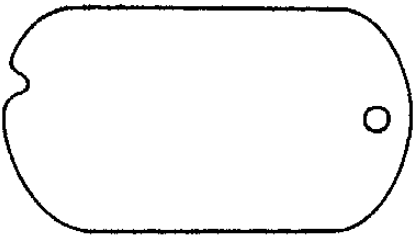


WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 15 Jan 51		
Imprint Identification Tag, If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL NO.		
		NAME (Last, first, middle initial) O Yoo Seon					
		GRADE Pvt.	ORGANIZATION N. K. Army	BRANCH OF SERVICE N. K. Army			
		RACE Korean	RELIGION unk.	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY N. Korea			
PLACE OF DEATH Mld. Hosp. Dusan 1st Area		CAUSE OF DEATH unk. Cause unk.			DATE OF DEATH 19 Jan. 51		
EMERGENCY ADDRESSEE (Name, relationship, and address) unk.							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Certificate of death signed by Oh Young Choon, 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 15 Jan 51	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Temp.	PLOT NO. 7	ROW NO. 10	GRAVE NO. 1901	
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT NO. x	ROW NO. x	GRAVE NO. x	
TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES —		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Same				
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) Lee Man Ch.			RANK Pvt.	SERIAL NO. unk.	ORGANIZATION N. K. Army	GRAVE NO. 1900	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Tong I Kih			RANK Pvt.	SERIAL NO. unk.	ORGANIZATION N. K. Army	GRAVE NO. 1902	
SIGNATURE OF PERSON PREPARING REPORT Lubow			SIGNATURE OF GRS OFFICER VERIFYING REPORT John J. [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.							

RESTRICTED

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