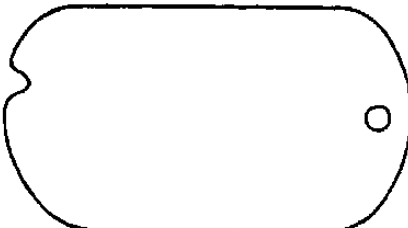


R E S T R I C T E D

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 20 Jan 51	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.						
	NAME (Last, first, middle initial)				SERIAL NO.		
	GRADE		ORGANIZATION		BRANCH OF SERVICE		
	RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
Korea n		Unk		N Korea			
PLACE OF DEATH 14th Fld Hosp P san Korea		CAUSE OF DEATH Tuberculosis, Pulmonary			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 Po Choon Taek, 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.	
20 Jan 51	1445	Blanket	Temp	7	17	2084	
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							
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
None							
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		Same				
No	No						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.		
Kim Chang Seong		Pvt	Unk	N K Army	2082		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.		
Han Byong Cho		Pvt	Unk	N K Army	2085		
SIGNATURE OF PERSON PREPARING REPORT La Rue			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>J. P. Nolan</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.							

R E S T R I C T E D