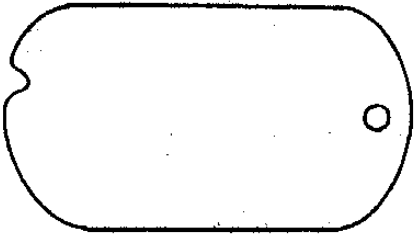



R E S T R I C T E D

<b>WD GRC FORM 1042</b> (Rev. 1 Apr 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 18 Feb 51				
Imprint Identification Tag if Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>								
	NAME (Last, first, middle initial) Kim Seong Kyung			SERIAL NO. Unk					
	GRADE Pvt	ORGANIZATION NK Army	BRANCH OF SERVICE NK Army						
	RACE Korean	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY N Korea						
PLACE OF DEATH 14th Fld Hosp Pusan Korea		CAUSE OF DEATH Tuberculosis, Pulmonary			DATE OF DEATH 16 Feb 51				
EMERGENCY ADDRESSEE (Name, relationship, and address) <div style="text-align: center;">Unk</div>									
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <div style="text-align: center;">None</div>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Certificate of death signed by Korean Doctor.							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <div style="text-align: center;">Yes</div>									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <div style="text-align: center;">None</div>									
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.									
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <div style="text-align: center;">Same</div>									
DATE OF BURIAL 17 Feb 51	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Temp	PLOT NO. 9	ROW NO. 5	GRAVE NO. 2850 <del>2850</del>			
WAS THIS A REBURIAL? (Yes or no) 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 style="width: 50%;">PLOT NO.</td> <td style="width: 25%;">ROW NO.</td> <td style="width: 25%;">GRAVE NO.</td> </tr> </table>					PLOT NO.	ROW NO.	GRAVE NO.
PLOT NO.	ROW NO.	GRAVE NO.							
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) Kim Kil Jun			RANK Pvt	SERIAL NO. Unk	ORGANIZATION NK Army	GRAVE NO. 2849 <del>2849</del>			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Kim In Koo			RANK Pvt	SERIAL NO. Unk	ORGANIZATION NK Army	GRAVE NO. 2851 <del>2851</del>			
SIGNATURE OF PERSON PREPARING REPORT <div style="text-align: center;">La Rue</div>				SIGNATURE OF GRS OFFICER VERIFYING REPORT <div style="text-align: center;">           John Nolan       </div>					
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.									

R E S T R I C T E D

6253—PRC P&PC—9, 50—300M