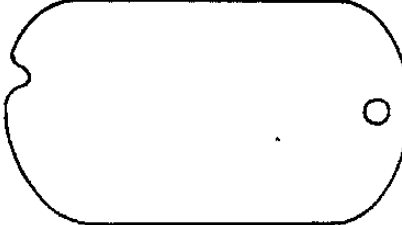
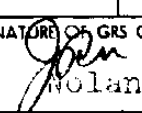


R E S T R I C T E D

| | | | | | | | |
|--|------------------------------------|--|---|--|---------------|-----------------------------|---------|
| WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 11) | | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | | DATE OF REPORT 24 Jan 51 | |
| Imprint Identification Tag if Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | | | | | |
| | NAME (Last, first, middle initial) | | | | SERIAL NO. | | |
| | Yoo Kil Poong | | | | Unk | | |
| | GRADE | ORGANIZATION | | BRANCH OF SERVICE | | | |
| Pvt | NK Army | | NK 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 | | |
| 14 Fld Hosp. Pusan Korea | | Dysentery | | | 22 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 | | | | | |
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) | | Kim Soon Ha, Korean Doctor. | | | | | |
| 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. | |
| 23 Jan 51 | 1550 | Blanket | | Temp | 7 | 23 | |
| 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. |
| No | | | | | | | |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUCTING BURIAL RITES | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY | | | | |
| None | | | Same | | | | |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) | | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) | | | | | |
| No | | No | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. | | |
| Tin Yung Joo | | Pvt | Unk | NK Army | 2323 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. | | |
| Lee Eyeong Ki | | Pvt | Unk | NK Army | 2325 | | |
| SIGNATURE OF PERSON PREPARING REPORT | | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT | | | |
| LaRue | | | |  Nolan | | | |
| 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