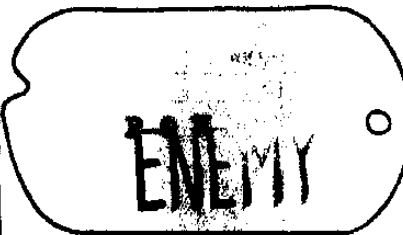
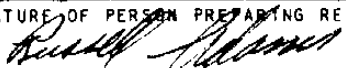



REPORT OF INTERMENT						DATE OF REPORT 29 November 1951				
TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL (Reason)										
Imprint Identification Tag If Possible. DO NOT TYPE  		SECTION 1. - IDENTIFICATION.								
		NAME (Last, First, Middle Initial) <b>Imon Myung Yoo</b>				SERVICE NUMBER <b>2396</b>				
		GRADE <b>Pvt</b>		ORGANIZATION <b>H K ARMY</b>		BRANCH OF SERVICE <b>H K ARMY</b>				
		RACE <b>Korean</b>		RELIGION <b>Buk</b>		COUNTRY (If not U.S.)				
PLACE OF DEATH <b>14th MA B Coy Pusan, Korea</b>		CAUSE OF DEATH <b>advanced bilateral tuberculosis, pulmonary, active moderately</b>			DATE OF DEATH <b>27 November 1951</b>					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Certificate of death signed by: ELMONT R THIEL CAPT MC</b>								
WERE SUBSTITUTE TAGS PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (GMS)		COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC. <b>None</b>										
SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)										
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>Enemy Cemetery #1 Pusan, Korea 1206.4-1349.8 ref map Pusan, Korea 1/12500</b>										
DATE OF BURIAL <b>29 November 1951</b>	HOUR <b>1100</b>	BURIED IN (Shroud, blanket, or name of other) <b>Blanket</b>	TYPE OF GRAVE MARKER <b>POG</b>	PLOT NO. <b>7</b>	ROW NO. <b>9</b>	GRAVE NO. <b>1095</b>				
WAS THIS A REBURIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PLOT NO.</td> <td>ROW NO.</td> <td>GRAVE NO.</td> </tr> </table>						PLOT NO.	ROW NO.	GRAVE NO.
PLOT NO.	ROW NO.	GRAVE NO.								
TYPE OF RELIGIOUS CEREMONY <b>None</b>		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY <b>Identification tag inscribed with name and "Enemy Bond" buried with remains and one attached to marker</b>						
IDENTIFICATION TAG BURIED WITH BODY. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (GMS)		IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (GMS)								
REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) <b>Yung Kyo Suk</b>			GRADE <b>Sgt</b>	SERVICE NUMBER <b>REQ 6699 150791</b>	ORGANIZATION <b>H K ARMY</b>	GRAVE NO. <b>1094</b>				
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) <b>Kim San Yoon</b>			GRADE <b>Pvt</b>	SERVICE NUMBER <b>REQ 67903 150998</b>	ORGANIZATION <b>H K ARMY</b>	GRAVE NO. <b>1096</b>				
SIGNATURE OF PERSON PREPARING REPORT  <b>Russell Allen Col RA 17241363</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>JEREMIAH C. GAFFNEY 2nd Lt GMS</b>						

**SECTION 3. - UNIDENTIFIED REMAINS**

**INSTRUCTIONS:** Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.


HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND ( <i>Grid Coordinates</i> )
BIRTHMARKS, SCARS, OR TATTOOS				LAUNDRY MARKS
WEAPON(S) WITH SERIAL NUMBER(S)				

OTHER IDENTIFICATION CLUES (*Including other remains recovered or associated with this remains*).


**SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN**

IMPRINT ALL FINGERS AND THUMBS (*or as many as possible*) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions **MUST** be recorded in the proper order.

**RIGHT HAND**

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
				

**LEFT HAND**

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
				

DO NOT WRITE IN THIS SPACE (*For FBI use only*)

REMARKS

P R O O F O F D E A T H

27 November 1951

( DATE )

NAME: Moon Myung Yup (SK)

REGISTER NUMBER: 69671

INTERMENT NUMBER: 21336

RANK: Private

SEX: Male

AGE: 29

CAUSE OF DEATH: Tuberculosis, Pulmonary, active, moderately advanced bilateral

DATE OF ADMISSION: 10 November 1951

DATE OF DEATH: 27 November 1951

PLACE OF DEATH: 14th Field Hospital

I certify that the above is true and correct.

*Belmont R. Thiele*  
BELMONT R. THIELE  
Capt. MC  
\_\_\_\_\_  
(MEDICAL OFFICER)

Comp #1

/CKS