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: 15 Jan. 51

Imprint identification Tag if Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)	SERIAL NO.
O Taek Soo	unk.

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt.	N. K. Army	N. K. Army

RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Korean	unk.	N. Korea.

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Fld. Hosp. Suan Korea.	Dysentery.	14 Jan. 51

EMERGENCY ADDRESSEE (Name, relationship, and address)
unk.

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	Certificate of death signed by, Han Ik Sik, Korean Doctor.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	
Yes.	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Same.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
15 Jan. 51	1400	Blanket.	Temp.	7	10	1908

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

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
None	x	Same.

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Kim Joon Hyon	Pvt.	unk.	N. K. Army	1907

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Ja Chol Sok	Pvt.	unk.	N. K. Army	1909

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
[signature]	[signature]

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.

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