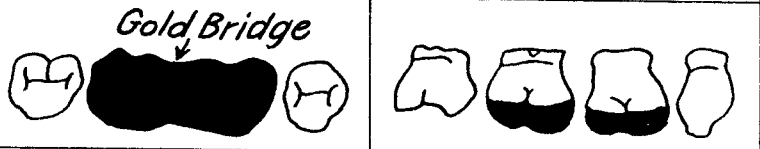
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



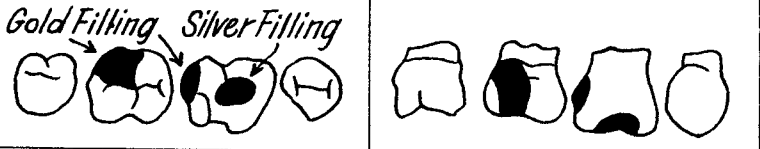
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



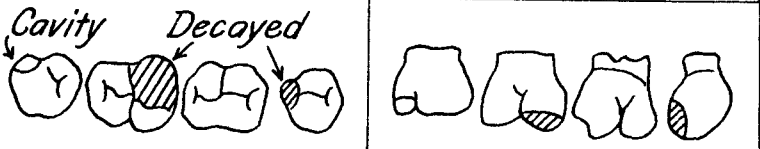
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
				om 1A	P			P		P	P				OA		P
Side Views																	
Top Views	UPPER																
	LOWER																
Side Views																	
		P	OA	OA	P	X			P	P	P		P		OA	OA	
		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 Sec.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-60				2. DATE OF REPORT 19 January 1950	
3. NAME OF CEMETERY 6th Mar Div, Okinawa	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	B	30	742	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UFD	9. ESTIMATED HEIGHT 5'11 3/4"	10. COLOR OF HAIR UNK	11. RACE UNK
----------------------------	----------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT DATA

HEADQUARTERS
PACIFIC ZONE
AMERICAN GRAVES REGISTRATION SERVICE

19 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 60, Plot B,
Sixth Mar Div, Cem #1
Row 30, Grave 742, USMC Okinawa Shima, 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:


A. B. McNEILLAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

FEB 7 1950

AIR MAIL

293 Unk Okinawa (misc) (6th Marine Div) ^{Em}
~~X-22, X-24, X-31, X-41, X-58, X-60, X-76~~
GRS Far East ~~X-78, X-80, X-81~~

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 20 January 1950, Subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-22, X-24, X-31, X-41, X-58, X-60, X-76, X-78, X-80 and X-81, 6th Marine Division Cemetery, Okinawa, as unidentifiable.

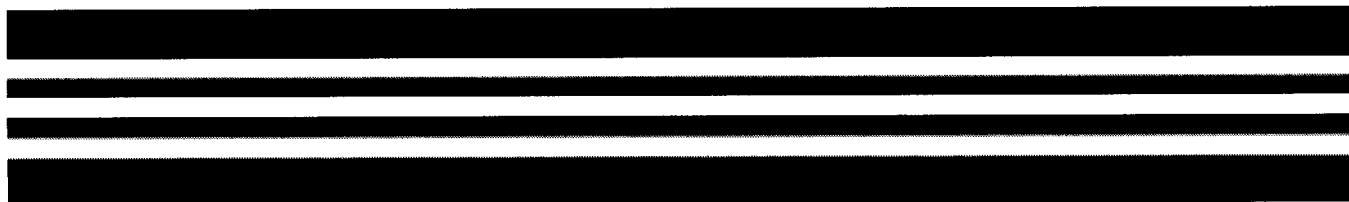
FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: GINCFR

Em Am M 293 - Unk X-60, 6th Marine Div, Okinawa

AIR MAIL



IDPF Segment Sheet



dpfXGJCZPTNJ0M

ox-55-vm-22939

X-60|OKINAWA|

Inventory: Part A

Scan: AR

De-Prep: DONNA R. 5-27-05

QC: _____



Del. 001